Dan receives minimally invasive robotic surgery:  

Borgess Heart Institute team offers new hybrid approach to coronary artery disease

When Dan Leversen, 53, suffered chest pains in his Dowagiac home on March 3, 2013, he certainly desired less-invasive care. In fact, like so many people who suffer initial chest pain, Dan wanted to dismiss the heart attack symptoms altogether. Fortunately Dan’s wife, Stacy, insisted he seek medical attention.

“I’m stubborn,” said Dan, an auto businessman.

“I was a little worried about his discomfort and suggested that he go to the ER,” said Stacy Leversen, “but he didn't seem to have all the classic heart attack symptoms.”

Dan Leversen was soon transferred from Borgess-Lee Memorial Hospital to the Borgess Heart Institute, where he received a combination of new and more traditional coronary care.

Dan received his wish for less-invasive care.

Dan underwent a new, minimally invasive heart bypass surgery to replace a completely clogged heart artery—the first patient in southwest Michigan to receive this surgical technique. He then received a drug-eluting stent to fully re-open a partially occluded heart artery.

“This hybrid approach to revascularization of coronary artery disease can combine advantages of new, less-invasive heart surgery techniques with other minimally invasive heart care like balloon angioplasty and stenting,” said Jerry Pratt, MD, Medical Director, Thoracic Surgery, Borgess Heart Institute. “It can mean less pain, less hospitalization, and a quicker recovery and return to normal activities for appropriate patients.

“Single-vessel small thoracotomy (SVST)

Continued on page 6
Heart failure is the subject of a free conference for health care providers taking place next month at Borgess Medical Center.

“From Heart Failure to Life Success: Evidence-based Practice Care Across the Continuum” will be held from 7:45 am to 4:30 pm, Monday, October 7, 2013, in the Lawrence Education Center. The conference will feature presentations on heart failure from numerous Borgess physicians and nurses. It is sponsored by the Borgess Heart Institute.

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Michigan State Medical Society Committee on CME Accreditation through the joint sponsorship of Western Michigan University School of Medicine (WMed) and Borgess Medical Center. WMed is accredited by the MSMS Committee on CME Accreditation to provide continuing medical education for physicians. WMed designates this live activity for a maximum of 7.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Borgess Health is an approved provider of continuing nursing education by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.

Conference participants must register in advance by Monday, September 30. For conference information or to register, visit wellness.borgess.com, or call The Professionals at Borgess at (269) 226.8135 or (800) 828.8135.

MONDAY, OCTOBER 7, 2013
7:45 am
Registration, Continental Breakfast and Information Stations
8 am
Welcome, Introductions
8:15 am
Pathophysiology and Clinical Presentation of Heart Failure
Anthony King, MD, and Susan Manifold, NP
9:45 am
Pharmacological Therapy in Managing Heart Failure
Michael Michutka, PharmD
10:30 am
Break, Vendors
10:45 am
Advanced Therapies in Managing Heart Failure
Jerry Pratt, MD
11:45 am
Case Study Presentation of Heart Failure
Anthony King, MD, and Susan Manifold, NP-C
12:15 pm
Lunch and Virtual Tour of Practice Settings
1 pm
Acute Care to Outpatient Care:
Heart Failure Clinic
Sandra Pratt, RN
2 pm
Break and Information Stations
2:15 pm
Palliative Care Perspectives in Heart Failure
Jeannette Meyer, MD
3 pm
Managing Heart Failure at Home
Joseph Nuncio, RN
3:45 pm
The Heart Failure Journey
Amy Shaffer, RN
4:15 pm
Evaluation and Education Credits
4:30 pm
Conference Concludes

Important benefit program change information for nonunion associates

A number of nonunion associate benefit program changes will occur effective January 1, 2014. The changes are necessary based on compliance with the Patient Care Affordability Act (ACA), alignment of Borgess policies and systems with Symphony prior to targeted deployment dates and external market comparisons.

Programs that will be impacted include:
- Paid Time Off
- Healthcare Benefits
- Retirement Programs

In order to share specific changes and provide opportunities for associates to ask questions about how they may be impacted, detailed information will be shared during presentations, teleconferencing opportunities, recorded sessions, and question and answer sessions.

Please refer to the Borgess Human Resources site on the Borgess Intranet page for a complete listing of live presentations. To ensure sufficient seating for live presentations, associates must register for the session of their choice via Ascension Health University (instructions on the registration process are available on the HR Intranet site).

Please be sure to access one of these opportunities to remain informed regarding how these changes may impact your personal situation.

Additional questions may be directed to the Human Resources Call Center, (269) 226.8400.

Clothing and accessories clearance sale September 27

The Seasons Gift Shop is holding a clothing and accessories clearance sale 7:30 am to 4 pm, Friday, September 27, in Lawrence Education Center room 123. For more information, call (269) 226.7380.
Jan Redman plans an active retirement

Jan Redman will retire on September 30 after 38 years of service in Borgess Physical Therapy and Medical Records. Redman said everyday at Borgess was an adventure, and she will miss making her patients, colleagues, and associates laugh. She hopes to be remembered with a smile. Redman plans to take retirement one day at a time, working on her bucket list, which includes zip lining across Lake Michigan.

Craig Greenberg, MD, and Stephanie Fangman, PA-C, join Borgess Diabetes & Endocrine Center

Craig Greenberg, MD, and Stephanie Fangman, PA-C, have joined the Borgess Diabetes & Endocrine Center.

Dr. Greenberg earned his medical degree and completed an internal medicine residency at Loyola-Stritch School of Medicine, Chicago. Following residency, he completed an endocrinology fellowship at University of Illinois Health Sciences Center. Dr. Greenberg is board certified in Endocrinology and Metabolic Diseases and specializes in caring for individuals diagnosed with diabetes.

Fangman is a graduate of the University of Iowa, and is a board-certified physician assistant. She provides specialized diabetes care in collaboration with Borgess Diabetes & Endocrine Center physicians.

Year-round energy efficiency

A unique, energy efficient water tower is being installed at Borgess Medical Center to allow year-round use of chilled water for cooling purposes and energy savings.
A n updated Borgess Graphic Standards manual, as well as templates for Borgess fax, memo, letterhead and PowerPoint presentations is posted on the Borgess Intranet. These guidelines are useful and helpful for everyone communicating Borgess Health messages.

A powerful asset

“Our graphics identity is our visual voice—an important way that we visually connect Borgess Health-related information to others,” said Tom Comes, Director, Borgess Marketing and Communications. “When used consistently and appropriately, this graphic identity is a powerful asset.

“For instance, proper Borgess graphic standards on a sign may help a patient more easily locate a Borgess Health service on a busy street,” Comes said. “A hallway poster provides that same Borgess connection to patients, visitors and associates. And if a Borgess associate presents a PowerPoint locally or nationally, it reflects best on Borgess if the proper graphic standards template is used to help create the appropriate Borgess Health message.

“Cooperatively adhering to the Borgess Graphic Standards manual can benefit patients, visitors and associates,” Comes said. “It helps Borgess Health distinguish itself from other institutions by conveying a look that is easily recognizable and uniquely our own. We can also reduce costs associated with the duplication efforts that can occur in the absence of easy-to-adopt materials.”
A hybrid approach to coronary artery disease

Continued from page 1

enables the cardiothoracic surgeon to offer a bypass graft through a small incision between the ribs,” Dr. Pratt said. “We use a robot (da Vinci Surgical System) to harvest an artery to be used as a bypass graft. This method eliminates the need to open the chest (sternotomy) or to use a heart-lung machine.

“Mr. Leversen underwent a balloon angioplasty and stenting procedure the next day (performed by John Gustafson, MD, Borgess Heart Center for Excellence) to clear his other coronary artery that required attention,” Dr. Pratt said. “Dan left Borgess three days later, without major scarring.”

Dr. Pratt has previously performed SVST at the University of California Davis Medical Center. He is a highly decorated Air Force Colonel who served as Chief of Cardiothoracic Surgery and Commander of the Heart, Lung & Vascular Center at David Grant Medical Center, Travis Air Force Base, Fairfield, California. Dr. Pratt served tours of duty in Iraq and Afghanistan. Upon leaving active duty in 2012, he opted to join the Borgess Heart Institute because of its outstanding heritage with more than 20,000 open-heart procedures since 1971.

Bypass surgery through three small holes

Unlike traditional open-heart surgery, a computer and robot-aided, minimally-invasive coronary artery bypass is performed by inserting tools through three small holes and a three- to four-inch incision in the patient’s chest. Instead of opening the sternum, a camera allows the surgeon to see inside the chest and manipulate computer-aided tools to complete much of the bypass.

“Few surgeons perform the entire bypass surgery with the robotic arms,” Dr. Pratt said. “In Dan’s case, the initial part of the surgery was done with the robot and the bypass artery itself is stitched in the traditional way.”

Dr. Pratt and his team moved Dan’s heart up near the small incision for easier access to the mammary artery, which was used for the bypass.

“Dan only needed one bypass,” Dr. Pratt said, “and it was in the front of the heart and easy to bypass. Most candidates who qualify for robot-assisted surgery are either relatively healthy and want to get back to work and their lifestyle more quickly, or are too ill to tolerate traditional open-heart surgery.”

“I felt comfortable having Dr. Pratt do the minimally invasive surgery, even though I was the first one at Borgess,” Dan said. “I was a bit scared but not for me, it was for my kids—Adrian, 16, and Mary, 14.”

Stacy said that if there was a problem with the minimally invasive procedure, Pratt and the OR team could immediately do the traditional open-heart surgery.

Dan was taken to the operating room at 7 am, March 14, and Dr. Pratt came out at 1 pm to tell Stacy that the procedure went “really well,” she said.

“He told me that Dan was doing great,” Stacy said. “When I saw him at 4 pm in the recovery room, he already had the breathing tube removed. The nurses said that was highly unusual.”

“I felt a little queasy when I woke up,” Dan said, “but really pretty good, a lot better than I expected.”

Three days later, Dan was home in Dowagiac and soon began cardiac rehabilitation, which ended in June.

“I was really impressed with everybody at Borgess,” he said, “from the people who do the maintenance to the people who deliver the food to the nurses and other medical staff. I was shocked by the amount of concern and compassion by everybody, and the care was unbelievable.

“The fact that I was the first to have the minimally invasive surgery meant that I was visited by maybe 15 different nurses who all wanted to see the small incision. I can be a critical guy, but I didn’t find anywhere where there was a blemish.”

Cookies delivered in gratitude

He and Stacy were so pleased that they made and delivered cookies to the staff.

Since the surgery, Dan has stopped smoking the occasional cigar and has lost 30 pounds, which he fully intends to keep off. He said the other patients he’s seen at cardiac rehab are all amazed at both the small size of his incision and the fact he felt so good and recovered so quickly.

“I think about my kids, and if they keep making inroads like this, the future looks bright,” he said. “If my son, Adrian, inherited any potential for heart disease, I feel good about what may be available to him.”

Single-Vessel Small Thoracotomy

In a Single-Vessel Small Thoracotomy, there is no need to open the chest (sternotomy—shown on left). Instead, with the da Vinci Surgical System robot, three incisions (right) allow the surgeon to harvest an artery to be used as a bypass graft. Through a small incision between the ribs, the surgeon can perform bypass surgery with direct vision of the surgical site. In an endoscopic procedure, the surgeon can also use a thorascopic to view inside the chest cavity. A heart-stabilization and exposure device allows the heart to continue beating while the surgery is performed.

Learn more about the hybrid approach to coronary artery disease

Jerry Pratt, MD, Medical Director, Thoracic Surgery, Borgess Heart Institute, (above) speaks about Dan Leversen’s minimally invasive robotic surgery and hybrid heart care on WWMT “Doc Talk.” It can be viewed by visiting the Borgess Health YouTube Channel, borgess.tv.