



Cardiovascular Connection Spring 2025

Renal denervation meaningfully reduces blood pressure

Nearly half of all adults in the United States have hypertension (HTN), and in about half of these individuals, blood pressure remains uncontrolled. Uncontrolled HTN significantly increases the risk of cardiovascular events, including heart attacks and strokes. Many patients with uncontrolled HTN have already tried and failed at lifestyle modifications and medical therapy.

The FDA recently approved the first two renal denervation (RDN) devices designed to lower blood pressure in individuals with uncontrolled hypertension, a condition often associated with overactive sympathetic nerves. RDN introduces a new, complementary approach to blood pressure management. These innovative devices use catheters to deliver energy that permanently disrupts the overactive nerves connected to the kidneys that contribute to elevated blood pressure. These nerves send and receive signals from the brain and elsewhere in the body and are integral to control blood pressure.

Multiple randomized trials have demonstrated that denervating or ablating the renal sympathetic nerves meaningfully reduces blood pressure over the short term in people with uncontrolled hypertension and that it does so safely;¹ 3-year follow-up has demonstrated persistent efficacy and safety after renal denervation.

continued on page 6

HENRY FORD HEALTH

A message from



Herbert D. Aronow, M.D., M.P.H.
Medical Director,
Heart & Vascular Services
Benson Ford Chair in Heart & Vascular



Nancy Zehnpfennig, R.N., B.S.N., M.H.A.
System Vice President, Heart & Vascular
and Orthopaedic service lines

In this edition of the Henry Ford Health Heart & Vascular Service Line Cardiovascular Connection, you will see that we continue to expand our horizons! We have joined forces with cardiovascular colleagues from six former Ascension hospitals, including Genesys, Macomb-Oakland, Providence Novi, Providence Southfield, Rochester, and St. John. In future editions you will appreciate even more content from these hospitals and the providers who practice there, as we continue to integrate our people, our programs, and the places where we deliver care. We would also like to recognize the outstanding leaders who have joined our service line, including Dr. Shukri David, medical director, and Mr. Eric Barnaby, VP, of the former Ascension Cardiovascular Service Line.

continued on page 2

Inside



iATTEND trial: comparing hybrid vs. traditional cardiac rehabilitation



First uses of pounce™ thrombectomy low-profile device in Michigan prove successful

A first: robotic assisted heart valve surgery

Robotic assisted mitral and tricuspid valve surgery (repair or replacement) combines cutting-edge technology with the skill of an experienced surgeon to deliver superior outcomes for patients with heart valve disorders. Raed Alnajjar, M.D., associate medical director, Heart and Vascular Service Line, Henry Ford Macomb, brings just that expertise to robotic assisted surgery to Henry Ford Macomb Hospital. He is the first to perform robotic assisted mitral heart valve surgery in southeastern Michigan. To date 7 patients have been the recipients of robotic mitral valve procedures.



Raed Alnajjar, M.D.

In addition to heart valve repair, robotic surgery can be used for other cardiac procedures including Robotic assisted bypass surgery, ablation therapy for AFIB (MAZE procedure), left atrial appendage ligation; and Atrial Myxoma resections and arterial septal defects (ASD) repair or closure.

In the traditional tricuspid or mitral valve procedure, the cardiac surgeon would perform a sternotomy to achieve the repair, with the patient being placed on a heart-lung pump. This approach could mean several weeks of recuperation to return to normal activities, and post-surgical pain from the procedure. However, with a robotic approach "which is a minimally invasive procedure that requires only a few small incisions on the side of the chest without cracking the chest open, resulting in less pain, faster recovery, less blood loss, shorter hospital stay and faster return to work and normal life activities in addition to minimizing the possibility of infection," explained cardiothoracic surgeon Dr. Alnajjar.

Dr. Alnajjar explained the robot provides more accurate visualization, even better than the human eye. The da Vinci® robotic

surgical system which features the best magnification tools and a camera that provides three-dimensional, high-definition views of the anatomy of the heart valve in this very complex procedure using robotic movements directed by the surgeon.

Not widely available in Michigan robotic assisted tricuspid and mitral valve repair or replacement reduces surgical trauma, enhances surgical precision, and accelerates patient recovery as it sets new standards in cardiac surgery. "Patients with tricuspid or mitral valve disease who meet the criteria for robotic assisted surgery as another option, providing they are eligible. For the patient, they can expect less pain and a quicker recovery than in a traditional procedure," said Dr. Alnajjar. "Robotic assisted surgery is a complex procedure that can relieve the symptoms of heart valve disease."

This robotic assisted procedure is very different than an open approach surgery, "it is a more complex set up that requires the expertise of an entire team of cardiac specialists, including the cardiothoracic surgeon, anesthesiologists, nurse practitioners and the nurses. With experienced surgeons, the procedure takes between 2 to 3 hours," explained Dr. Alnajjar. Rather than weeks or months of recuperation, patients who undergo robotic tricuspid or mitral valve repair or replacement are home in 2 to 4 days and back to life's activities in 2 to 3 weeks.

Dr. Alnajjar is a cardiothoracic surgeon trained in heart valve robotic assisted surgery. He has many years of experience in robotic assisted surgery, in addition to his training during his fellowship, he received extra training on robotic system which includes case observation of other surgeons and hands-on practice with cadavers and pigs in the lab to enhance his robotic skills. He is also the area's leading expert in robotic heart bypass surgery and has performed several hundred procedures. Dr. Alnajjar completed 1,000 robotic surgical procedures in the last 6 years and provides training and education in robotic heart surgery for other physicians throughout the country.

Physicians now have another option for their patients for tricuspid or mitral valve repair or replacement with referral to Dr. Raed Alnajjar. Referrals can be made by calling 1-877-434-7470.

continued from page 1

In the pages that follow, we will share exciting news about statewide, national, and international recognition of our providers and hospitals and we will introduce brand new programs that are now available. You will also meet a few of our newest physician hires from vascular and cardiac surgery. Finally, we will share news about a few new programmatic firsts, including remote cardiac rehabilitation, novel thrombectomy devices for treating acute limb ischemia, robotic mitral valve repair, catheter-based renal denervation

for uncontrolled hypertension, new leadless pacemakers, and extravascular defibrillators. As always, please let us know if there is content you would like to see included in our Cardiovascular Connection. We want to be sure that we provide you with the critical information that best helps you provide care to your patients.

Best regards,
Herb & Nancy



iATTEND trial: comparing hybrid vs. traditional cardiac rehabilitation

The iATTEND trial compared two methods of delivering cardiac rehabilitation (CR): Hybrid Cardiac Rehabilitation (HYCR), which combined virtual and in-facility sessions, and traditional Facility-Based Cardiac Rehabilitation (FBCR), which was only provided within a CR facility.

The trial examined whether HYCR would lead to greater attendance than the more traditional FBCR and provide similar improvements in exercise capacity and health outcomes. The primary hypothesis was that the HYCR would result in higher attendance (i.e., more CR sessions completed) when compared to the traditional FBCR.

The trial was conducted by Henry Ford Health Cardiology/Cardiac Rehabilitation between March 2019 and December 2022. There were 282 patients enrolled, including a significant proportion of Black patients (54%) and women (32%). On average, patients were 59 years-old, with 34% being 65 or older.

Patients were randomly assigned to either a HYCR or a FBCR group.

- **Hybrid Model:** Patients in HYCR completed 1–12 in-facility sessions, with the remainder of the sessions completed remotely via a virtual platform. Virtual sessions were supervised using a secure audiovisual connection.
- **Outcome Measures:** Both primary (attendance) and secondary outcomes (exercise capacity, health status) were measured.

Lead Researcher Steven Keteyian, Ph.D., director, Cardiac Rehabilitation, noted “the results of the

study indicated that among a diverse cohort of patients, HYCR results in similar patient attendance patterns and equivalent improvements in exercise capacity and health status (Table 1). There was no significant difference observed between HYCR and FBCR in terms of the total number of sessions attended or the percentage of patients who completed 36 sessions and both groups showed equivalent improvements in exercise capacity and health status, as measured by peak oxygen uptake (VO₂) and six-minute walk distance (6MWD),” he said. In addition, there were no significant safety issues, with only one major adverse event (a nonfatal stroke) and no falls requiring medical attention.



Steven Keteyian Ph.D.

The results of the iATTEND trial concluded that HYCR is a viable alternative to FBCR, particularly for patients who may face barriers to attending all sessions in person. Dr. Keteyian said, “The virtual-hybrid approach can maintain patient engagement and yields similar health outcomes, an important consideration for expanding access to CR.”

To read the complete study, use this link: [https://www.ajconline.org/article/S0002-9149\(24\)00313-8/abstract](https://www.ajconline.org/article/S0002-9149(24)00313-8/abstract). DOI: 10.1016/j.amjcard.2024.04.034

Keteyian, S.J., Grimshaw, C., Ehrman J.K., Kerrigan, D.J., Abdul-Nour, K., Lanfear, D.E., and Brawner, C.A. *The American Journal of Cardiology*, 2024. The iATTEND Trial: A Trial Comparing Hybrid Versus Standard Cardiac Rehabilitation.

Table 1. Comparison of Attendance and Changes in Exercise Capacity and Health Status when Comparing Hybrid CR to Facility-based only CR	Facility-Based Only CR	Hybrid CR	Between Groups—Adjusted P value
Attendance			
Total sessions completed	27.6±11.8	28.7±11.8	.94
% completed 36 sessions	50.7±4.2	58.5±4.1	.32
Changes in exercise capacity from baseline			
Peak oxygen uptake, mL·kg ⁻¹ ·min ⁻¹	1.9±2.8*	2.3±2.8*	.77
Exercise test duration, minutes	1.7±1.9*	1.9±2.2*	.42
Six-minute walk distance, meters	50±53*	46±46*	.18
Change in Quality of Life, Dartmouth COOP total score	-3.4±5.3*	-3.9±5.0*	.53

*p<0.001 for within-group change from baseline

First uses of pounce™ thrombectomy low-profile device in Michigan prove successful

The Pounce™ Thrombectomy Platform uses a dual-basket technology to treat acute-to-chronic peripheral arterial thromboembolism. Two nitinol self-expanding baskets are delivered distal to the location of the thrombus, then deployed to capture the clot or embolic debris, retrieving and removing them from the artery. The newer Pounce™ Thrombectomy LP System is intended for use in smaller arteries below the knee and is even effective retrieving clot from within arteries at level of the ankle and foot. Kevin Onofrey, M.D., Henry Ford Health vascular surgeon, pointed out that this new technology is often the very last hope a patient may have to save a limb. “It offers a new avenue for treatment in the blood vessels that are small and extending into the foot for patients experiencing distal thrombotic events which can prevent amputation of the foot.”



Kevin Onofrey, M.D.

Tamer Boules, M.D., Henry Ford Health vascular surgeon explained, “It is particularly effective for older clot that may be firmer and more rubbery, making it more difficult to dissolve or aspirate in other ways. The clot is pulled by the baskets into the proximal up-stream funnel



Tamer Boules, M.D.

and removed directly, rather than using hydrostatic or mechanical methods to break it down into pieces first prior to aspiration as part of the retrieval process.” He pointed out this FDA-approved platform “is more effective in clearing older arterial clot or atheromatous embolic particles that can be both more time-consuming and increasingly challenging to remove as the clot ages when other traditional methods are used. The availability of the Pounce™ as a complement to other devices meets this need, and in some cases, multiple devices using different mechanisms of action may be needed in the same patient.”

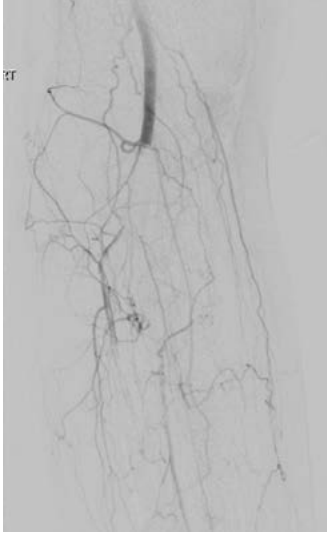
Dr. Boules also was the first in Michigan to use the newer low-profile Pounce™ Thrombectomy LP device to perform this minimally invasive procedure on the right leg of a 75-year-old with acute limb ischemia. “This patient likely had a ‘paradoxical embolus’, a deep vein thrombosis somewhere in his body that travelled to the right side of his heart, crossed over to the left side through a congenital heart defect, and subsequently travelled to the right leg arteries where it extended into his foot. The clot had both an older and newer component. Once removed using both the Pounce™ LP (for the older clot) and the JETi™ Hydrodynamic Thrombectomy System for the fresher gelatinous clot, blood flow quickly returned to the patient’s foot and the patient recovered quickly,” he noted. “Without rare complications, the procedure typically requires a one to two day stay, with some of that time needed to choose and adjust blood thinners after the procedure.” This patient

No adult child is prepared to hear their mother has no other option but to have her leg amputated. Miles apart, Jay Vorobel’s mother Susan was in a Florida hospital. She had a thrombosis (blood clot) in her leg, the doctors performed both an endovascular and an open procedure to remove the clot. Neither of the procedures were able to remove the clot.

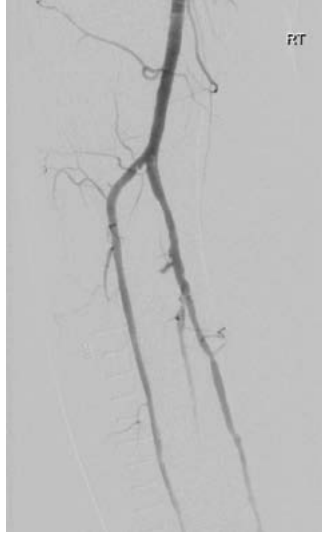
When Jay received word that amputation of her leg was the only option, he went into action. Jay started to work his Michigan network of colleagues and friends for advice and guidance determine if amputation was really the only option.

In that network was Dr. Elizabeth Swenor, a Henry Ford Health physician. She said, “just go get your mom, we’ll





Before: Right leg angiogram with complete thrombosis of the popliteal and tibial arteries.



After: Right leg angiogram after percutaneous thrombectomy of popliteal (Jeti) and tibial (Pounce™ LP) arteries.

did very well and was discharged within several days returning to his regular activities.

The second patient in Michigan and the first patient where Dr. Onofrey utilized only the Pounce™ Thrombectomy LP system occurred “after Susan Vorobel had a thromboembolic event and received both endovascular and open procedures that failed. Susan was told a major limb amputation was her last option. I offered the use of the Pounce™ LP system as an alternative to what the out-of-state surgeons said was her last option—amputation of her foot. There were no certainties the Pounce™ system would

work, but it did. We restored flow into the small vessels in her foot.” Although the patient later experienced a transmetatarsal amputation, the patient is able to ambulate well after some rehabilitation. “We consider that a limb salvage success,” said Dr. Onofrey.

The typical patient in which the Pounce™ Thrombectomy System is used presents with acute leg ischemia or sudden decrease in blood flow to the leg, generally coming to the emergency room with severe leg pain and absent pulses in the extremity. With the help of imaging, and based on the presumed cause of the ischemia, the vascular surgeon can then make a determination of the best procedural strategy for that patient, based on location, extent, and age/chronicity of the clot. “We can certainly see the differences in the type of clot resulting from different causes once the clot has been removed,” said Dr. Boules. Both Dr. Boules and Dr. Onofrey agree, “This device also allows us to treat a patient with a sudden decrease in blood flow—acute limb ischemia—with one minimally invasive procedure rather than using thrombolytic agents or open surgical procedures to dissolve or remove the clot, especially in our more senior patients at higher risk for complications. Frequently, because of the more rapid recovery, a prolonged rehabilitation stay, and complex incisional wound care can be avoided.”

figure everything out.” To transport a patient, an admitting physician and a room at Henry Ford had to be established as well as air ambulance. Ultimately, upon arrival at Henry Ford Hospital, Susan was directly admitted to her room where Vascular Surgeon Kevin Onofrey met and evaluated her condition.

Dr. Onofrey took Susan immediately to surgery. “There were no certainties that using the Pounce™ system would work, but it did,” said Dr. Onofrey. “We restored flow into the small vessels of the foot.” Susan was Dr. Onofrey’s first patient where only the Pounce™ LP Thrombectomy system was used to remove the clot. With this new technology, the procedure saved her leg.

“Despite losing her toes, we consider the procedure to be a limb salvage,” explained Dr. Onofrey. “No other technology could have provided Susan with the last, best possible option to remove the clot and prevent the loss of her leg except the Pounce™ LP Thrombectomy system that allowed us to get into the smaller vessels in her foot.”

Susan’s son Jay expressed his appreciation for the attention to details by the entire staff. “I was kept in the loop 100% of the time while she was in surgery. My mom was very appreciative of the support and attention she received from every staff member—they even loved her jokes!” Susan was in rehab for several months after losing toes, “but mom considers it nothing less than a miracle the way everyone and everything came together to save my mom’s leg.”

Renal denervation meaningfully reduces blood pressure

continued from page 1

These studies led to the FDA approving two devices. Both require percutaneous access to the common femoral artery to reach the kidney, but once delivered to the renal arteries, they differ in the method used to ablate renal sympathetic nerves:

- Ultrasound ablation
- Radiofrequency ablation

How it works

Both ultrasound and radiofrequency ablation are performed in the Henry Ford catheterization labs. The procedure takes about an hour and the patient receives moderate anesthesia to keep them comfortable during the procedure.

Steps include:

- Inserting a catheter into the femoral artery.
- Administering anticoagulation during the procedure.
- Under fluoroscopic imaging, threading the catheter through the aorta to the right and left renal arteries.
- Either ultrasound or radiofrequency ablation is used to denervate renal sympathetic nerve branches that travel adjacent to these arteries.
- The procedure is performed on both kidneys in main and accessory renal arteries ranging in diameter between 3-8 mm.

The Henry Ford Health Heart & Vascular Service Line offers a multidisciplinary team that includes experts in nephrology, vascular medicine, interventional cardiology and other specialties as part of routine clinical care for their patients.

To refer a patient to the experts at Henry Ford Heart & Vascular, call 1-877-434-7470.

¹Kirtane AJ, et al. *JAMA cardiology*. 2023 May;8(5):464-73.



Our expert team



Ryann Sohaney, D.O.
Nephrology



Syed Ahsan, M.D.
Vascular Medicine



Khaldoon Alaswad, M.D.
Interventional Cardiology



Gerald Koenig, M.D.
Interventional Cardiology



Herb Aronow, M.D.
Interventional Cardiology



Sandeep Soman, M.D.
Nephrology

Also seeing patients from former Ascension locations are the following cardiologists:

Shukri David, M.D.
Tom Davis, M.D.
Amir Kaki, M.D.

Tom Lalonde, M.D.
Ted Schreiber, M.D.



Staff update

Brian Sullivan, M.D., M.Sc

Vascular Surgery

Medical School Education

Wayne State University School of Medicine

Residency

Barnes Jewish Hospital/
Washington University in
St. Louis, MO

Memberships

Midwestern Vascular Society
Society of Vascular Surgery



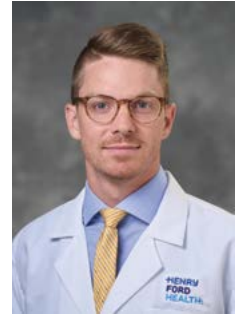
Clinical Interests

Dr. Sullivan's clinical focus is on open and minimally invasive (endovascular) surgery for aortic aneurysm, dissection and arch debranching; carotid artery repair and stenting; thoracic outlet syndrome; visceral and peripheral vascular disease;

hemodialysis access; spine surgery access; vein ablation and varicose vein treatments; and multidisciplinary cases (e.g. tumor resection, vascular trauma, arterial and venous reconstructions).

Locations

Henry Ford Hospital Detroit
Henry Ford Wyandotte
Hospital



Brian Sullivan, M.D.

Melissa Hetrick, D.O.

Vascular Surgery

Medical School Education

Lake Erie College of Osteopathic
Medicine, Erie, PA

Fellowship

Corewell Health William
Beaumont University Hospital,
Royal Oak, MI
Vascular Surgery



Residency

Allegheny Health Network,
Pittsburgh, PA

Board Certification

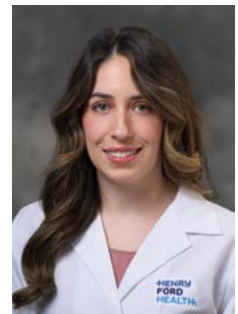
American Board of Surgery

Clinical and Research Interests

Dr. Hetrick's clinical and research interests are in open and endovascular management of aortic aneurysms and dissections, cerebrovascular disease, peripheral arterial disease, and dialysis access.

Locations

Henry Ford Macomb Hospital



Melissa Hetrick, D.O.

Divyakant B. Gandhi, M.D. FACS FRCS

Cardiothoracic Surgery

Medical School Education

FRCS (Eng.), Royal College of
Surgeons, England

FRCS (Ed.), Royal College of
Surgeons, Edinburgh

LRCP, MRCS, Conjoint Examining
Board, London

MBBS, Mumbai University, India

Residency

Thoracic Surgery, Medical College
of Wisconsin, Milwaukee, WI



General Surgery, Bronx-
Lebanon Hospital, Bronx, NY

Surgical Registrar,
St. Bartholomew's Hospital,
Rochester, Kent, U.K.

Registrar, General Surgery,
Birch Hill Hospital, Rochdale,
Lancs. U.K.

Gen. Surgery/E.R., Birch
Hill Hospital & Rochdale
Infirmary

Registrar, CVT Surgery,
K.E.M. VII Memorial Hospital,
Mumbai, India

HO, Surgery, K.E.M. VII
Memorial Hospital,
Mumbai, India

Board Certification

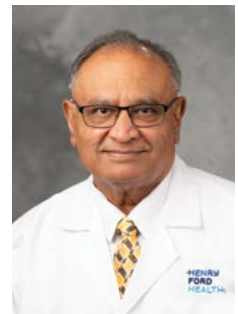
American Board of
Thoracic Surgery
American Board of Surgery

Clinical Interests

Dr. Gandhi's clinical interests are in cardiac surgery including total arterial recalculation, mitral valve repair, and the surgery for atrial fibrillation.

Locations

Henry Ford Jackson Hospital



Divyakant B. Gandhi, M.D.



In the news

Henry Ford West Bloomfield Hospital receives PCI accreditation

Corazon, a national leader in services for the cardiovascular specialty based in Pittsburgh, PA has granted accreditation to the PCI program at Henry Ford West Bloomfield Hospital. Through a rigorous process, the accreditation proves that the program at Henry Ford West Bloomfield has once again met or exceeded national societal recommendations. Through ongoing detailed quarterly quality reviews, Corazon ensures that program outcomes and practices meet or exceed national standards, clinical best practices, and other such factors.



Henry Ford West Bloomfield Hospital has demonstrated through its accreditation survey that they are committed to providing the highest quality level of care to its patient community. Their dedication, hard work, and exceptional leadership have allowed this opportunity to engage their entire hospital team, enhancing their cardiac service line, and thus allowing them to excel through achieving this accreditation.

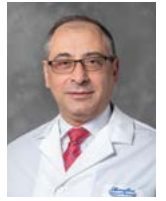
As an accrediting agency on behalf of the MI DCH, Corazon helps to ensure high-quality, life-saving services are provided in communities across the state of Michigan.

Henry Ford Providence Southfield Hospital

As published in the [November 26 edition of Becker's Hospital Review](#), Henry Ford Providence Southfield Hospital earned recognition as a top hospital for cardiac care in the "Specialty Excellence Awards" recently announced by Healthgrades. Across the country, 97 hospitals were recognized, and awards were based on CMS data from 2021 to 2023. Henry Ford Providence Southfield earned "America's 100 Best Hospitals for Cardiac Care Award™" for superior clinical outcomes in heart bypass surgery, coronary interventional procedures, heart attack treatment, heart failure treatment, and heart valve surgery. In addition, the hospital was ranked [#2 in Michigan](#) with the "[Critical Care Excellence Award™](#)" recognizing superior clinical outcomes in treating pulmonary embolism, respiratory system failure, sepsis, and diabetic emergencies.

Congratulations to the Henry Ford Rochester Hospital cardiovascular team

Henry Ford Rochester Hospital recently celebrated a milestone accomplishment with the implant of a first-of-its-kind extravascular defibrillator. Madar Abed, M.D. and the cardiovascular team implanted the new extravascular device that treats sudden cardiac arrest and abnormal heart rhythms with defibrillation and antitachycardia pacing (ATP) in a single device. The Aurora EV-ICD™ system is the only ICD placed outside the vascular space that provides ATP in a single device that is nearly half the size and has 60% greater projected battery longevity than the subcutaneous implantable cardioverter defibrillator (S-ICD).



Madar Abed, M.D.

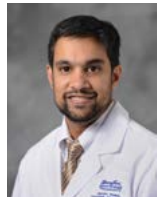
Henry Ford Rochester Hospital also recently celebrated the completion of their 50th left atrial appendage occlusion (LAAO) procedure under the direction of Nishit Choksi, M.D., chief of cardiology and Dipak Shah, M.D., medical director of electrophysiology. Congratulations to the cardiovascular team!



Dipak Shah, M.D.

Pulse field ablation

Ali Shakir, M.D. and the EP team at Henry Ford Macomb made history by performing the first pulse field ablation in Macomb County to treat atrial fibrillation on Tuesday, October 15, 2024.



Ali Shakir, M.D.

Pulse field ablation is significantly safer than traditional methods like burning or freezing tissue. It uses electrical pulsations to isolate the areas of the atrium that trigger atrial fibrillation, all while minimizing structural damage.

Thanks to our outstanding team and this innovative technology, we can now treat many more patients with arrhythmias safely and effectively. Kudos to everyone involved!



Henry Ford Genesys Women's Heart Clinic

Cardiovascular leaders at the Henry Ford Genesys Women's Heart Clinic recently gathered to cut the red ribbon for the official opening. The clinic brings focused diagnosis and care to women across the greater Flint area and complements the additional women's heart clinic locations in Detroit, Southfield and Novi. Shukri David, M.D., chair of the former Ascension cardiovascular service line; Nishtha Sareen, M.D., director of the former Ascension Women's Heart Program; and Tamara Ivers, M.D., director of the Henry Ford Genesys Women's Heart Clinic, addressed the group at the ribbon-cutting.

National recognition for structural heart research

At the annual TCT 2024 conference the Henry Ford Structural Heart Research Center was designated as the top structural heart research center from the Cardiovascular Research Foundation (CRF).

The team also earned significant recognition for three late breaking clinical trials:

- Transcatheter Aortic-Valve Replacement for Asymptomatic Severe Aortic Stenosis published in *The New England Journal of Medicine* in October 2024. <https://doi.org/10.1056/NEJMoa2405880>
- Transcatheter Valve Replacement in Severe Tricuspid Regurgitation published in *The New England Journal of Medicine* in October 2024. <https://doi.org/10.1056/NEJMoa2401918>
- Quality of Life After Transcatheter Tricuspid Valve Replacement 1-Year Results From TRISCEND II Pivotal Trial published in *Journal of The American College of Cardiology* in 2024. <https://doi.org/10.1016/j.jacc.2024.10.067>

Herbert Aronow, M.D., medical director, Heart & Vascular Services Benson Ford Chair in Heart & Vascular said, "The far-reaching impact on the field of structural heart can be attributed to the research conducted at Henry Ford Health. Thank you to everyone for your support and to all of our team who continually strive to improve outcomes for our patients."

Raed Alnajjar, M.D. associate medical director, Heart and Vascular Service Line, Henry Ford Macomb, was invited to China to share his expertise in robotic techniques. He trained Chinese Thoracic Surgeons to do Robotic MONARCH bronchoscopy procedures with cutting edge robotic technology to treat lung cancer.



Raed Alnajjar, M.D.



To connect with a Henry Ford physician, call:

Henry Ford Health Heart & Vascular

1-877-434-7470

henryford.com

HENRY FORD HEALTH[®]

Heart & Vascular

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In the news

Leadless pacemakers when venous access is impossible

Henry Ford Wyandotte Hospital began using the MICRA leadless pacemaker recently. The size of a large pill, this pacemaker is inserted through the right jugular vein rather than the conventional approach using the femoral vein. For the patient this means less bleeding and a recovery time of approximately 2-4 hours rather than 6 or more hours or overnight.

Qaiser Shafiq, M.D., interventional cardiologist, Henry Ford Wyandotte Hospital, notes that “the pacemaker is held to the muscle in the right ventricle with small tines.” He noted that for “older patients with co-morbidities who are not candidates for the traditional pacemaker, this is often the only option.”

The leadless pacemaker is intended for patients:

- who have no suitable venous access, for example, hemodialysis patients with difficult venous access or subclavian veins stenosis
- who have a complete heart blockage with intact sinus node

- with persistent Atrial fibrillation (AFib) with slow heart rate
- who are at risk for infection.

While new to patients in the Wyandotte area, interventional cardiologists at Henry Ford Hospital, Henry Ford Jackson Hospital and Henry Ford Macomb Hospital also implant MICRA leadless pacemakers.

BECKER'S --- **HOSPITAL REVIEW** ---

Excellence in Care Award

Recently, Becker's Hospital Review published the WebMD Choice Awards list of Top-ranked Hospitals for Stent Placement list. We are proud to say that Henry Ford Health was the *only* health system in Michigan to receive this distinction. It should also be noted that late last year, Henry Ford was one of two systems in Michigan to be listed by the publication as tops for pacemaker placement, and one of three in the state to receive top ranking for coronary bypass.