When 75-year-old Patrick Clemens of Amory signed on for a clinical research trial in 2012, he hoped for the best but certainly never expected the national attention he recently received.

Clemens is one of more than 30 patients at North Mississippi Medical Center to receive an investigational device called “Watchman” to prevent strokes in people with irregular heartbeats. In December he accompanied cardiac electrophysiologist Jim Stone, M.D., and Cardiology Associates of North Mississippi research nurse Marsha Jones, RN, to Gaithersburg, Md., to convince advisers to the Food and Drug Administration of Watchman’s benefits. Following all the testimony, the advisory panel voted 13-1 that the benefits outweigh risks associated with surgery to implant the device. Full FDA approval could come by mid-summer.

Clemens’ heart problems date back to 2004, when he underwent quadruple bypass surgery for blocked arteries. Two years later he received a pacemaker to correct irregular heartbeats. He was then diagnosed with atrial fibrillation, a heart condition in which the upper chambers of the heart beat too fast. Because the heart's upper chambers quiver instead of beating effectively, blood can stagnate and form clots in an area of the heart called the left atrial appendage.

“Everyone has a left atrial appendage on the left side of your heart,” explained Jones. “It’s a small pouch, about the size of your thumb. If a clot forms there, you get an effective heartbeat, it can send that clot to your brain and cause a stroke.”

In 2012, Clemens’ physician prescribed blood thinning medication to help prevent blood clots that could cause a stroke. Like many other patients on blood thinners, the retired shipbuilder struggled with an undesirable side effect – bleeding from everyday pricks and bumps. “I tried two different blood thinners,” Clemens said, “but because I’m active, I was just having too much bleeding.”

Dr. Stone and Jones told Clemens about the Watchman device, which seals the left atrial appendage to keep larger blood clots from entering the bloodstream. During the procedure, Dr. Stone guides the Watchman device into the heart through a catheter, or flexible tube inserted through a vein in the groin. Once the catheter is in place, Dr. Stone determines what size Watchman device to use (five sizes are currently available) for a snug fit inside the left atrial appendage. After placing the device, he releases it from the catheter to leave it permanently implanted in the heart. The procedure takes less than an hour in NMMC’s Electrophysiology Laboratory, and the patient leaves with only a bandage on the groin.

Clemens stayed overnight at NMMC and recovered quickly. “The procedure was pretty easy,” he said. “There was no discomfort.”

“The vast majority of blood clots that cause strokes in patients with atrial fibrillation come from the left atrial appendage,” Jones said. “This device removes that risk.”

Dr. Stone, who served as principal investigator for two related research studies at NMMC, is encouraged by results and believes the Watchman’s implications are significant. “This is probably the single biggest advance for preventing stroke caused by atrial fibrillation since the advent of blood thinners about 50 years ago,” he said. “I think it’s a paradigm shift in how we will treat atrial fibrillation in the future.”

While the Watchman does not cure atrial fibrillation, it does reassure patients like Clemens. “When you know you have the possibility of suffering a stroke, there's a fear that scares you,” Clemens said. “Now, 95 percent of that fear is gone.”

Because NMMC has been a major player in the clinical research trials, Dr. Stone said the local hospital is being considered as a training site if the Watchman gains full FDA approval. “We sincerely thank the patients who have volunteered for the clinical trials,” he said. “They have put a lot of faith in us.”
In July 1983 Dr. Jack Foster followed his heart to Tupelo, becoming only the second cardiologist in town. On March 4, he retired to pursue his heart's desire.

A 1967 graduate of Hattiesburg High School, he earned a bachelor's degree in chemical engineering from Mississippi State University. He received his medical degree from the University of Mississippi School of Medicine in Jackson, completing an internal medicine residency and cardiology fellowship there as well.

At that time NMMC had only one cardiologist and one cardiothoracic surgeon. “It seemed like a good opportunity,” Dr. Foster said. “Back then Tupelo was very similar to Hattiesburg, and it seemed like a good fit.”

They practiced with the internal medicine group – which also included gastroenterologists and pulmonologists, and later became IMA-Tupelo, before striking out with two additional partners several years later as Cardiology Associates of North Mississippi. Their original clinic was in NMMC’s East Tower before moving to their current location in April 2001.

“I feel that I have been able to practice in the golden age of cardiology,” Dr. Foster said. “There has been tremendous development in technology, and it’s amazing to see the advances. Back when I started we didn’t specialize in interventional cardiology or electrophysiology – everyone was in general cardiology, and we didn’t have stents or internal defibrillators to shock the heart. We’re doing things now that we would have never dreamed were possible.”

Dr. Foster believes the challenge now is to change the culture of “after-the-fact” medicine. “We treat people after they already have developed a blockage,” he said. “Instead, we need to make lifestyle changes to prevent chronic conditions. We, as a culture, aren’t as responsible for our own health as we should be.”

Dr. Foster is grateful for the people he has worked with and those he has treated over the years. “It’s pretty amazing to be in one place for 31 years,” he said. “I have enjoyed getting to know my patients and their families, and sometimes I’ve treated two or three generations. The relationships are very special.”

In retirement he’s looking forward to spending more time with family, which includes Dana, his wife of 44 years. They have four children – son Owen in Tupelo; son Duncan in Gulfport; daughter Leigh and husband Kyle in Charlotte, N.C.; and daughter Kendall and husband Will in Guntersville, Ala. He also plans to spoil his six grandchildren – three in Charlotte and three in Guntersville.

His days will be filled with more fishing and gardening, along with activities at First United Methodist Church and volunteering at Helping Hands Food Pantry.

Dial, Don’t Drive

At the first signs of heart attack, call 9-1-1.

Don’t lie down to see if the symptoms pass. Don’t ask someone to drive you to the hospital. Don’t try to drive yourself to the hospital. Here are three reasons to dial, not drive:

• It’s dangerous. If you suffer a heart rhythm disturbance on the drive, you will likely crash. Worse, you may crash into another car or a pedestrian.
• CPR requires team effort. Even if a loved one is trained in CPR, one person is not enough. Calling 9-1-1 is the fastest way to get help. If someone drives you to the hospital and you go into cardiac arrest, he can’t do anything for you while he’s behind the wheel.
• Time means muscle. The quicker you receive treatment, the less chance for damage to heart tissue.

Know the Warning Signs

Heart attack is a life-and-death emergency... every second counts. If you see or experience any of the symptoms listed below, immediately call 9-1-1. Not all of these signs occur in every heart attack or stroke. Sometimes symptoms go away and return. If some occur, get help fast!

• Indigestion feeling that doesn’t go away
• Chest discomfort that can radiate to either shoulder or arm, neck and/or jaw, or back
• Shortness of breath
• Cold sweats
• Feeling like someone is “standing on your chest”
• Fainting
• Lightheadedness
• Nausea
• Chest pain that disappears and returns
• May not be any “pain” at all
• Unusual fatigue