Device at Jacksonville center makes angioplasty safer, doctor says

The tool helps stop blood clots and plaque from traveling to the brain as stroke prevention.

BY JEREMY COX | STORY UPDATED AT 12:23 AM ON TUESDAY, FEB. 16, 2010

BOB SELF/The Times-Union
Majdi Ashchi, in the outpatient surgery suite at First Coast Cardiovascular Institute in Jacksonville, was an early user of a tool used during angioplasty called a Mo.Ma. It stops blood flow downstream from a blocked artery allowing him to clean out the blockage and prevent the plaque from moving.

As soon as the tiny balloon inflates, the clock starts ticking.

Majdi Ashchi has only minutes to maneuver a piece of wire scaffolding into his patient's constricted neck artery, push it open with another minuscule balloon, remove any hazardous debris and deflate the first balloon. All the while, there is no blood reaching the right side of the man's brain, depriving it of oxygen.

"Time is of the essence," the Jacksonville cardiologist said earlier that morning. "The longer you work on a carotid [artery], the greater the chance of complications. You have to go quick, quick."

It sounds risky, even dramatic, but Ashchi and other proponents say a new device is making the procedure - carotid angioplasty and stenting - safer than ever. The device's catheters and balloons prevent blood clots and plaque from traveling to the brain, where they could cause a stroke, they say.

The tool has been commercially available for only a few months, and Ashchi is believed to be the first doctor to use it in the Southeast.

Known as a Mo.Ma Ultra Proximal Cerebral Protection Device (yes, with the period), the device has been used in a handful of U.S. operating rooms for a few years but only in connection with research purposes. It has been widely used in Europe, where it is manufactured, for about seven years.

Why proponents are so excited about the Mo.Ma: It's the kind of advancement that they hope will help put stenting's shaky track record firmly in the past.

For decades, endarterectomy - cutting open a patient's neck and removing excess plaque around the artery - was the only surgical option.

The alternative, stenting, is less invasive, but, ironically, may be riskier, studies show.

In Europe a few years ago, a study that had planned to enroll 872 people was prematurely halted after only 527 patients were included because the disparity between stenting and endarterectomy was so vast. Within 30 days, 3.9 percent of the endarterectomy patients suffered some kind of stroke or died; the rate among stented patients was 9.6 percent.

A 10-year study led from Mayo Clinic's Jacksonville campus and set to be released later this month is expected to provide the best evidence yet about which procedure is better. But the Mo.Ma's proponents fear that research will be tainted by the use of outdated stenting technology and give the Mo.Ma a bad name.

Such trials "are almost obsolete before the results are ever published," L. Nelson Hopkins, a University at Buffalo surgeon wh was one of the leaders of the Mo.Ma's trails, told a trade publication recently. He added that stenting is probably better in some cases, endarterectomy in others.

Other advancements in stenting also include a slightly older device that's similar to the Mo.Ma and filters that catch any debr before they reach the brain.

Back in the operating room, Ashchi finishes putting the stent in place and is ready to deflate the balloon. Ten minutes have passed since it first sprang open.

"How you doing, Anthony?" he asks the man with the white mustache lying before him.

"Good," Anthony replies.

It is exactly what Ashchi wants to hear.

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