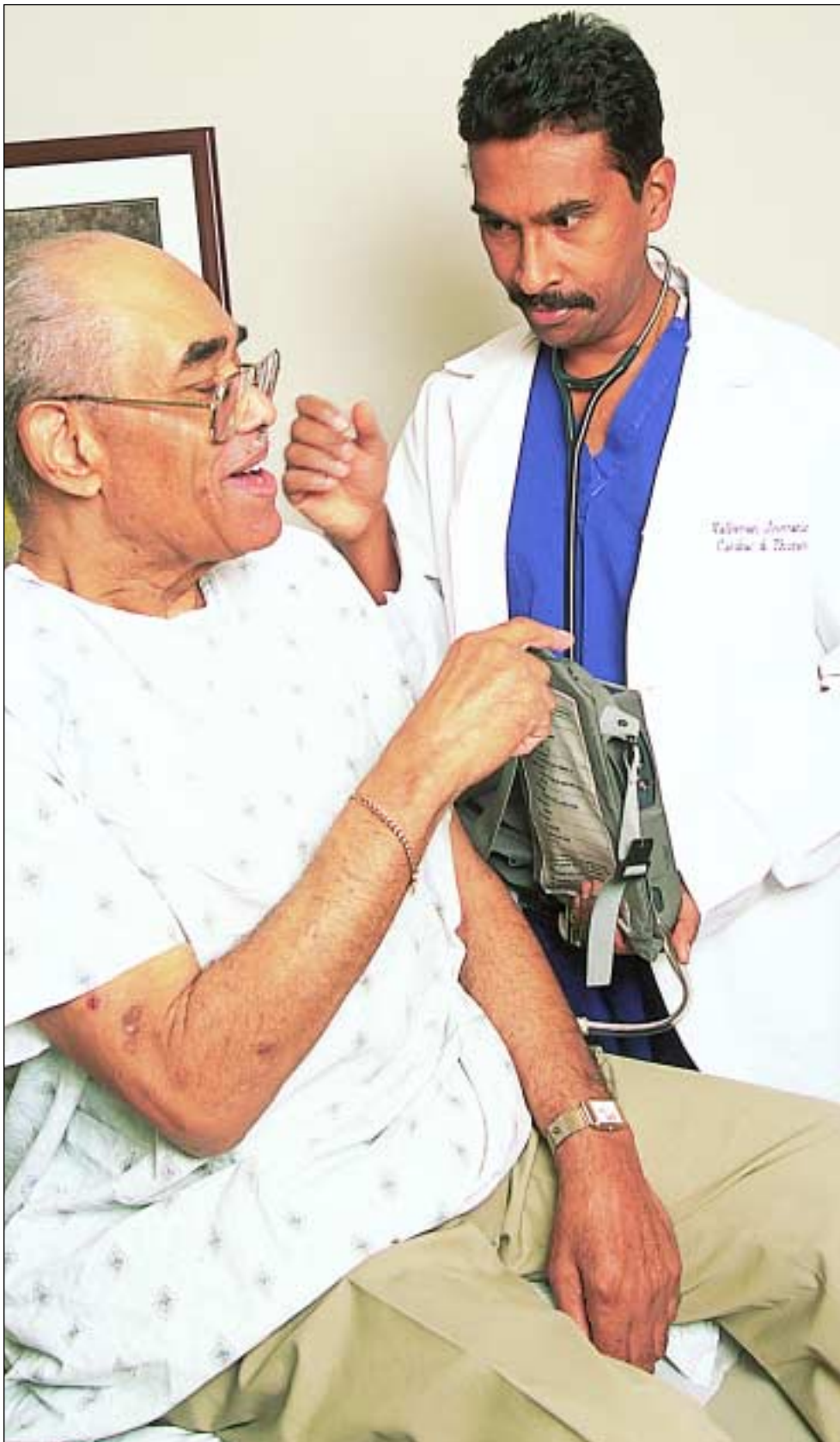


A Helping Hand for the Heart:

Available Only at the University of Chicago Hospitals



Mr. Clifford Doyle informs Dr. Valluvan Jeevanandam he is pleased with the added energy he gets from the CardioVAD device.

There is a new state-of-the-art procedure for heart failure patients that is uniquely available at the University of Chicago Hospitals. Designed for those patients with advanced heart failure who are not candidates for a heart transplant due to advanced age or multiple complications, this new device is surgically implanted in the aorta to help circulate blood and oxygen while still allowing freedom of movement for the patient. The device can boost the heart by as much as 50 percent without artificial valves or the need for anti-coagulation drugs.

Valluvan Jeevanandam, M.D., Chief of Cardiac and Thoracic Surgery, is conducting a phase one clinical trial on the circulating assistance device that helps the heart produce blood throughout the body. Called the CardioVAD (LVAD Technology, Detroit, MI), the device is sewn to the descending aorta. (The "VAD" in CardioVAD stands for ventricular assist device.) The University of Chicago Hospitals is the leading center in the research and testing of the device, and the only medical center where the procedure is available.

Improves Quality of Life Tremendously

"Picture a weightlifter struggling with 200 pounds who suddenly receives help from a spotter who does half the lifting for him," says Dr. Jeevanandam. "Then you will have an idea of what the CardioVAD does for our patients. This device tremendously improves their quality of life; I find it very, very exciting, a true innovation in cardiac surgery with a large role in future care of patients."

The device uses the patient's own aorta to support circulation. It is a permanent and more efficient version of the more commonly used intra-aortic balloon pump. The CardioVAD is triggered by the electrical activity of the patient's own heart and is set to inflate during the relaxation period in the heart's cycle during which the heart dilates and the cavities fill with blood.

Potential patients are first qualified to see if they will benefit from the CardioVAD.

"First, we use a balloon pump on the potential patient and if the numbers get better, then we know this patient will respond to the device and will be an ideal candidate," says Dr. Jeevanandam.

A skin biopsy is then performed two weeks prior to the surgery to allow for the tissue culture of patient cells, which promotes rapid tissue acceptance following the implantation.

Phase II Study to Begin

The University of Chicago will be looking for 30 to 40 candidates with at least 50-percent kidney function and good liver function for phase II studies. It is estimated that, once there is full FDA approval, between 20,000 and 30,000 people will have these devices implanted every year.

One Can Use the Device at Will

Permanent and more efficient than the more commonly used intra-aortic balloon pump, the CardioVAD allows complete freedom of movement for the patient.

"They can shower and go about their business of living; they can use the device at will," Dr. Jeevanandam says. "The CardioVAD marks a turning point for the better in a person's life."

The optimal patient for the CardioVAD is someone with end-stage heart disease who does not have a primary problem with his or her valves.

"The CardioVAD won't replace a bad heart, but it will make it work much better," says Dr. Jeevanandam.

For more information or referrals: 1-888-UCH-0200. ■

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