

# STRIKE!

Anamosa resident Larry Hahn has had cardiac catheterization and stents inserted twice – once with a femoral approach (through the groin), and the second time with a transradial approach (through the wrist).



Nick Hodgman, MD  
Cedar Rapids Heart Center, PC

He definitely is a bigger fan of the latter, enthusiastically saying, “It was a piece of cake!” When appropriate, interventional cardiologists are increasingly accessing blocked arteries via the wrist rather than the more traditional approach through the groin, citing expedited recovery time, reduced chances for bleeding and the potential for reduced hospital stays. The procedure involves inserting a catheter into the artery and, when needed, inserting a stent, which is a device used to open up a blocked artery to improve blood flow to the heart.

A 2008 study published in the *Journal of the American College of Cardiology: Cardiovascular Interventions* reports bleeding complications were reduced by 58 percent with the transradial approach over the femoral method.

Cardiologist Nick Hodgman, Cedar Rapids Heart Center, PC, uses the transradial approach whenever the situation is appropriate – about 90 percent of cases. He says it is not an option for very sick patients who require cardiac support with special equipment that only works through the groin site. In Larry’s case, Dr. Hodgman recommended going in through the wrist as the logical option.

Larry first made an appointment with Dr. Hodgman because he was breathing heavily, felt tired and had a sense that something was wrong. A veteran of heart procedures after a heart attack in 2005, five previous stents and a triple bypass, Larry had a wealth of experience on which to base his suspicions.

Immediately, Dr. Hodgman checked the blood flow in Larry’s heart by having him take a stress test, which revealed his heart vessels were blocked once more.

Common practice would have required Larry to have another bypass surgery, however, stenting the artery kept Larry from having to

undergo another open heart surgery, a much more extensive procedure. That’s why Dr. Hodgman recommended that Larry have the procedure done using the new approach at Mercy Medical Center.

“Studies show patients do just as well with a stent in the main artery as they do with open heart surgery,” Dr. Hodgman says, adding, “The future is more toward stenting rather than more surgery.”

“I couldn’t believe how fast I was done and out of there (Mercy),” Larry says enthusiastically. “After the surgery, they put a compression ring around my wrist.” The band seals up the small hole made in the blood vessel in the wrist.

“Every half hour, someone came in and took a little bit of air out of the ring to reduce the pressure. After about an hour and a half, they just put a bandage over it. By Friday night I was bowling! If I would have had it done through the groin, I’d have had to wait at least two weeks to go bowling,” he says. The femoral approach recovery takes longer because activity pulls at the surgical site, which means that activity can cause pain and the potential for bleeding.

As an avid bowler who plays at the Anamosa Bowling Center two to three times a week, a quicker recovery time was right up Larry’s alley.

Larry Hahn is back in the game, bowling two to three times a week after having a stent inserted through his wrist.

