The Brigham Treats Patient with High-Risk Heart Condition, Saving Her Life

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In 2018, Ann Taylor, 57, arrived at Brigham and Women's Hospital having a severe heart attack. Within hours, cardiovascular experts had discovered that all of the major arteries serving her heart were almost completely blocked.

Ann was rushed to the Brigham's <u>Catheterization (Cath) Lab</u>, where she was given a 20 percent chance of survival. Not only were Ann's coronary arteries blocked, she also had a complex medical history. She had lived with diabetes since childhood, requiring her to undergo kidney and pancreas transplants. She received a second kidney transplant after the first organ failed.

"The Brigham is a national leader in the treatment of completely blocked coronary arteries, or chronic total occlusions (CTOs), so we presented a cutting-edge non-surgical option to Ann—a less-invasive procedure to reopen her arteries," says <u>Deepak L. Bhatt, MD, MPH</u>, executive director of the Interventional Cardiovascular Program.

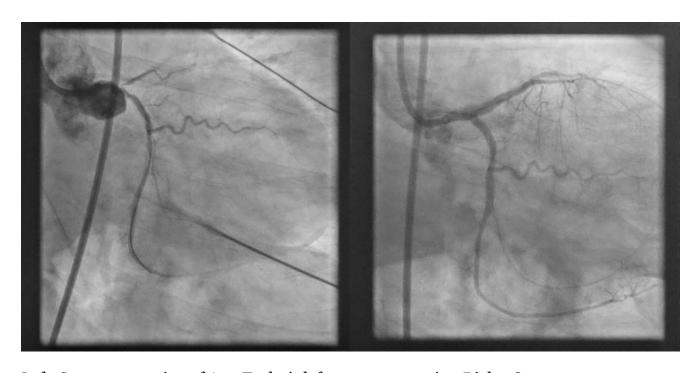
Minimally Invasive Treatment of Completely Blocked Coronary Arteries

The procedure, known as <u>percutaneous coronary interventions</u> (PCI), accesses the heart through a catheter inserted through a puncture in the skin. Thin tubes (stents) are then placed in blood vessels going to the heart to open severely narrowed coronary arteries.

"Historically, the opening of completely blocked coronary arteries required major openheart surgery. This minimally invasive procedure would allow Ann to avoid open heart surgery from which it could have taken months to recover," says Dr. Bhatt.

Given Ann's frail state and complicated medical history, PCI was still risky. Among the potential complications that could have happened, Dr. Bhatt and others had to consider how PCI might affect Ann's transplanted organs. The contrast dye used to guide the stents could have taxed her donated kidney, causing it to fail.

Link to: https://heart.brighamandwomens.org/coronary-heart-disease-care/complexpercutaneous-coronary-intervention



Left: Severe narrowing of Ann Taylor's left coronary arteries. Right: Open coronary arteries following percutaneous coronary intervention (PCI) at the Brigham.

Against the odds, and with Dr. Bhatt and the skilled Brigham team at her side, Ann made it through the high-risk PCI procedure without complications.

"Anywhere else would have turned her away and sent her home," says Ann's husband, David. "We probably would have just waited for a massive heart attack to occur, but Dr. Bhatt stepped up to the plate for her."

Ann Learns How to Walk, Talk and Feed Herself Again

A week after the first surgery, Ann returned to the Cath Lab to have three more stents inserted in her coronary arteries. After discharge, she sought care with <u>James Muller, MD</u>, a Brigham cardiologist, and saw him regularly as she underwent cardiac rehabilitation—learning how to walk, talk and feed herself again.

At potential risk for sudden cardiac death, Ann also received a LifeVest® wearable cardioverter defibrillator (WCD) that continuously monitored her heart and would deliver a shock had she experienced a life-threatening arrhythmia. After two months of negative echocardiograms, Ann's LifeVest® was removed.

A Heart Full of Gratitude

Over the past two years, Ann's cardiac function has returned to near-normal levels, allowing the grandmother of four to spend time with her family.

Today, she says her heart is strong and overflowing with gratitude for the cardiac specialists at the Brigham who saved her life and restored her health.

"Thank you isn't enough," says Ann.
"The Brigham gave me the chance to continue enjoying life with my husband, kids and grandchildren. You have no idea how much that means to me."

For adults with coronary heart disease, the Brigham and Women's Heart &



Ann Taylor with Deepak L. Bhatt, MD, MPH.

Vascular Center offers a range of innovative diagnostics and <u>treatment</u> <u>options</u>.

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