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# A common valor

## Separated by generations, Marines bound by TAVR

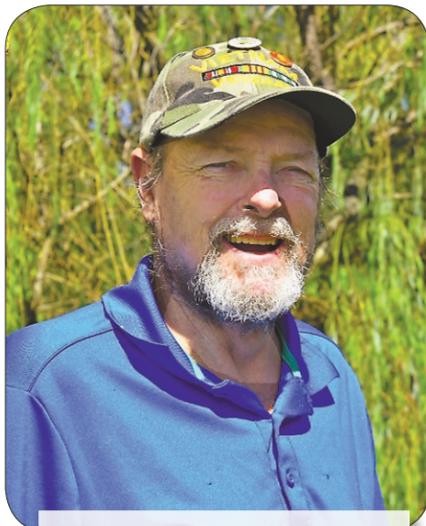
Roy Ogle, a 93-year-old World War II veteran, was first in. Roy Young, a 68-year-old Vietnam vet, was last out. The few. The proud. The thankful.

Two Roys. Two Marines. Two wars. Although separated by 25 years, the Semper Fi brothers at arms are bound by their "always faithful" pledge, by failing heart valves and by a life-saving procedure known as TAVR (Transcatheter Aortic Valve Replacement) in which each of their diseased valves was replaced by a collapsible prosthetic fashioned from the valve of a cow.

Ogle, Parkwest Medical Center's first-ever TAVR patient, and Young, its 500th TAVR patient, met for the first time recently in the hospital's Valve Center to briefly swap war stories and praise the outstanding cardiac teams that gave each a second chance at life.

TAVR was so rare when Ogle underwent the procedure on June 6, 2012, that only 150 hospitals nationwide offered it and Parkwest was the only one in Knoxville. At the time, Ogle was five days past his 88th birthday and his failing heart was running out of time and options. His aortic valve had become so hardened that he was not a candidate for the usual fix, open-heart surgery. In short, his condition was "inoperable."

But much has changed in the world of TAVR since that time. Technological advancements in smaller catheters and surgi-



Roy Young, a Purple Heart recipient, now has an artificial heart valve as well.

cal instruments have not only opened new pathways to the heart but also opened the procedure to a wider range of TAVR candidates. Plus, the procedure is now done under light, or "conscious" sedation.

No longer restricted to only elderly "inoperable" patients by the Food and Drug Administration guidelines, TAVR is now also available to younger patients and

those deemed "high or intermediate risk." The bar could be lowered even more if the data from current clinical trials investigating the safety and feasibility of TAVR for "low-risk" patients looks promising when released next year.

"The pendulum has shifted," said Ayaz Rahman, MD, the interventional cardiologist who assisted thoracic surgeon Parijat Didolkar, MD, during Young's surgery last August at Parkwest.

That's not to say open-heart will become a thing of the past. "I think that there will always be a role for open procedures based on anatomy and pathology," said Dr. Rahman. "But I think for true calcific aortic valve stenosis, we have seen how the therapy has already progressed in the span of five years and I believe we are going to see this technology being applied to low-risk patients in the future."

Young was considered "high risk" because he previously had open-heart surgery and lung issues from smoking and exposure to the carcinogenic Agent Orange during his tour of duty in Vietnam. Those issues, along with small arm and leg arteries, meant doctors would have to take another route to Young's heart. That route was the Transcaval TAVR, in which doctors created a new route to Young's heart by temporarily connecting major blood vessels that usually do not intersect.

"Mr. Young represents another evolution

in the program," said Dr. Rahman. "In his case, we went in through the vein in his leg. The veins and arteries are parallel highways. Then we burned a hole from the vein into the aorta. That was the highway into the heart – we were able to deliver the valve through that route. Then we sealed the hole on the way back out."

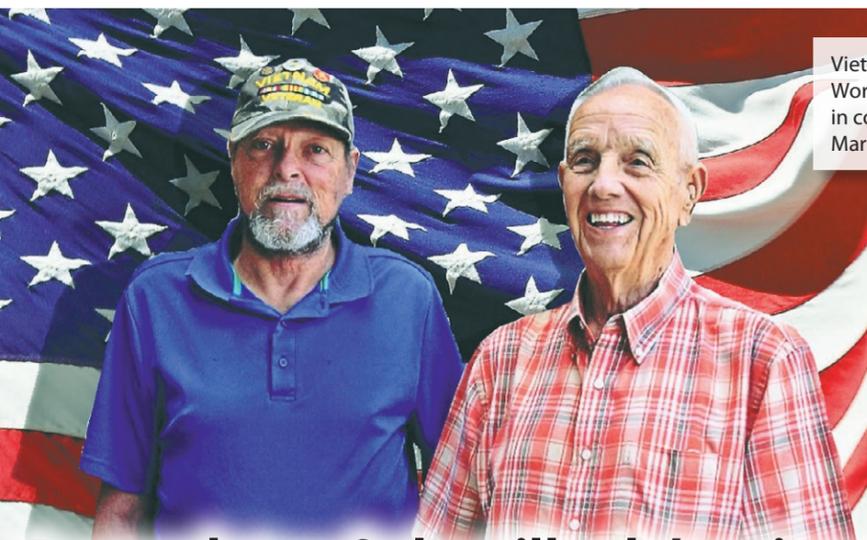
Young saw his share of action as part of the infamous Operation Allenbrook and received a Purple Heart after losing fingers and half his foot in an ambush that injured six fellow soldiers. But he admits he was skeptical when Dr. Rahman explained the procedure. "I said, 'What? You're going to burn a hole in my heart?'" Young said with a laugh.

Today, Young is on the mend in the cardiac rehab program at LeConte Medical Center in Sevierville, and thankful for both the TAVR team that saved his life and the fellow Marine who helped make that possible.

"He paved the way for me," said Young, referring to Roy Ogle. "And thank you, Parkwest, for giving me my life back!"

"We're very fortunate that we are part of a health system that believes in delivering and providing this therapy and technology to the community," said Dr. Rahman. "It was very important for us as a team, both from administrative and clinical standpoints, to be able to offer the therapy at a very high level locally so that our patients wouldn't have to travel far away. We are very proud of how far the program has come because it's very patient-centric."

For more information about the TAVR or the valve centers of Covenant Health, visit <https://www.treatedwell.com/tavr> or call 374-PARK.



Vietnam veteran Roy Young (left) and World War II veteran Roy Ogle have more in common than their service in the Marines.

## 5 years later, Ogle still celebrating

Just as Roy Ogle had never heard of Transaortic Valve Replacement until he needed one, he'd never heard of Ulithi either.

But the tiny South Pacific island was where you could find the young Marine during World War II as the United States Navy's Seabees turned the 20-by-10-mile "secret" island into an airstrip and the world's largest naval base for a time. Just 360 miles from Guam and 1,300 miles south of Tokyo, Ulithi provided a strategic location from which to wage war with the Japanese.

"I was just one of them, doing whatever they wanted me to do," he says modestly today. "I was the oxygen-CO2 man for the pilots. I made sure their oxygen tanks were filled and their life jackets and everything they needed."

Ogle says he never saw combat, but at 88, he unflinchingly became Parkwest Medical Center's first-ever TAVR recipient in 2012. The rare and largely unknown procedure was his last chance at life as a failing heart valve had robbed him of his breath.

Since that day, TAVR has undergone numerous technological advances, and the Parkwest TAVR team recently performed its 500th procedure on another Marine, Vietnam veteran Roy Young.

"It didn't surprise me that they have had that many successful surgeries but it did surprise me his being a Marine," said Ogle, who says he "Semper Fi'd" Young, and exchanged introductions and handshakes at Parkwest's Valve Center recently. "It doesn't surprise me either that they've done 500 of them now, especially since it's gone so well. They've had good success from what I hear, very few problems."

Ogle wasn't expected to live much longer without the surgery. But because he had it, he's now lived to see his 93<sup>rd</sup> birthday, several birthdays of grandchildren and his 71<sup>st</sup> wedding anniversary with wife Katie, who is quick to add, "I'm very, very thankful because I could've been a widow right quick."

Not only that, but he remains active, mowing the lawn, vacuuming around the house, cleaning out the garage, etc. "It's great to be able to do anything. I think Parkwest is great. It's got some of the best doctors, and it's the best hospital."

## As TAVR cases rise, doctors stay vigilant

Technology and an awareness of cardiac valve disease have given rise to an ever increasing use of Transaortic Valve Replacement to treat aortic stenosis, but Parkwest Medical Center interventional cardiologist Ayaz Rahman, MD, Medical Director, Parkwest Valve Center says doctors remain vigilant of the patient's risks.

"We still have to have each patient evaluated by two independent cardiac surgeons and we have special formulas and calculations where we can calculate a surgical risk," said Dr. Rahman. "But obviously, the surgeon also adds their experience in terms of how this patient would fare from an open procedure and that goes into the decision-making on the candidacy for surgery and how high the risks may or may not be.

"Age is still one of the factors that goes into our assessment of risks, but when we evaluate a TAVR patient, we really look at the patient from head to toe," he added. "We look to see the health of their other organs, like in Mr. Young's case, the health of his lungs. We also look to see whether or not there was a previous surgery or previous sternotomy. We look to see if they've had any radiation or any anatomical things that might make it difficult for the surgeon to enter the chest, and so, it

really is a comprehensive evaluation to determine what their risk is truly and what their best therapy is. Even though Mr. Young is younger than Mr. Ogle, some of his other medical problems would preclude him from having a good recovery with a standard open procedure."

While the first TAVR patient, 88-year-old Roy Ogle, had his artificial valve delivered via the femoral artery, 72 percent of the early cases at Parkwest used the "apical approach," where surgeons went through the side of the chest for direct access to the heart. However, smaller (and more slender) instruments made the femoral artery or transcaval TAVR a better solution. It has cut recovery time from an average of six to eight days' hospitalization to two.

The first Parkwest TAVR team was trained in California at the lab where the artificial hearts were developed. "Now we have dedicated structural fellowships within both cardiology and cardiothoracic surgery, so a lot of members on our team are fellowship-trained in structural and valve therapy and that includes folks from the surgical side and the cardiology side as well as our anesthesiologists," said Dr. Rahman. "We are very lucky to have two cardiac-trained anesthesiologists, Dr. Jeff Ollis and Dr. Lee Collins, who are phenomenal with imaging. They, along with Dr. Tim McIlrath, have contributed to elevating the program so that we've been able to get away from general anesthesia and transition to conscious sedation, shortening the recovery time for these patients."



Ayaz Rahman, MD



# CONGRATULATIONS!

## 500 TAVR

Procedures and Counting.

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