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# You'll Get the Truth Only If There Is Money To Be Made

A letter from the Cardiovascular Center of St. Helena Hospital reminded me of how patients learn the truth. (St. Helena Hospital in Napa Valley California was the location of my clinic for 16 years from 1986 to 2002.)

Here is what the letter said:

"Question: Are you seeing patients with post-operative CABG cognitive dysfunction?

Answer: At St. Helena Hospital, we decrease the incidence of stroke and changes in cognitive function by performing beating heart surgery..."

In other words, your patients' brains will be less damaged (cognitive dysfunction) by our new procedure (beating heart surgery) compared to the traditional bypass surgery (CABG = Coronary Artery Bypass Grafting). Patients who see this letter should be asking, "What brain damage? How come I never knew bypass surgery caused brain damage?





St. Helena Hospital
The Cardiovascular Cen-



Question: Are you seeing patients with post-operative CABG cognitive

Answer: At St. Helena Hospital, we decrease the incidence of stroke and changes in cognitive function by performing beating heart surgery. We also ligate the atrial appendage and use the HEARTSTRING Proximal Seal System during surgery.

For more detailed answers, plan to attend the

Napa Valley Cardiovascular Symposium March 23-24, 2006 Meadowood in the Napa Valley

> To register or receive a brochure, call 800-568-1145 or visit www.napacv2006.com

The first time I wrote about the brain damage caused by the heart-lung machine (the bypass pump) used in all traditional bypass operations was in my book *McDougall's Medicine—A Challenging Second Opinion*, published over 20 years ago (1985). I would estimate that since then more than 7 million people in the US alone have suffered brain damage—and hardly a single one of them was ever informed of this universal complication prior to having the operation.

For more than 20 years I have been talking on radio and TV, and writing about this closely guarded medical secret. In that time I have never met a patient who had been informed that he or she was likely to never be the same after spending time on the pump. Over the years I have confronted many heart surgeons and cardiologists—all have minimized the importance of this damage and many have denied it even occurs—denied it to me and to their patients. The deception ends now with the introduction of a new medical business, "off-pump" beating heart surgery. This surgery repairs the heart arteries without stopping the heart and without placing the patient on the bypass pump.

## **Research Compares Procedures**

The December 20/27, 2005 issue of the American Heart Association journal *Circulation* published the most recent findings on the brain-damaging complications of bypass surgery. Researchers compared the brain after the traditional bypass (which uses the pump) with the brain after the "off-pump" (beating heart) surgery by examining the

blood vessels in the back of the patients' eyes (retinas) for damage (emboli, leaks, hemorrhages, etc.). Of those who were on the pump, 5 of 9 patients had damage, whereas none of those undergoing heart surgeries without the use of the pump had eye damage.

The McDougall Newsletter

The eye is an extension of the brain; therefore these findings reflect injury that occurs throughout the brain. This damage is caused by embolization of bits of debris (emboli) released during the bypass surgery. Examining an artery that supplies the brain (the middle cerebral artery) with an ultrasound machine, doctors could "see" this debris 20.3 times more frequently during "on-pump" bypass surgery than during the "off-pump" procedure.

### Is Heart Surgery Worth It?

The July 18, 2005 issue of Business Week magazine ran an article, "Is Heart Surgery Worth It?" that should be required reading before anyone is allowed to agree to heart surgery for blocked heart arteries (coronary artery disease). This article talks about the failure of bypass surgery to save lives in most cases, and about complications, including the brain damage. Dr. Nortin M. Hadler, professor of medicine at the University of North Carolina at Chapel Hill and author of *The Last Well Person*, is guoted in this article as saying, "Bypass surgery...should have been relegated to the archives 15 years ago."

You can find this article online at the Business Week web site: http://www.businessweek.com/@@EIDaaoQQMOesihsA/magazine/content/05 29/b3943037 mz011.htm

### Follow the Money

Brain damage from bypass surgery is just one example of how people usually learn medical information. Count on some business making lots of money before you hear about it. The importance of cholesterol became well known in order to sell billions of dollars worth of "statin" drugs. The marketing of dairy products, calcium pills, and HRT (hormones) led to osteoporosis becoming a household word. GERD (gastroesophageal reflux disease) is a familiar word thanks to the antacid industry—now we are all too well acquainted with our refluxing stomach acids. The list is endless.

You need to protect yourself and your family by following the money trail. Next time you hear something new, at least ask, who benefits by me knowing this information? And always be asking, "How do I really solve my health problems and avoid the medical businesses?" The bottom line is self-care—diet and lifestyle.

### Brain Damage from Bypass Surgery - The Untold Story

During the typical coronary artery bypass operation the patient's heart must be stopped in order to sew the new vessels around the large, "rock-hard," blockages.<sup>1-3</sup> During these death-like minutes to hours, a marvelous "cardiopulmonary bypass machine" takes over the function of the heart and lungs and keeps the patient's vital tissues alive. Blood is pumped through the plastic tubes and membranes of this heart-lung machine, where carbon dioxide is removed and oxygen is added. However, this machine is far from perfect.



Tiny fragments of plastic break off the tubes and membranes, blood cells and platelets are injured (causing them to form clumps), fat particles are sucked into the patient's circulatory system, and gas (air) bubbles enter the bloodstream. All of this matter is then dumped back into the patient causing diffuse microembolization (delivery of tiny, occluding particles) throughout the person's body. When this debris enters the small vessels it stops the flow of blood to the patient's tissues - causing them injury and often death. Most tissues can regenerate themselves after such injury, but the brain cannot; therefore, permanent damage, with its subsequent deficits, results.<sup>2-4</sup>

After surgery employing the heart-lung machine, nearly all patients show evidence of brain damage based on the release of products of brain tissue injury into the patient's spinal fluid and bloodstream, and other changes in brain physiology. Decline in mental function is most severe right after surgery. At the time of discharge from the hospital, between 50% and 80% of patients are having troubles. Five years after surgery a 20% decline in mental function has been found in 42% of patients. Most of the difficulty perceived by the patient is with subtly tasks, like remembering names and numbers. Family members commonly notice personality changes, like "Dad used to be so kind and understanding, and now the slightest irritation sends him into a rage."

All this loss of mental function might be worthwhile for the one million people worldwide (300,000 in the USA) who have bypass surgery annually if not for two undeniable facts:

- 1) Bypass surgery does not save lives in the vast majority of cases;
- 2) The patient and family are almost never informed about the true impact of this common consequence of surgery.

#### References:

- 1) Ascione R, Ghosh A, Reeves BC, Arnold J, Potts M, Shah A, Angelini GD. Retinal and cerebral microembolization during coronary artery bypass surgery: a randomized, controlled trial. Circulation. 2005 Dec 20:112(25):3833-
- 2) Ahonen J, Salmenpera M. Brain injury after adult cardiac surgery. Acta Anaesthesiol Scand. 2004 Jan;48(1):4-
- 3) Zimpfer D, Czerny M, Vogt F, Schuch P, Kramer L, Wolner E, Grimm M. Neurocognitive deficit following coronary artery bypass grafting: a prospective study of surgical patients and nonsurgical controls. Ann Thorac Surg. 2004 Aug;78(2):513-8.
- 4) Newman MF, Kirchner JL, Phillips-Bute B, Gaver V, Grocott H, Jones RH, Mark DB, Reves JG, Blumenthal JA. Longitudinal assessment of neurocognitive function after coronary-artery bypass surgery. N Engl J Med. 2001 Feb 8;344(6):395-402.
- 5) Aberg T, Ronquist G, Tyden H, Ahlund P, Bergstrom K. Release of adenylate kinase into cerebrospinal fluid during open-heart surgery and its relation to postoperative intellectual function. Lancet. 1982 May 22;1(8282):1139-42.
- 6) Snyder-Ramos SA, Gruhlke T, Bauer H, Bauer M, Luntz AP, Motsch J, Martin E, Vahl CF, Missler U, Wiesmann M, Bottiger BW. Cerebral and extracerebral release of protein S100B in cardiac surgical patients. Anaesthesia. 2004 Apr;59(4):344-9.
- 7) Henriksen L.. Evidence suggestive of diffuse brain damage following cardiac operations. Lancet. 1984 Apr 14;1(8381):816-20.
- 8) Henriksen L, Hjelms E, Lindeburgh T. Brain hyperperfusion during cardiac operations. Cerebral blood flow measured in man by intra-arterial injection of xenon 133: evidence suggestive of intraoperative microembolism. J Thorac Cardiovasc Surg. 1983 Aug;86(2):202-8.
- 9) Herrmann M, Ebert AD, Galazky I, Wunderlich MT, Kunz WS, Huth C. Neurobehavioral outcome prediction after cardiac surgery: role of neurobiochemical markers of damage to neuronal and glial brain tissue. Stroke. 2000 Mar;31(3):645-50.
- 10) Snyder-Ramos SA, Gruhlke T, Bauer H, Bauer M, Luntz AP, Motsch J, Martin E, Vahl CF, Missler U, Wiesmann M, Bottiger BW. Cerebral and extracerebral release of protein S100B in cardiac surgical patients. *Anaesthesia*. 2004 Apr;59(4):344-9.