

SASCI Visiting Professor Program 2018 – 2nd Report

Prof David R Holmes Jr

20 February 2018

Johannesburg has had the privilege to host Prof David R Holmes Jr for two weeks that was filled with complex cases, lectures and a lot of learning opportunities. From Prof Holmes' pen, feedback on the journey thus far:

Week number two. The experience here continues to amaze me. Wonderfully interesting and challenging cases working along with Dr Chris Zambakides on CTO's with his incredible skill and experience and learning from and with him. Working with Dr Farouk Mamdoo on left atrial appendage cases and complex anatomy with rotational atherectomy at the Netcare Union Hospital.

Working with Dr Zaid Moosa, and Drs Thomas Kalk and Nachie Levin (at Chris Hani Baragwanath- and Charlotte Maxeke Johannesburg Hospitals) on complex case, discussing approaches and then implementing them. Wonderfully interesting cases came my way, some of which started off as straightforward and then bring along unexpected challenges to be overcome.

And then the great staff, eager and willing to help in any way. The planning for plan, the introduction of Michael Jackson as an adjunctive to PCI and its incorporation in the lexicon. The interchange has been fantastic. Also, the now ubiquitous term "things are really coming along". It has also been very humbling as I have learned about more things than intervention.

During ward rounds with Dr Levin, we explored the art and science of history taking and physical examination. What we think of the old fashioned British system of medical practice was in full view that day as the medical resident presented a new patient admitted with shortness of breath.



Prof David R Holmes doing ward rounds with the Chris Hani Baragwanath Cardiac team

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There for us, lost art of physical examination was on full display, how do you grade pallor or hair loss on the legs of a patient with potential peripheral vascular disease? What about tracheal deviation on physical examination and Schmorrs grading of clubbing. Really an extraordinary look back into what we could do without the technology that we rely on so heavily today. A magical experience and return to the foundations of art and science which led us in medicine in the first place, but which we are losing or sometimes have lost in this modern world of rushing our examinations, relying on technology rather than the "hands on approach" for patient care.

A day where I had the privilege of delivering a lecture under the portrait of Professor Barlow with his stethoscope.



Prof David R Holmes presenting a lecture on "An approach to Cath lab Haemodynamic" at Charlotte Maxeke Johannesburg Hospital

It has been an amazing experience exploring new technology, remembering older art, all focused on the patient at hand.

Today is Prof Holmes' first day in Durban, visiting the University of Kwa-Zulu Natal Department of Cardiology who has prepared a wonderful and diverse program for the week to come.

Week Three. An amazing weekend must pass, spent at the Cradle of Humankind with Mrs. Ples, exploring where we came from, how we got here to where we are now in 2018, 2.1 million years later. We explored the issues that our ancestors face – things like the changing environment and the need to band together for safety and protection. We imagine relationship building, resource utilization, disparities in access to what was needed to sustain their

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groups and society, and what was needed going forward – like the need to develop new technology such as cutting stone flakes to make implements and new applications of the same.

This morning we are at Inkosi Albert Luthuli Central Hospital with Dr Lesley Ponnusamy for the next stage of this adventure. A talk on “The Future of Interventional Cardiology” – where we came from, not 2.1 million years ago like Mrs. Ples but early 1963 with Dr Charles T Dotter with the inadvertent passage of a catheter through a previously unknown suspected occluded iliac artery as he worked to perform diagnostic angiography in a patient with renal artery disease. That inadvertent adventure was then summarized by Dr Dotter writing “Although its chief accomplishment in the patient was diagnostic, the procedure led to the thought that one patient’s problem might be the route to another’s gain.”

This inadvertent finding brought us into our future with Gruntzig and Hartzler, and the branching out of the field of Interventional Cardiology techniques to EP, GI, GU, Neurology and now to Structural Heart disease and then beyond that to the continued unmet clinical needs in CAD, Stroke treatment, Hypertension, and Stroke prevention in patients with Atrial Fibrillation.

The parallels with the issues in the Cradle of Humankind with Mrs. Ples, and Interventional Cardiology are striking. We of today face environmental issues with increasing numbers of patients with increasing co-morbidities and problems. We face issues of resource utilization, changes in the environment of reimbursement and regulation, disparities in access to what is needed to sustain our science and our art, issues on the cost to society and the personal cost to the hard-working resource limited health care teams, and the introduction of new technology. How to use these technologies, when to use it and in whom, not tools like those made of chipped stone flakes, but instead less invasive, high tech tools to treat our patients. In addition, we also face the need to coordinate and work together to move all of us forward as we evolve and move into the future.

The Inkosi Albert Luthuli Hospital has been a great part of this adventure. *Very modern. Perhaps the most recently built Public Hospital that we have been. The entry foyer is bright and cheery and colorful. We arrive in the morning at 7:00 AM in the bright sunshine and the expansive modern lobby is absolutely packed with patients waiting to be in one of the many clinics. It seems as if there may be several hundred or more patients. The vast parking lot is packed, and it is hard to find a spot. It is amazing that when we leave by the end of the day at 17:30 or so that that fully packed foyer is now emptied.*

Lesley Ponnusamy meets us in the lobby. The Catheterization Laboratory Suite is on the first floor. The hallway corridors are not only bright and cheery but also very wide to accommodate the traffic.

We meet in the room adjacent to the Cath Lab where we review the cases and have the ever-present coffee brought by Patience from Medtronic. Lesley has handpicked wonderful case to be considered and done - CTO’s, bifurcation lesions, acute coronary lesions. We use micro-catheters very frequently as well as Michael Jackson and have great challenges and wonderful opportunities. In the adjoining Cath suite, pacemakers are being done simultaneously—it is a very busy unit. Great staff — and as is true in most laboratories, the most experienced “sister” has great

practical knowledge of what would work and would not work. We learn again and again to listen to her. We puzzle things out together with the fellows what are eager and quick to learn. A wonderful week in this wonderful hospital in this place called Durban.

An interesting liberal arts highlight is an amazing finding. In the room where I can change into scrubs, it belonged to a consultant who had relatively gone elsewhere. In the bookshelf on which there are TCT manuals, ACC guidelines, textbooks of interventional cardiology, there is tucked in the absolutely classic biography of Oscar Wilde. It is the most recent biography of him and I think. Whoever had the room before, she not only knows science but classic liberal arts. An amazing combination and juxtaposition of wonderful parts of our life and out science.

SASCI would once again like to thank our sponsors, **Medtronic** and **Pharma Dynamics** for their support with this program and their investment in the education and training in South African Cardiology.