News and Notes  Henry N. Yokoyama MD

Life in These Parts
Hawaiian Rent All Sign
“Theedoff? Play golf”

Heard on KHVH radio
The commentator was covering the November 10 San Francisco-Dallas game: “The score is 24 to 0 with San Francisco leading. Oops! There’s a penalty on that play. The call is tripping, but it’s more than that, his (the ball carrier’s) voice suddenly went alto.”

The hostess at the local saloon sprained her back when she tripped on the stairs. She later returned to work in high heels. “My doctor sez to keep my feet elevated,” she explained.

(Paul Harvey, November 13)

Physician Moves
October.—Anesthesiologists Donald Fancher, Jr and Robin Takata joined the Physicians’ Anesthesia Services at Kuakini Medical Plaza, Suite 306. Surgeon Glenn Kokame announced his retirement effective October 31 with this farewell note: “I wish to thank patients, physicians, and friends for their support for the many years.”

Potpourri
“I have good news and bad news,” the defense attorney told his client. “First, the bad news—the blood test came back, and your DNA is an exact match with that found at the crime scene.”

“Oh no!” cried the client. “What’s the good news?”

“Your cholesterol is down to 140.”

“Let me Rephase…”
Doctor.—“Well those strange lumps on your buttocks don’t seem to be doing any harm. All I can suggest is that they could be due to a series of injections in which the needles were rather blunt and not properly cleansed and these are residual scar tissue from the infections. Have you ever had such injections?”

Patient: “Only once. Don’t you remember when I was a little kid with an earache?”

Chris Malcolm (Stitches, October 1995)

Letters to the Editor
In his letter dated September 30, Dennis Meyer complained: “The media is doing a great disservice to patients by giving broad coverage to papers concerning calcium channel blockers. Studies of 20 or fewer patients with controversial results are given front page headlines as “met analysis.” They are published in newspapers and produce panic in patients who frequently discontinue appropriate medical regimens only to experience serious complications. This community has many nationally recognized experts in all fields of health sciences. Please check with the authorities as to the validity of any scientific papers prior to publication. The First Amendment has a double cutting edge and requires extreme responsibility on all sides. This study and its media attention are comparable to crying fire in a crowded theater.”

Hors de Combat
In October, Kim Thorburn (Dept of Public Safety health care director) and Terrence Allen (prison physician for eight years) testified before lawmakers about how conditions in prisons have deteriorated the past two years. Kim reported that inmates are reluctant to ask for medical or mental health care because guards deny medical staff and inmate patients any privacy. Kim accused prison administrators of routinely interfering with medical decisions. Terrence described the Halawa High Security Facility as “a monster factory where men are dehumanized in a systematic fashion.”

Miscellany
Religion in the OR?
While making ward rounds with the charge nurse, I visited a gentleman awaiting surgery later that day. I asked him if he had any questions.

“N0,” he replied, “the atheist was in and answered my questions.”

“You must be referring to the anesthetist,” I suggested.

The nurse interjected, “Well, the surgeons think they’re gods, so the anesthetists are atheists.”

T.A. Barnhill (From Stitches, October 1995)

Conference Notes
“Cardiovascular Medicine in Managed Care Era” lecture by cardiologist John Cogan at QMC-UH Friday morning conference, October 27.

Expenditures 1994: $128 billion
• Procedures
  1,057,000 cardiaccaths
  407,00 CABGs
  550,000 angioplasties

Trends in Progress
Containment of health costs by: self-funding; formation of purchasing alliances; direct involvement in health care by business community. The “F” word is capitation; another cost-saving strategy is bundling (package pricing).

Cardiac Savings in an Era of Capitation
• Mitral valve prolapse: If click present on exam, then MVP is confirmed. ECHO is superfluous. Don’t order ECHO to ro prolapse, if no murmur, no need for endocarditis prophylaxis.
• Congestive heart failure: Use digitalis to decrease hospital re-admissions. ACE inhibitors prolong life.
• Syncope-presyncope: Most of the causes are cardiovascular. Don’t send patient to neurologist first.
Position Available

Wanted:—Unexpected opening for a physician for small tropical Pacific island, U.S. Wildlife Refuge and Defense Dept facility. Annual pay $115K with generous leave and benefits. Lodging and meals provided. Join 2 to 3 other physicians to staff low-intensity outpatient clinic. Close specialist, medvac, and telemedicine support from Hawaii medical centers. Excellent recreational opportunities include windsurfing, sailing, scuba, tennis, golf and many other sports, with all equipment provided. A relaxing opportunity for a well-rounded and independent physician desiring a remote location. Fax CV to Human Resources, Kalama Services, (808)-836-1277, Attn: Leigh Wright, or e-mail kalamahi@aol.com.

Services Available

Bookkeeping.—Monthly financial statements, and individual and corporate income tax services. Reasonable rates. Call Wilson & Associates at 942-0263.

CCU admission: only 50% CAD yield

Acute MI
Open artery hypothesis. Improved LV function; increased survival
  • Medical management: streptokinase versus tPA; thrombolysis: danger of intracranial hemorrhage heparin; ASA
  • Primary angioplasty: 90% success
All post-MI patients should be on: ASA indefinitely and beta blockers for 18 months.
ASA alone: 10.7% mortality
SK plus ASA: 8.0% mortality
AMI Management:
  • Ejection fraction less than 40%: ACE
  • Large infarction: Coumadin 3 mos
  • LOS 5 days with predischarge TST
PTCA: Suitable for PTCA: any age; any coronary syndrome; any vessel or graft except LM; any vessel: single or multiple; any complicating medical problem; CRF, CHF, etc.
  • Unsuitable for PTCA
    - Diffuse disease; small vessels; heavy calcification; old bypass; Lt main disease; old complete occlusion; restenosis.
  • Disadvantages of PTCA
    - Not for every coronary patient; restenosis; needs surgical team standby.
In-Hospital Mortality:
  • PTCA: Less than 1.0
  • CABG: Less than 1.0
Five-Year Survival:
  • PTCA: Less than 1.0

CABG: 92%
Primary Success:
PTCA: 90%
CABG: 90%
Cost:
  • PTCA: $9,000
  • CABG: $23,000
Time Lost:
  • PTCA: 3 weeks
  • CABG: 11 weeks
Return to work:
  • 2 days PTCA (79% to 100%)
  • 10 days CABG (69% to 91%)
PTCA
Safe; effective; cheaper; prompt recovery; short LOS; less traumatic; prompt return to work
  • Achilles Heel: Restenosis 25% to 35%
  • Unresolved problems: Restenosis chronic total occlusions; radiation exposure to MDs and technicians.

Comparison medical versus PTCA (3 years later)

Medical
  • No symptoms: 63%
  • Working: 63%
  • Cost: 14%
PTCA
  • No symptoms: 80%
  • Working: 60%

Adjunctive Technology
  • Stents
  • Eccentric stenosis
  • PTCA dissection
  • Inadequate response to PTCA
  • Restenosis
  • Grafts
  • Rotoblator (rotational) Artherectomy:
    - small vessels
    - heavy calcification
Inpatients over age 60, look for abdominal aneu-


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