

**THE HEART OF THE MATTER:
One Woman's Travel Plans are Back on Track
Following Heart Valve Replacement Surgery**

Pat O'Brian of Cedar Bluff has a brand new heart valve, but you'd never know by looking.

O'Brian, 64, was packing for a Hawaiian vacation in October 2006, but instead she underwent minimally invasive aortic valve replacement surgery at North Mississippi Medical Center.

The first red flag went up when O' Brian, who retired from Wal-Mart a year earlier, went for a routine checkup with internal medicine physician Andrew Wartak, M.D., at IMA-West Point. "Dr. Wartak said he heard a heart murmur, but that he didn't believe it was serious," she says. "For the last several years any time I went upstairs or up a hill, or when I was mowing the yard, I'd have chest pain. But once I'd stop, I'd be fine."

Just days before her vacation was to begin, O'Brian awoke with chest pain. "I knew I'd better get it checked out before my trip," she said. Dr. Wartak referred her to cardiologist Doug Hill, M.D., who ordered several tests, including cardiac catheterization, to pinpoint the problem. When a faulty aortic valve turned out to be the culprit, cardiothoracic surgeon David Talton, M.D., said she was a prime candidate for the minimally invasive procedure.

Dr. Talton explained that he would make a small incision for the instruments and use a TV monitor to do the surgery. This technology left O'Brian with only a 10-centimeter scar and spared her the customary long incision.

"The incision for a minimally invasive procedure is about one-third as long as traditional open heart surgery," Dr. Talton explains. "Many people are familiar with robotic surgery, which was developed about the same time, but actually the procedure we do requires an even smaller incision than robotic surgery. It's even less invasive."

Dr. Talton has been performing this procedure for aortic valve repair and replacement since 2005 after training at Massachusetts General Hospital, which is affiliated with Harvard Medical School. He later trained at New York University for minimally invasive surgery to repair or replace the mitral valve, a similar procedure that uses different equipment.

While a minimally invasive procedure produces similar results with less blood loss and a somewhat shorter recovery, it actually takes longer than traditional valve repair or replacement. “I’m using the same techniques I’ve always used but with very small instruments,” Dr. Talton said. “The instruments are long because without the big incision to work through, we have to go through more of the chest wall to get where we need to go.”

The decision to invest in new equipment and offer this option was definitely patient-driven. “The results are the same, but doing it this way is much more cosmetically pleasing because the patient doesn’t have a scar running the length of his or her chest,” Dr. Talton said. “Patients have asked for this. We want to be able to offer them anything here that they can get at a larger medical center.”

After four nights at NMMC, O’Brian was back home and better than ever. “I could pretty much do what I wanted to right away,” she says. “It’s not as bad as I thought it would be.” For exercise she walks around her neighborhood several days a week, and she visited the New England states in September. “It was sort of in place of the Hawaii trip I missed,” she says, adding that she hasn’t yet given up on the Aloha State.

For more information about services available through NMMC’s Heart Institute, call 1-800-THE DESK (1-800-843-3375).