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## A risky practice?

**As more angioplasties are performed, some doctors want patients to know that not having a heart surgeon on site can be dangerous**

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When her cardiologist recommended a heart catheterization and possible angioplasty, Patricia Stropes refused at first.

"We turned it down twice," said her husband, Stephen Stropes. "I didn't like the odds."

But after several days at what is now Wheaton Franciscan Healthcare-All Saints in Racine, where she had been admitted with shortness of breath, she reluctantly agreed.

"Let's do it and get it over with, so I can go home," Stephen Stropes recalled his wife saying.

On the morning of June 29, 2004, she was taken into the cardiac catheterization lab. A short time later, Stephen Stropes was frantically summoning their daughter to the hospital.

"All I said was, 'Jenny.' She said, 'I'll be right there, Dad,'" he recalled.

As cardiologist Cornell Cohen tried to place a stent in one of Patricia Stropes' coronary arteries, the balloon and wire became lodged in the artery, according to medical records. Stephen Stropes said Cohen told him that in doing the procedure, he had torn the artery.

Doctors feared cardiac tamponade, a condition in which the sac surrounding the heart fills with blood, squeezing the heart's chambers and preventing them from pumping properly.

Patricia Stropes, 71, needed a heart surgeon and fast.

What the Racine couple didn't know, Stephen Stropes said, was that on that day, the surgeon and some of his support team would have to be called from Aurora St. Luke's Medical Center in Milwaukee, 27 miles away.

"If I had known what I was doing, I would have said discharge her and we'll go up to St. Luke's Hospital," Stropes said.

As her husband of 51 years waited with other family members, Patricia Stropes died later that day in the operating room.

Whether the surgeon's distance from the hospital made any difference is not known. But the case illustrates how complications in these procedures - however rare - can be catastrophic.

Doctors say they are concerned about the growing number of angioplasties being done at hospitals that might not have a heart surgeon and support staff to perform emergency surgery to save the patient.

National medical practice guidelines say that elective angioplasty - done when the patient is not having a heart attack - should not be performed at hospitals that do not have on-site heart surgery backup.

### **Patients don't know to ask**

Charles Reuben, a Milwaukee heart surgeon, said he suspects that many patients undergoing elective angioplasty at hospitals without a heart surgeon on duty are never told that if there is a problem, their lives might depend on how quickly they can be transferred to another hospital or how quickly a surgeon can be brought in.

Reuben practices at Wheaton Franciscan Healthcare-St. Joseph in Milwaukee, which has a heart surgery program.

Doctors say patients should ask this question about where they have an elective angioplasty: Would they rather have heart surgeon on duty in case of a problem, or is it acceptable if they are urgently transferred out by ambulance or helicopter or that a surgical team has to be called in from another city?

"If I had angioplasty . . . I'd rather have it done where there's a heart surgeon and a team in the hospital," Reuben said.

Most patients sail through the procedure, which is lucrative for the hospitals. In 2003, 664,000 angioplasties were performed in the United States at average cost of \$38,000 each, according to the American Heart Association. From 1987 to 2003, the number of angioplasties increased 326%.

Nationally, the in-hospital death rate for all angioplasties was 0.8%. That includes deaths that occur after emergency, or so-called primary, angioplasty, which is performed when the patient is suffering an actual heart attack. The vast majority of angioplasties are elective.

### **Higher mortality rate found**

Although angioplasty has become safer since the 1980s, research suggests, emergency heart surgery still is needed in 0.4% to 2% of cases.

In the largest study of the issue, researchers found a 38% higher mortality rate in elective angioplasties performed at hospitals that don't perform heart surgery. The 2004 study analyzed 625,854 Medicare-paid angioplasties at 1,121 hospitals.

Elective angioplasty "performed at hospitals without cardiac surgery may be doing more harm than

good," the authors conclude.

The national guidelines, put out jointly by the American Heart Association, the American College of Cardiology and the Society for Cardiovascular Angiography and Intervention, say that "performance of elective (angioplasty) in a setting without immediately available onsite cardiac surgery potentially compromises patient safety."

Several smaller hospitals in Wisconsin that do not have heart surgery programs, however, are offering elective angioplasty.

Several cardiologists interviewed for this story said hospital marketing executives and administrators are pushing cardiologists to perform the procedures in spite of the guidelines.

"A lot of CEOs want it to happen . . . for revenue and ego," said Matthew Wolff, chief of cardiovascular medicine at the University of Wisconsin School of Medicine and Public Health in Madison. The cardiologists "are going against their own guidelines, and they are put in a very difficult position. They (hospital executives) say, 'Either you do it, or we'll get someone else to do it.' "

### **'Safe to do in stable patients'**

Some of the doctors who do the procedures say they can be performed safely at hospitals without cardiac surgery programs with low-risk patients and proper preparation.

At Beloit Memorial Hospital, an ambulance stands by each day that angioplasties are performed, waiting to take any heart patient to Rockford, about a half-hour away, said Larry Bergen, director of cardiovascular services at the hospital. In more than three years, there have been no emergency transports, he said.

Doctors point out that setting up an operating room can take 30 minutes and, by that time, the patient can be taken by medical helicopter or ambulance to another hospital with an available heart surgeon.

"In experienced hands, it's safe to do in stable patients," Milwaukee cardiologist Tanvir Bajwa said.

Bajwa does 600 to 700 angioplasties a year, mostly at Aurora St. Luke's. He also has been doing them at Beloit Memorial and will start doing them at Aurora Sheboygan Memorial Medical Center soon. Neither has on-site heart surgery backup.

In more than three years and 300 elective procedures at Beloit Memorial, there have been no serious complications, Bajwa said - "zero mortality."

### **Lawsuit claims negligence**

In May, Stephen Stropes filed a medical malpractice lawsuit against Cohen, the cardiologist. Neither the hospital nor any other physicians were named as defendants.

In documents filed this year with the Wisconsin Medical Mediation Panel, Stropes' attorney, J. Michael End, argued that Cohen's negligence resulted in Patricia Stropes' death.

End wrote that Stropes would be willing to settle the case for \$370,000.

Cohen, who now practices in New York, declined to comment for this article. His attorney, John A. Nelson, said in papers he filed that Cohen met all required standards of care in his treatment of Patricia Stropes.

Acknowledging the "profound effect on the patient and family," Nelson said the complications that occurred during the procedure were known as potential complications. Cohen acted "swiftly, appropriately and decisively" in treating her and coordinating her surgical intervention, he said.

J. F. Tierney, another cardiologist who practices at the hospital and reviewed the case six months later, wrote that the amount of time it took to get Stropes into surgery was "not excessive and the complication, although rare, was not felt to be an operator issue."

The heart surgeon who was called down from Milwaukee is Thomas Barragry, who practices at Aurora St. Luke's in Milwaukee. All Saints has a heart surgery program; records in the case do not explain why a closer surgeon was not available that day.

Barragry said he did not recall all the details of the case.

In general, he said, it can take up to an hour to set up an operating room, so the distance a heart surgeon has to travel is not always crucial. At larger hospitals such as St. Luke's, an operating room can be made available in 30 minutes, he said.

"In general, you have to worry about smaller programs not being able to handle emergencies from a cath lab in as expeditious manner as larger centers," he said.

Would the outcome in the Stropes case have been different had he not needed to travel to Racine from Milwaukee?

"I have no idea," Barragry said.

### **Definition of 'on site' unclear**

Although national medical guidelines call for "immediately available onsite cardiac surgery," two cardiologists who helped draft the guidelines said there is no definition of what *on-site* means.

The distance that Barragry had to travel did not seem like it would qualify as on-site, said Elliott Antman, a professor of medicine at Harvard Medical School and chairman of the guidelines task force.

"It sounds like too far away," Antman said. "Why not have the patient in Racine go into Milwaukee (for the angioplasty)? What's the rationale for putting that patient through that risk?"

In such cases, heart surgeons should be able to get into the operating room promptly, ideally within 15 or 20 minutes, said Sidney Smith, a professor of medicine at the University of North Carolina at Chapel Hill and chairman of the guidelines writing committee.

Carol Meils, the director of cardiology at All Saints, said the standard of care at All Saints is comparable to other hospitals in southeastern Wisconsin. She interprets the on-site guidelines as meaning the surgeon should be within 45 minutes of getting to the operating room.

"The guidelines are really vague," Meils said.

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