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Cardiac surgeon touts new PMC operating room

POCATELLO — As Dr. Jacob DeLaRosa performed heart surgery last week, his surgical team unexpectedly found themselves in need of real-time imaging to complete part of the task at hand, a process that could add more than an hour to the time his patient is on the table.

But because DeLaRosa's team was performing that surgery in one of Portneuf Medical Center's new state-of-the-art operating rooms, it was a simple matter of pushing a few buttons, moving the equipment into place, and the team was good to go. "In this room, we can now operate by cutting you open, and we can operate by going into the artery from the leg," said DeLaRosa, chief of cardiovascular surgery at PMC.

Dr. Jacob DeLaRosa, Portneuf Medical Center's chief of cardiac surgery, discusses the state-of-the-art hybrid operating room in PMC's new hospital Sunday afternoon in Pocatello.



DeLaRosa said that using real-time X-ray imaging is becoming more common and instances where it's suddenly called upon during a procedure are not uncommon. In the past,

however, that meant moving the patient to a room where the imaging equipment was installed, or bringing mobile versions of the imaging equipment into the surgical room.

Either way, DeLaRosa said that required as much as 90 additional minutes — more time under anesthesia, more time in a recovery room, more possibilities for infection. Now, those procedures are being performed in a new surgical room at PMC that features a hybrid of technologies, giving heart surgeons all that they may potentially need in one location. "It's an operating room with the imaging also," DeLaRosa said. "It's really impressive to look at all this."

The room itself is like something out of a science fiction movie. There are several large flat panel monitors.

Handling the intense power and data needs are several servers in the room, necessitating a cool, clean, environment. To that end, there is a state-of-the-art cooling and filtration system.

On Sunday, DeLaRosa went through the Heart Center's surgical facilities, sort of a tour of technological progress the center has invested in during the past seven or eight years.

In the first room, the imaging is incorporated, but it's big and clunky. There are CRT monitors instead of flat panels and the size of the room, with the larger equipment, leaves little space for surgeons to operate comfortably given the numerous additional personnel in the room. The second room has been recently gutted in

preparation for renovation now that the new room is complete. That room, while much larger, did not easily incorporate imaging needs.

The newest room includes all of the creature comforts and then some. In fact, DeLaRosa said it's what everyone else will have eventually. "This is a modern operating room. In about 10 years, everybody will be like this, will have this technology," he said. "So, we are that far advanced and ahead of the game."

DeLaRosa estimates that about 1 percent of all hospitals in the U.S. currently have similar technology. He says no other hospital in Idaho or even the Intermountain West has this technology today.

Wednesday's procedure, a coronary artery bypass grafting, was the first during which the new operating room was used. And during the room's first use, all those new bells and whistles had to be put to the test.

"We were just planning on using it as an operating room," DeLaRosa said. "But we were now able to use it for a hybrid procedure. It was great. Everybody had to be ready to go and had to know what to do."

By hybrid procedure, DeLaRosa means that both a traditional surgery, consisting of cutting the patient open, was conducted while more modern real-time, Xray imaging was also used, to perform a less-invasive procedure. The less-invasive future of cardiovascular surgery is part of the point in having the new hybrid capability, he said.

By the end of this year, DeLaRosa expects the U.S. Food and Drug Administration will approve a procedure allowing for the replacement of heart valves to be performed without cutting the patient open in the traditional sense.

Instead, the surgeon will go in through an artery in either of two locations, or make a much smaller incision more to the side of the chest. It's a procedure currently undergoing trials in the U.S., and it has been used for several years in Europe, DeLaRosa said.

"Imagine how it's going to be, getting a valve and going home, versus staying in a hospital for a week and a half, and then the six weeks of recovery," De-LaRosa said.

It's something that's coming along quickly and something hospitals have to be technologically prepared to perform, or they will fall behind.

"We never wanted to be the place that says we're really good for here, but if you want cutting edge, you have to go there," DeLaRosa said. "We always want to be the innovator. That's the reason we have this room."