Michigan Outpatient Cardiovascular Association

January Edition

Ambulatory Surgical Center History Made in Michigan

"A first in Michigan: Coronary catheterization and pacemaker procedures were performed safely in an ambulatory surgery center"

"History was made on January 9th, 2023 in the State of Michigan. The first coronary catheterization and pacemaker procedures were performed safely in an ambulatory surgery center (MOVI ASC) by Dr. Elias Kassab, Dr. Sonela Blaceri, and Dr. Subrahmanya Yellai.

Our team started this uncertain and obstacle-filled journey 4.5 years ago.

We spent many days and months working successfully side-by-side with our State Government, the Certificate of Need Commission, the Cardiac Cath Advisory Council, MOCA (Michigan Outpatient Cardiovascular Association) and MGS Consultants.

With our partners we collectively built the framework for ambulatory cardiac care that is safe, cost effective, and provides patients increased access and convenience.

We want to thank Dr. Elias Kassab for his vision and leadership, and our entire staff here at MOVI ASC for their dedication to our mission and their unwavering support for our patients."

https://www.hmpgloballearningnetwork.com/site/cathlab/ambulatory-surgical-center-history-made-michigan

A New Era in Cardiac Rehabilitation Delivery

"The following are key points to remember from this review article on delivering cardiac rehabilitation in a new era: Cardiac rehabilitation programs are proven to reduce rates of hospitalization and mortality and improve quality of life.

Cardiac rehabilitation programs include a structured program of exercise training, risk factor management, and psychosocial counseling and are recommended by the present American College of Cardiology/American Heart Association guidelines.

Despite the benefit of these programs, only 25% of eligible patients enroll, and fewer complete the program.

Disparities in participation based on sex, race, ethnicity, socioeconomic status, and geographic location are striking.

The COVID-19 era caused many programs to go to virtual or remote visits, and this provided an opportunity in many cases to reach and include patients who might have otherwise been unable to participate. The lessons and approaches learned during that period have huge potential for decreasing present-day barriers to access.

Workable models include patients exercising on their own with guidance from staff as well as synchronously with staff input and encouragement.

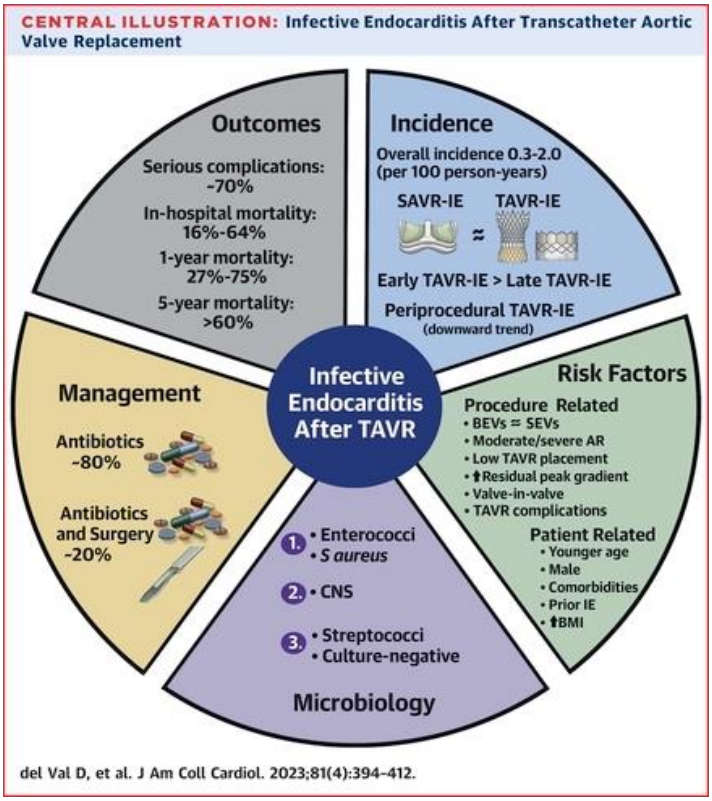
Studies are underway to construct hybrid models that compare standard with hybrid models for delivery of cardiac rehabilitation…"

https://www.acc.org/latest-in-cardiology/ten-points-to-remember/2023/01/25/17/06/a-new-era-in-cardiac-rehabilitation

MICHIGAN OUTPATIENT CARDIOVASCULAR ASSOCIATION

Infective Endocarditis After Transcatheter Aortic Valve Replacement: JACC State-of-the-Art Review

"Infective endocarditis (IE) is a rare but serious complication following transcatheter aortic valve replacement (TAVR). Despite substantial improvements in the TAVR procedure (less invasive) and its younger and healthier patients, the incidence of IE after TAVR remains stable, with incidence rates similar to those reported after surgical aortic valve replacement. Although IE after TAVR is recognized as a subtype of prosthetic valve endocarditis, this condition represents a particularly challenging scenario given its unique clinical and microbiological profile, the high incidence of IE-related complications, the uncertain role of cardiac surgery, and the dismal prognosis in most patients with TAVR-IE. The number of TAVR procedures is expected to grow exponentially in the coming years, increasing the number of patients at risk of developing this life-threatening complication. Therefore, a detailed understanding of this disease and its complications will be essential to improve clinical outcomes." *See visual.*



https://www.jacc.org/doi/10.1016/j.jacc.2022.11.028?_ga=2.134680434.200664953.1674748077-122053054.1631737353

Update: Next Peer Review Meeting

The next peer review meeting will be held **Monday, February 13th, 2023**, via zoom at **5:15PM**. Please reach out to Sarah with any questions.

Comparative Risk of Angioedema with Sacubitril-Valsartan vs Renin-Angiotensin-Aldosterone Inhibitors

"Data on angioedema risk among sacubitril-valsartan (SV) users in real-world settings are limited.

We sought to evaluate the risk of angioedema among SV new users compared with angiotensin-converting enzyme (ACE) inhibitor and angiotensin-receptor-blocker (ARB) new users separately.

We conducted a propensity score–matched cohort study, comparing SV new users (no use of SV, ACE inhibitor, ARB 6 months before) and SV new users with prior use (within 183 or 14 days) of ACE inhibitor or ARB (ACE inhibitor–SV and ARB-SV users; recent ACE inhibitor–SV and recent ARB-SV users, respectively) vs ACE inhibitor and ARB new users separately.

Compared with ACE inhibitor, SV new (HR: 0.18; 95% CI: 0.11-0.29) and ACE inhibitor–SV users (HR: 0.31; 95% CI: 0.23-0.43) showed lower risk of angioedema. On the other hand, there was no difference in angioedema risk when SV new users (HR: 0.59; 95% CI: 0.35-1.01) or ARB-SV users (HR: 0.85; 95% CI: 0.58-1.26) were compared with ARB new users. Compared with SV new users, ACE inhibitor–SV users (HR: 1.62; 95% CI: 0.91-2.89) trended toward higher angioedema risk, which intensified when the ACE inhibitor to SV switch occurred within 14 days (recent ACE inhibitor–SV) (HR: 1.98; 95% CI: 1.11-3.53). Similarly, ARB-SV users (HR: 2.03; 95% CI: 1.16-3.54) experienced an increased risk compared with SV new users, which intensified for the more recent switchers (recent ARB-SV) (HR: 2.45; 95% CI: 1.36-4.43)." https://www.jacc.org/doi/10.1016/j.jacc.2022.10.033?_ga=2.134680434.200664953.1674748077-122053054.1631737353