Diamondback Technology: A New Spin on Carving a Path Through Coronary Calcium

Rebuild, Replace, Renew: The Structural Heart Program

Dr. Tart on Technology

In the rapidly changing medical landscape, there is often a need to update surgical techniques or conduct new trials to improve outcomes for patients. Such is the case for the treatment of moderate to severe aortic stenosis, a condition that affects the heart's ability to pump blood effectively. The current standard of care involves open heart surgery, which is associated with significant risks and complications. However, through the use of transcatheter aortic valve replacement (TAVR), surgeons can now offer an alternative intervention that may be less invasive and carry a lower risk of major complications. TAVR has been shown to be effective in improving patient outcomes, and it is gaining acceptance as an alternative to traditional surgery.

Dr. Zakir predicts that TAVR will increasingly be used as a treatment option for patients with severe aortic stenosis who are not suitable candidates for surgery. The procedure involves inserting a catheter into the patient's femoral artery, which is directly connected to the aorta, and then introducing a new valve into the heart. The valve is then deployed, replacing the faulty one, and the procedure is done under local anesthesia, which reduces the need for general anesthesia and limits the risk of complications.

However, TAVR is not without its challenges. One of the main concerns is the long-term durability of the valve. Researchers are currently investigating the factors that influence valve longevity and are working to develop newer technologies that can reduce the risk of valve failure. Additional research is needed to determine the best treatment options for patients with severe aortic stenosis and to identify those who are most likely to benefit from TAVR.

In conclusion, TAVR represents a significant advancement in the treatment of aortic stenosis and offers hope to patients who may not have been suitable candidates for traditional surgery. As this technology continues to evolve, it is essential to stay informed about the latest developments and to make evidence-based decisions that provide the best possible outcomes for patients.
operations, regulatory and reimbursement. The goal for all of those activities is to optimize and improve the delivery and quality of care for patients. It is our mission to differentiate ourselves from our competitors and to set RWJ as the reference point in cardiovascular care. Dr. Vagaonescu expects the consolidation to elevate RWJ as a tertiary referral center and to increase the stature of hospital on a national level.

As a result, more than half of patients experiencing AF symptoms will have less-than-ideal outcomes. At Robert Wood Johnson Medical School, the Center for Interventional Electrophysiology was recently established to focus on the latest advances in the industry. This is a major technological advance for people with AF. Patients with infrequent syncope or cardiac palpitations who do not qualify for a cath lab procedure may benefit from an implantable device such as the Reveal LINQ™ (Medtronic; www.medtronic.com), which can record a patient’s heart for up to three years. Once recorded, the data can be downloaded to a computer for analysis. If the patient develops AF, the device can begin treatment immediately, often without any further need for medication. People who have AF for the first time may benefit from the Reveal LINQ™ because the device can record the first few minutes of AF or the arrhythmia that brought them to the hospital. The device can also detect the onset of atrial tachycardia. People who have AF for an extended period will benefit from the device because it can monitor a patient’s heart for up to three years. The Reveal LINQ™ is used to determine the need for ablation therapy, which can be performed in the cath lab or with an interventional electrophysiology team. People who have AF for an extended period will benefit from the device because it can monitor a patient’s heart for up to three years. The Reveal LINQ™ is used to determine the need for ablation therapy, which can be performed in the cath lab or with an interventional electrophysiology team.

Another plus of this consolidated service line is the convenience of having procedures conducted in the same facility. To contact Stephen, please call Terry Powell at 732-235-2081. Physicians can download these data from any computer and upload information into the database. The database is accessible to cardiologists; they recognize his name. He brings a wealth of experience to the department and is a valuable addition. "He’s a visionary, a leader in the field of electrophysiology, and completely dedicated to the advancement of care at RWJ," says Dr. Turi.

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TAVR Program Update 2014

Amardeep Saluja, MD, Assistant Professor of Medicine, Electrophysiology at Robert Wood Johnson University Hospital, has been selected as the new lead investigator for the CABANA trial. The AnalyzeST trial (ST Monitoring to Detect Anti-arrhythmic Drug Therapy for Coronary Syndrome Events) is a major technological advance for people with AF. Patients with infrequent syncope or cardiac palpitations who do not qualify for a cath lab procedure may benefit from an implantable device such as the Reveal LINQ™ (Medtronic; www.medtronic.com), which can record a patient’s heart for up to three years. Once recorded, the data can be downloaded to a computer for analysis. If the patient develops AF, the device can begin treatment immediately, often without any further need for medication. People who have AF for the first time may benefit from the Reveal LINQ™ because the device can record the first few minutes of AF or the arrhythmia that brought them to the hospital. The device can also detect the onset of atrial tachycardia. People who have AF for an extended period will benefit from the device because it can monitor a patient’s heart for up to three years. The Reveal LINQ™ is used to determine the need for ablation therapy, which can be performed in the cath lab or with an interventional electrophysiology team. People who have AF for an extended period will benefit from the device because it can monitor a patient’s heart for up to three years. The Reveal LINQ™ is used to determine the need for ablation therapy, which can be performed in the cath lab or with an interventional electrophysiology team.

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