



QUESTION & ANSWER

Andrew asks: *“I have been experiencing chest pain, shortness of breath and fatigue. My doctor has recommended an EPS test to review my heart. I am concerned because I don’t know much about this process. Can you give me some advice?”*

An EP or electrophysiology study is a procedure used for the investigation and treatment of disorders of heart rhythm. The test is performed in a hospital setting by a special type of cardiologist called an electrophysiologist. It generally involves the threading of a small plastic tube or catheter from a blood vessel in the groin, arm, or neck to the heart. Through this catheter, small wires or electrodes are positioned in various chambers of the heart and used to record the heart’s electrical activity and to stimulate the heart electrically.

The EP study allows both a determination of the mechanism of a heart rhythm disturbance and also the mapping and localization of the part of the heart causing the abnormal rhythm. Drugs may then be tested for their ability to stop the abnormal rhythm. Alternatively, a selective destruction or ablation of the area of the heart causing the problem may be performed during the test. The EP study has some risk but is done in a very controlled setting when the information needed to treat the patient cannot be obtained any other way. An EP study may be life saving and you should discuss your concerns with both your primary care physician and your electrophysiologist.

Maryanne asks: *“I am considered obese and my doctor is recommending both restrictive and malabsorptive weight loss surgery to correct my problem. What are the recommended procedures and what effects do they have?”*

Bariatric or weight loss surgery procedures may generally be categorized as either restrictive or malabsorptive based on the mechanism by which they induce weight loss. Both types of procedures are done laparoscopically, meaning a large incision is avoided in favor of several small incisions with the procedure performed through a thin metal tube or scope.

Restrictive procedures such as the laparoscopic adjustable gastric banding (LAGB) limit caloric intake by restricting the amount of food the stomach may hold at any one time. Malabsorptive procedures, such as jejunioileal bypass, decrease nutrient and calorie absorption by bypassing a portion of the first two feet of small intestine where food is absorbed. Certain procedures such as laparoscopic roux-en-Y gastric bypass (LRYGB) do both by creating a smaller stomach pouch and by surgically reattaching the stomach in such a way as to bypass a portion of the small intestine.

In a five year randomized clinical trial comparing LRYGB and LAGB, the LRYGB patients lost 67% of excess body weight as compared to 47% for LAGB patients. The LRYGB patients also had a lower failure rate of 4% vs. 35%. LRYGB has been shown to better resolve weight related problems such as diabetes, high cholesterol, high blood pressure, and sleep apnea. LAGB is reversible while LRYGB is not. The best procedure for you will be based on the specifics of your case and should be discussed completely with your primary care physician and bariatric surgeon.