



BRISTOL HEART INSTITUTE
 University of Bristol
 Bristol Royal Infirmary



Clinical Trials and Evaluation Unit Newsletter

Long term monitoring of cardiac surgery patients

Our long term monitoring programme is fully up and running now, and we have written to patients who have had a cardiac bypass operation at the Bristol Royal Infirmary as far back as April 1996. Our plan from now on is to write to everyone on the first anniversary of their operation, and then continue to write annually to those who wish to participate.

Over 4000 patients are now taking part, with more people joining each month. This is allowing us to keep up-to-date with patients from all over the South West and further afield, and get a continuous record of their health since bypass surgery. We are very grateful to everyone who is already or is about to take part, and hope we can rely on your continued support in the future. We also have over 3500 GP's taking part where patients have given us their permission.

- We are pleased to report that 80% of those who have replied have not had to revisit hospital for a heart related problem.
- Almost 200 people have reported they were able to undertake other needed surgery such as hip or knee replacements - operations that may have not been possible without a successful bypass operation.
- We have been able to use the data to complement ongoing studies in this department, such as identifying risk factors which may make certain patients more vulnerable to post-operative complications.

Overall, this scheme is helping us evaluate our current practice and to further improve cardiac surgery for future patients.

Investigating pain control - the EPIDURAL study

A trial is taking place to assess the benefits of epidural anaesthesia in conjunction with conventional general anaesthesia during cardiac bypass surgery. Epidural anaesthesia has the advantage of blocking the pain sensation in the upper part of the body therefore improving the quality of the recovery and possibly decreasing post-operative complications. Over 40 patients have already agreed to take part in this study and have been randomised to either receive general anaesthesia alone, or general anaesthesia with epidural. Results will be published as soon as this study is completed.

New cardiac theatres and intensive care unit at BRI

February 2004 saw the opening of a new cardiac theatre, which will increase in the number of operations carried out in this hospital, and a state of the art intensive care ward. Experiences of past patients and their relatives were taken into account in the design of the new ward.

Coronary Artery Revascularisation in Diabetes Trial

We are currently taking part in a trial to compare modern coronary angioplasty with bypass surgery in diabetic patients with coronary artery disease. In the past it was thought that bypass surgery was a better treatment for these patients.

Previous studies in non-diabetic patients found that patients who had angioplasty were more likely to need further cardiac interventions, despite similar short-term results. However, with recent advances in angioplasty technology, such as stents that are coated with drugs, it is hoped that the need for further treatment after angioplasty will be significantly reduced. This new stent is being widely used across the world, but until now has not been readily available on the NHS.

The study is coordinated by the Hammersmith hospital and 22 centres are taking part, between them they hope to recruit 600 patients - 300 for bypass surgery and 300 for angioplasty with drug-coated stent. At the BRI we have 14 patients participating to date and are actively looking for others who are suitable and would like to take part.



AMIST (Angioplasty versus Minimally Invasive Surgery Trial)

This trial investigated which is the better way of treating patients with single vessel coronary disease, angioplasty or minimally invasive surgery (MIDCAB). Fifty patients were randomised to each treatment and followed up with monthly questionnaires about symptoms and serious illness for an average of 20 months. Data were also collected about the costs of treatment, both to the NHS and the patient, so that if both treatments were found to be equally effective, recommendations could be made on the basis of the treatment that offered the best value to the NHS. The two treatments appeared to relieve symptoms equally well and cardiac related illnesses were reported equally often by patients in both groups. Patients having angioplasty had, on average, a shorter stay in hospital, and the overall cost of angioplasty was significantly less than that of MIDCAB. These findings mean that angioplasty is currently 'the best buy'. However, the trial was small and the results are inconsistent with other studies that have found MIDCAB to be better. We are currently investigating the issue further by pooling data from all the available trials to obtain a more definitive answer.

What is MIDCAB?

Traditionally heart bypass operations require the sternum to be opened to gain access to the heart. However some blocked heart vessels can be operated on through a relatively small incision in the chest wall, and this is called Minimally Invasive Cardiac Bypass Grafting or MIDCAB.

Cardiac support groups

If you are interested in joining a cardiac support group in your area, the British Heart Foundation has about 300 affiliated groups in England and Wales. Activities vary from group to group, but may include a listening service, exercise classes, regular meetings or invited speakers on a wide range of topics. For more information about groups in your area, please contact the BHF Cardiac Care Administrator on 0207 487 7110 or if you have access to the internet you can use



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