

Hospital using new cardiac cath method

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PARKERSBURG — For the past year, a new type of catheterization process has benefited patients at Camden Clark Medical Center, St. Joseph's Campus.

Dr. John Goddard, interventional cardiologist with Parkersburg Cardiology, has been offering the new program along with fellow interventional cardiologist Dr. Jack Casas.

Goddard said the new program available at the Parkersburg hospitals is really a long-standing procedure — cardiac catheterization — but with a new twist.

"It's just a different route of access," Goddard said. "Instead of using the traditional femoral approach from the groin, we use the radial artery in the wrist. We can do almost all of the same procedures from the radial approach that we can from the femoral approach, but we are able to dramatically reduce complications, like bleeding, by using the radial approach," he said.

Goddard said the new approach "dramatically enhances" patient comfort. The cath process itself takes about the same amount of time, but the recovery process is much better. The radial approach required virtually no bed rest after the procedure is completed, where the femoral approach requires the patient to remain in bed for several hours, he said.

Goddard estimated that nearly 95 percent of people who undergo catheterization can benefit from the new approach. There are

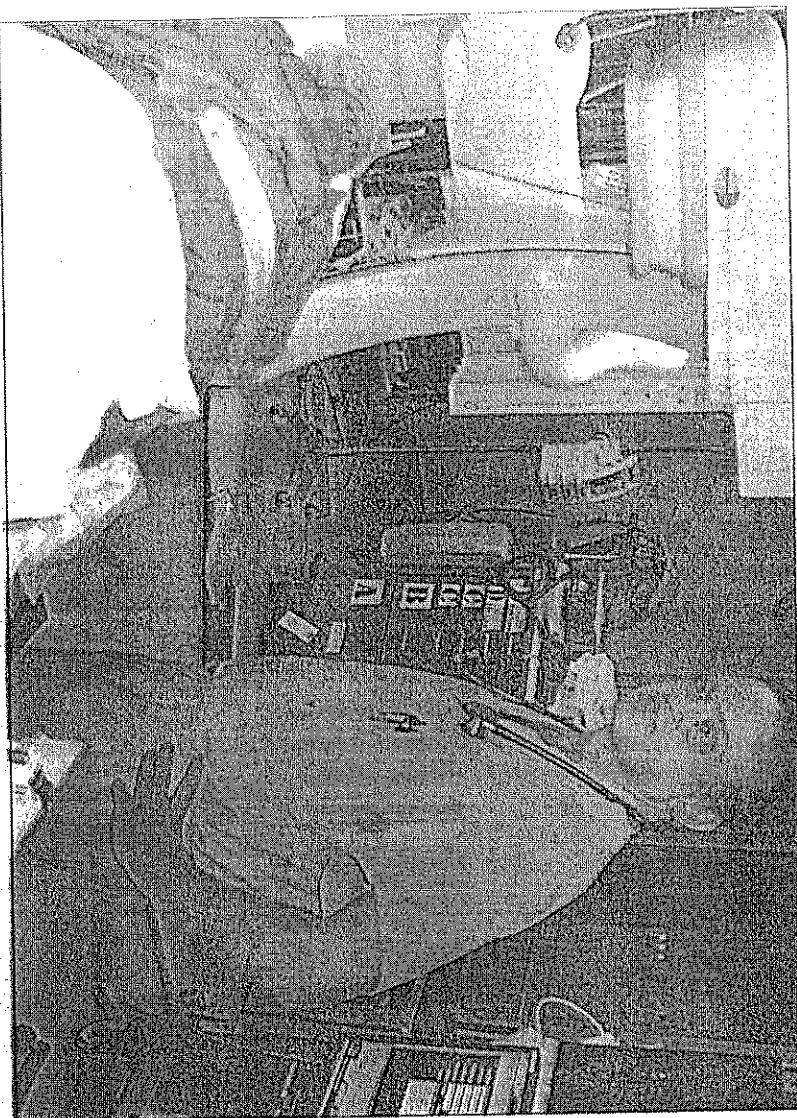


Photo by Wayne Towner
Dr. John Goddard, right, interventional cardiologist with Parkersburg Cardiology, uses radiology technology to demonstrate the newer radial approach to cardiac catheterization, entering through the wrist instead of the femoral artery in the groin.

some cases and factors where the femoral approach remains the best option, but most can now be handled with the radial approach.

Doctors can do elective, diagnostic, angioplasty, stents and most other procedures using the new approach.

Goddard estimated he has done more than a hundred of the radial processes — as has Casas — in the year since they underwent training and began doing it at the Parkersburg facilities.

"For patients who are having a diagnostic cardiac catheterization, I would say the first choice — if there's not a history of coronary disease or a history of bypass surgery — the radial approach would definitely be my first choice," Goddard said. "In patients who have vascular disease or are overweight, the radial approach is definitely a better option due to the fact that there's much less bleeding complications and gastro complications," he said.

Goddard said the prior training and experience he and Casas have helped with the new procedure.

"It's the same techniques, just applied to a different access route," he said.

Many of the patients who have gone through the radial process have had positive experiences and like the new procedure, he said. The main reduction in complications comes from a reduction in bleeding events, which are more common with the femoral approach although not common.

Goddard said the technique is growing more common in general usage locally and around the country.