



# HEART BEAT

*The Cardiovascular Newsletter for Our Partners in Care*



SAN ANTONIO REGIONAL HOSPITAL



## A State-of-the-Art Center for Cardiac Procedures

We recently opened our third Cardiac Catheterization Lab at San Antonio Regional Hospital. This brand new lab joins our two existing labs to address the growing volume of patients in the Inland Empire that we can care for safely and efficiently in our cardiac procedure rooms. Our physicians have been able to perform multiple procedures, from basic coronary angiograms, to advanced complex and high-risk PCIs. Our procedure rooms are capable of performing these procedures with assist devices like IABP and Impella. Leadership in San Antonio Regional Hospital's cardiac program believes in advancement at all times. Multiple coronary atherectomy devices are being utilized for performing procedures on very calcified lesions (Rotablation Atherectomy, Orbital Atherectomy, and Laser Atherectomy), and we are performing advanced stents on CTO (Chronic Total Occlusion) patients utilizing advanced CTO wires and other wiring strategies depending on clinical situations. Physiologic testing modalities in the cath labs assist us in performing PCIs, and alert us when we don't need to perform the PCI, based on various iFR and FFR, as well as intravascular ultrasound device therapies available in all three procedure rooms. We successfully initiated and are part of the IMPROVE Randomized Control Trial, which is a multi-national RCT. We were one of the first in the State of California to receive approval to participate and enroll patients.

## IN THIS ISSUE

**"WE WORK AS A TEAM, WE USE THE LATEST STATE-OF-THE-ART TECHNOLOGY TO PERFORM PROCEDURES AND TAKE CARE OF THE PATIENT. WE GET THE JOB DONE!"**

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We were recently approved for the Impella RP, a right heart assist device that can help save the lives of certain patients with significant right heart failure. We are also approved for a new calcium busting device called Shockwave Intravascular Lithotripsy, which will help more patients with calcified lesions, both in peripheral vasculature as well as coronary procedures. Aside from these advanced cardiovascular therapies we have a structural procedures program, including TAVR, PFO/ASD Closure, and soon to be initiated Mitra-Clip, and TMVR program. Physicians also perform advanced EP cases like atrial and ventricular arrhythmia ablations, as well as Pacemakers and ICD device therapies.

With this background of our capabilities, I would like to give two patient examples. One in which we worked with another center to take their patient in for a higher level of care, and another example where we stabilized a very sick patient, and then transferred them out to a tertiary care center.

A hospital in Orange County needed our help to transfer in a heart attack patient. The facility did not have the capability to perform an angiography due to limitations of their procedure room. The patient was over 500 lbs, and thankfully due to our latest state-of-the-art catheterization lab, we worked quickly as a team, with case managers, nursing staff and leaders, administrative support as well as physician colleagues, to get this young patient in his 40's to our center. We performed the angiography the same evening in our catheterization lab. He was safely discharged within 1-2 days and we are happy to report that he has lost over 100 lbs over a period of 10-12 months. He is extremely thankful for the care we provided when multiple other hospitals couldn't help him out, including some of the largest centers.

Very recently, we had another patient who suffered a cardiac arrest and was in cardiogenic shock. We took him emergently to the cardiac catheterization laboratory, and performed SHOCK protocol therapies, including stenting the proximal LAD that was 99% thrombus filled, as well as supporting his heart pumping, which was only 10-15% with the Impella device, as well as advanced right heart catheterization numbers to guide therapy further. We quickly stabilized him and saw the need for further advanced potential LVAD therapies. We worked with a tertiary care center in Los Angeles to transfer him. I recently saw this patient in office, where he came in walking and happy. He fully recovered from his cardiac arrest and near-death events. He told us that the larger tertiary center complimented the work we did at San Antonio, and told him that our quick interventions helped save his heart from permanent damage. This was a joint effort by our excellent cardiac catheterization lab staff, managers, patient transport teams, nursing staff from the ED and the critical care units, as well as multiple physicians taking care of this patient to give him his life back. This is the power of teamwork that we believe in at San Antonio Regional's Heart Institute.

Bottom line, from the above case examples, you can see that we work as a team, we use the latest state of the art technology to perform procedures and take care of the patient. We get the job done. We hope to continue to expand our services for years to come, to ultimately become the leading cardiovascular center in the growing Inland Empire.

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#### About the Author:

Dr. S. Rasania is a practicing Board Certified Interventional Cardiologist on staff at San Antonio Regional Hospital. He trained at some of the best centers of the Country in the East Coast, including at Yale, Harvard, Geisinger and Mount Sinai. He is the Principal Investigator of IMPROVE Trial/Cardiovascular Research, and the current Medical Director of the Cardiac Catheterization Labs at San Antonio. He is married, and his wife is a practicing Rheumatologist, and they have a 5 year old son. He enjoys driving, traveling, bowling and spending time with his family.

