



Harvard Heart Letter

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Same-day angioplasty feasible, safe

Not everyone needs an overnight hospital stay after this artery-opening procedure.

Artery-opening angioplasty is an amazing procedure. It lets a doctor restore blood flow to hard-working heart muscle without having to cut into the chest or split the rib cage. Assuming all goes well, the recovery time is minimal and the only physical reminder of the procedure is a half-inch scar at the top of one leg.

Standard procedure calls for spending a night in the hospital after angioplasty, even though some people want to go home the same day and could do so safely. Some doctors and insurers are questioning the need for, and the expense of, the routine post-angioplasty hospital stay.

Criteria for same-day discharge

The Mt. Sinai team used these criteria to determine who might safely go home the same day of angioplasty:

- under 65 years of age
- no diabetes or controlled diabetes
- good kidney function
- no heart failure
- good ejection fraction (greater than 30%)
- angioplasty not performed for heart attack
- no major complications or minor mishaps during the procedure
- bleeding stopped quickly at catheter access site in the groin
- patient can walk 200 meters or more soon after the procedure without any bleeding from the access site
- social support, including someone to drive the patient home from the hospital and a working home or cell phone for a follow-up call after the procedure.

At Mt. Sinai Medical Center in New York, more than 2,400 men and women have skipped the overnight stay and gone home a few hours after routine, uncomplicated angioplasty. At-home recovery proved to be as safe as in-hospital recovery—there were no deaths, heart attacks, or strokes, and just 14 people had minor bleeding from the small incision above the femoral artery in the groin that provides access for the angioplasty equipment (*JACC Cardiovascular Interventions*, August 2010).

About one-third of the hospital's angioplasty patients now skip the hospital stay and go home the same day as the procedure, says Dr. Samin Sharma, director of Mt. Sinai's interventional cardiology program and an author of the study. To do so, they must meet strict guidelines (see "Criteria for same-day discharge").

Helpful data

In 2009, the Society for Cardiovascular Angiography and Interventions published guidelines on length of stay after angioplasty. Although the guidelines say that same-day discharge after uncomplicated angioplasty is feasible, they weren't based on much data, something the Mt. Sinai study provides.

A hospital is the place to be when you need specialized medical care. But don't linger there longer than necessary. The more time you spend in a hospital, the greater the chances of picking up a nasty infection or being the victim of a medication mix-up or other error. Your own bed is more comfortable than a hospital bed, your home quieter, and your food more appealing.

Going home a few hours after angioplasty isn't for everyone. But if you meet the criteria, have the procedure early in the day, and want to sleep in your own bed, the Mt. Sinai experience suggests you should do just that. ♥

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Does smoked fish contain omega-3 fats?

Q I like smoked salmon and kippered herring, and thought that eating them was good for me. But I read in another health newsletter that the smoking process destroys all the heart-healthy omega-3 fats. Is that true?

A I thought your question would be an easy one to answer. That didn't turn out to be the case. But with help from *Heart Letter* editor P.J. Skerrett, I think we can give you a solid answer.

Neither the American Heart Association nor the new Dietary Guidelines for Americans say anything specifically about smoked fish. The USDA's food composition database gives conflicting information, with smoked cisco having more omega-3s than raw cisco, smoked herring having the same amount as raw herring, and smoked salmon having *less* than raw salmon. Barbara Blakistone, the director of scientific affairs at the National Fisheries Institute, said—much to our surprise and dismay—that there was little solid information on this subject.

Persistence paid off. We found Dr. Marit Espe, a senior scientist with Norway's National Institute of Nutrition and Seafood Research, who has done extensive studies on the nutrient composition of fresh and smoked salmon. In an e-mail message, she said "the composition

of omega-3 fatty acids calculated as a percentage of the total lipids [fats] does not change during the smoking process." This was backed up by more recent data from Gabriel Viteri, the vice president of strategy and business development at Acme Smoked Fish Corporation in Brooklyn, New York. An analysis of the company's smoked salmon, done by an independent lab in the summer of 2010, showed omega-3 levels comparable to those in fresh salmon.



So there you have it: smoked fish can be a decent source of omega-3 fats (as long as the raw fish was rich in them). But it is an awfully salty way to get omega-3s. A 3-ounce serving of fresh, baked salmon has 51 milligrams (mg) of sodium. Compare that to 222 mg in one ounce of smoked salmon or 567 mg in one ounce of lox. The extra sodium could counterbalance any benefits from omega-3 fats.

I enjoy lox. But for my heart's sake, I eat it only now and then, and rely on fresh fish—broiled or baked—for my omega-3 fats.

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What is venous insufficiency?

Q I have been diagnosed with venous insufficiency. What does that mean?

A Venous insufficiency means that some of your veins aren't working properly. This condition often develops after veins are damaged by an injury, surgery, or blood clot. Veins drain blood and fluid back to the heart, so people with venous insufficiency usually have symptoms caused by the buildup of fluid. Venous insufficiency most commonly occurs in the legs (varicose veins are one type of this condition), where its symptoms include

- swollen or painful veins
- swelling that worsens with prolonged standing

- a sense of heaviness in the legs
- throbbing, achy, or cramping pain
- redness and irritation of the skin.

The treatment of venous insufficiency depends on why it has developed, where it has developed, and the symptoms it causes. In mild cases, simply elevating the legs appears to be helpful. Your doctor may recommend wearing support stockings, taking a diuretic (water pill) such as hydrochlorothiazide or furosemide, or using a mild steroid cream. Sometimes surgery is needed.

In severe cases, skin ulcers may form. These require careful attention. Special bandages and aspirin appear to speed the healing process. Antibiotic pills or creams may be needed if an ulcer becomes infected. —T.L.

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Because of the volume of correspondence we receive, we can't answer every question, nor can we provide personal medical advice.