

## **MERCY'S 64-SLICE SCANNER IS STATE-OF-THE-ART**

### **Any way you slice it, a cheaper, safer alternative for some heart patients**

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Everyone knows that early detection of heart disease can save lives. Finding blockages in coronary arteries before they do fatal damage is of the utmost importance.

A coronary angiogram could be ordered to determine a patient's heart health status. But it's costly — about \$10,000, not including the doctors. And, because it's an invasive procedure, it may expose the person to unnecessary risk.

For a low-risk patient, a 64-slice computed tomography (CT) scan, costing just \$1,100, might be more appropriate. This procedure, available at Mercy Hospital, recreates a three-dimensional image of the heart that's not only significantly less expensive, it's less risky to perform.

#### **Two basic choices**

A cath lab angiogram requires hospitalization, a catheter inserted into the leg and up into the heart, dye injected into the heart, an x-ray taken, and then six hours being observed after the catheter is removed. Because it produces incredibly sharp pictures, this test has been the gold standard test for heart disease since 1968.

But often patients, even with abnormal stress and calcium pretests, do not fit the norm for heart disease. With low-risk patients, a CT scan may be more suitable. This x-ray is non-invasive and significantly quicker. Like a cath lab angiogram, dye is injected into the coronary arteries, but it is done intravenously, instead of through a catheter.

Each process has its advantages and disadvantages. With traditional angiography, according to Mercy cardiologist Randall Stark, M.D., you see only the *inside* of the arteries. "But it's the calcium deposits *on* the wall of the arteries that is the concern." Although a cath lab angiogram produces sharper images, "with the three-dimensional images of a CT scan, you actually 'see' the deposits."

#### **CT scan is not for everyone**

The CT scan is best utilized for the people who have abnormal test results, yet their history and lack of typical symptoms suggest that they aren't likely to have heart disease. But not everyone is a good candidate for this scan. It's up to the cardiologist to decide which test is the best approach.

Dr. Stark emphasizes that the CT scan “is not meant to be a screening tool.” In fact, he says, it is somewhat controversial and, therefore, not approved for use by most insurers. Nevertheless, this technology does permit certain patients who meet well-defined criteria to avoid surgical procedures, while reducing costs at the same time.

“Despite all this technology,” he says, “it still comes down to listening to the patient. Gathering a thorough medical history, considering risk factors and statistical chances, and other, more basic testing, come first in good health care.”

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