



# NEWS RELEASE

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FOR IMMEDIATE RELEASE:

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## **‘Lucky’ Heart Attack, Collaboration Saves Veteran’s Life** *VA, The Nebraska Medical Center partner to perform Nebraska’s first percutaneous RVAD placement*

**OMAHA**, Neb. — Cecil Carroll considers himself a very lucky man. It may seem hard to believe considering Cecil had a heart attack that almost certainly would have ended his life if the heart attack had happened almost anywhere else.

“I had a doctor’s appointment at the VA hospital,” recalled Carroll, a retired U.S. Air Force jet mechanic. “Between the coffee shop and elevators on the first floor, I had a heart attack.”

Ed O’Leary, M.D., Chief of Cardiology at the VA Nebraska-Western Iowa Health Care System, and a cardiologist at The Nebraska Medical Center, said Carroll was in the right place at the right time. His recovery was far from easy; his treatment far from routine.

“Cecil had a massive heart attack,” Dr. O’Leary said. “We got him right to the cardiac catheterization lab at the VA and opened his artery and put in something called an intra-aortic balloon pump.”

Despite the immediate care, Carroll was still slipping away.

“It wasn’t enough to keep him going,” Dr. O’Leary said. “He was on a breathing machine. We had stopped the heart attack, but it caused so much damage that he couldn’t keep going. He was not doing well.”

Dr. O’Leary believed a mechanical heart pump called a right ventricular assist device (RVAD) could help Carroll. For that, he would have to be moved up the street to The Nebraska Medical Center. But the open-heart surgery normally required to implant the pump would be risky.

Medical center cardiothoracic surgeon John Um, M.D. suggested the possibility of using a percutaneous RVAD; a pump, which could be connected through the heart via the patient’s veins instead of open-heart surgery. The medical center had just received this type of pump two weeks before.

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“It’s a pretty new idea,” Dr. Um said of the percutaneous RVAD. “Instead of putting the pump into the heart itself, the pump is outside the body.”

Using the percutaneous approach, Drs. Um and O’Leary used tubes placed in the veins to guide blood into the pulmonary arteries and around the right ventricle, allowing the heart to recover. It was the first time this approach had ever been used in Nebraska.

“The affect on him was immediate,” Dr. O’Leary said. “We saw him come in a white, pale color – he just wasn’t getting enough blood flow to his lungs – as soon as we turned the RVAD on, he ‘pinked up,’ his color improved. Over the next 24 hours, he improved remarkably.”

“A lot of these patients require just short-term mechanical support for several days and then had a rapid recovery,” Dr. Um said. “It’s unusual because these patients proceed to death rather quickly. That’s what his trajectory was.”

Carroll woke up at The Nebraska Medical Center three days after his heart attack unaware of the groundbreaking treatment that allowed him to wake up at all.

“I lost three days,” Carroll said with a smile. “I feel so lucky because they didn’t have to open my chest.”

Carroll also said he felt lucky to have the care of the VA staff and The Nebraska Medical Center staff. His doctors agree.

“This really demonstrates the excellent collaborative work between the VA and the med center,” Dr. O’Leary said. “The VA provides excellent health care, and if a patient requires something they can’t provide, they’ll send a patient down the street to get it.”

After recovering from his heart attack and having the RVAD removed, Carroll had a heart pacemaker implanted and spent several weeks in rehab to help regain his strength.

The VA Nebraska-Western Iowa Health Care System’s mission is to honor America’s Veterans by providing exceptional health care that improves their health and well-being. VA NWIHCS employees serve more than 161,000 Veterans in Nebraska, western Iowa and portions of Kansas and Missouri. The system includes a tertiary medical center in Omaha and a Community Living Center in Grand Island, Neb. Community-based outpatient clinics are located in Lincoln, Grand Island, North Platte, Norfolk, and Bellevue, Neb., and Shenandoah, Iowa; and a contract outreach clinic in O’Neill, Neb. For more information, visit [www.nebraska.va.gov](http://www.nebraska.va.gov).

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