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Doctors divided on some angioplasties' safety

Some might feel pressure to do procedure

By JOHN FAUBER
jfauber@journalsentinel.com

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Aamer Shabbir and Tanvir Bajwa are both highly experienced cardiologists in the same physician group at Aurora St. Luke's Medical Center.

But when it comes performing elective angioplasties at Aurora's hospital in Sheboygan, they differ: Shabbir won't do them, and Bajwa will.

The split is part of a simmering controversy in health care in Wisconsin and around the United States.

Angioplasty is a booming, lucrative part of cardiovascular medicine. For years, elective angioplasties - those done when the patient is not suffering a heart attack - were the domain of larger hospitals that also performed heart surgery.

Now, some smaller hospitals that don't have heart surgery programs are offering elective angioplasty.

Shabbir said he began doing elective angioplasties at Aurora Sheboygan Memorial Medical Center in October. But he stopped in March after reviewing practice guidelines put out jointly by the American Heart Association, the American College of Cardiology and the Society for Cardiovascular Angiography and Intervention.

The guidelines, which were updated in November, say elective angioplasty should not be performed at hospitals without on-site heart surgery backup or at hospitals that perform fewer than 400 procedures a year. The Sheboygan hospital does not meet either condition.

Even though it is not surgery, angioplasty is a complicated procedure carrying risks. The catheter device must make various twists and turns in arteries that might be highly calcified and, therefore, more likely to tear or close off completely during the procedure, Shabbir said.

"The practice is inherently traumatic," he said. "You are working on a beating heart and depending on the heart to keep the patient alive. The room for a mishap is very limited.

"Now, we are kind of pushing the envelope at these places," that is, hospitals that don't perform heart surgery.

Shabbir said serious problems are rare, but when they occur, they can be life-threatening. "There is a small percentage where everything fails," he said. "In that scenario, sending the patient to surgery is our ultimate bailout. You don't gain anything by doing these at places that don't have heart surgery backup.

"If I was going to have an angioplasty, I would not want to go to a place like that. What justification do I have to ask the patient to go to a place like that? To me, it's just not worth it."

Shabbir is planning to leave Wisconsin for a cardiology position in another state.

Dianne Zwicke, a cardiologist in the same physician group as Bajwa and Shabbir, said the situation is an example of how hospitals can pressure cardiologists to go against their professional guidelines.

"The docs don't think this is a good thing, and they don't want to participate, but the hospitals are so strong," she said. "We are being forced to function below the standard of care. And patients aren't being informed."

An officer with Comprehensive Cardiovascular Care Group, the independent group of 35 cardiologists in which Shabbir practices, said Shabbir was not pressured to perform angioplasties in Sheboygan.

"Doctor Shabbir and I had a fair amount of discussion," said Steve Francaviglia, chief operating officer of the group. "I really don't believe anybody was pressuring Doctor Shabbir. They were trying to create an environment that would be safe for his patients."

He said the cardiology group has told him he can return to Milwaukee and work full time.

Aurora plans to resume offering elective angioplasty at its Sheboygan hospital, with Bajwa doing the procedures. As one of the area's most experienced interventional cardiologists, Bajwa has a completely different take on the guidelines and doing elective angioplasty at hospitals that don't perform heart surgery.

First, he said, he thinks the guidelines are "politically motivated." He said they were drafted mainly by cardiologists at large university hospitals, the same kinds of centers would stand to lose if patients began going to smaller hospitals.

There is some truth to the argument that the guidelines can help protect the business of large hospitals, said Matthew Wolff, chief of cardiovascular medicine at the University of Wisconsin's School of Medicine and Public Health in Madison. But there also is a sound rationale that high-volume centers, which likely are to have on-site surgery, have better outcomes and lower mortality, Wolff said.

Aside from the business argument, Bajwa points to his experience at Beloit Memorial and other studies as proof that elective angioplasty can be done safely at smaller hospitals.

He said he has done more than 300 procedures at Beloit Memorial without any deaths or need for an emergency transfer to a hospital with a heart surgeon on duty, he said.

He pointed to unpublished research that he co-wrote involving the first 240 patients to undergo elective angioplasty at Beloit Memorial. The study concluded that, despite the guidelines, community hospitals

could do elective angioplasty safely in carefully selected, low-risk patients.

This year, a Mayo Clinic study involving 1,007 patients undergoing angioplasty, either electively or for emergency treatment of a heart attack, reached a similar conclusion, although the procedures were done under a strict protocol with only low-risk patients and experienced medical staff.

"I know we are sticking our neck out, but our numbers do the talking," Bajwa said.

In 2002, Oconomowoc Memorial Hospital doctors first began performing angioplasty in heart attack patients, which the guidelines say is acceptable under certain circumstances, said Victor Hall, director of cardiovascular services for ProHealth Care.

Eventually, the hospital expanded its cath lab services to elective procedures. It has done more than 110 elective procedures since November 2002.

Part of the reason for expanding to elective procedures was the benefit to the community and patient convenience, he said. It was done with a great deal of planning, he said, including how to:

- Quickly transfer a patient to Waukesha Memorial, which has on-site heart surgery and is a 20-minute ambulance ride away.
- Prepare an operating room.
- Electronically transfer images to the surgeon.

So far, the hospital has reported no problems that required an emergency transfer.

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