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# Hometown Hero

## Loudon woman credits Parkwest doctor for second chance

It was the best of times and the worst of times. Yet this is no Dickensian tale of two cities, but a story of two people from the same small town.

"We Loudon folks have to take care of each other," Dr. Ayaz Rahman, an interventional cardiologist at Parkwest Medical Center, said as he sat at a conference room table across from 67-year-old Mary Linhart.

The two officially met last summer when Linhart, a Loudon resident who had just seen her hopes for a liver transplant dashed, was referred to Dr. Rahman by his colleague, Dr. Stephen Marietta.

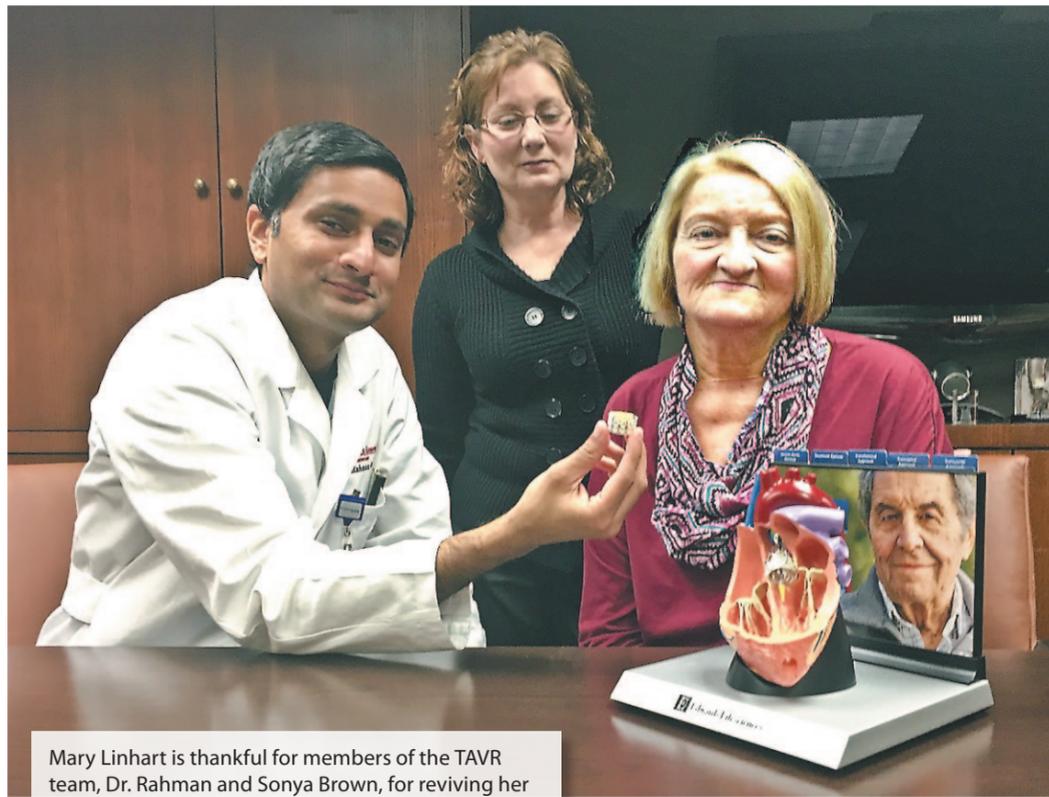
"The first time he came into the room and I heard him talking, I thought, 'This has to be Dr. Rahman's son!' So, it was like a bonding," said Linhart with a laugh. "Loudon is a small town, and everybody knows just about everybody. I remembered him running around Loudon when he was a child."

The son of Dr. Mohammad Rahman who practices internal medicine in Loudon, Dr. Ayaz Rahman is an Emory University-trained interventional cardiologist whose niche specialty is structural heart and valve disease – just the kind of help Linhart needed to get her heart healthy enough to regain her eligibility for a liver transplant.

Born with rheumatic fever and cirrhosis inherited from her father, Linhart was on the waiting list for a new liver, but when doctors at the transplant center discovered her failing heart valves, she was removed from the list.

"When you are being evaluated for any type of organ transplant, you have to make sure that the other organs are functioning well to support that new organ," said Dr. Rahman. "She was found to have a severe narrowing of her aortic valve and severe to moderate narrowing of her mitral valve, but because of her cirrhosis – and appropriately so – she was deemed to be at high risk for open-heart surgery, particularly because it's a big surgery where you are not only fixing one but two valves."

In particular, Dr. Rahman was concerned about Linhart's cryptogenic cirrhosis which causes watery thin blood and heavy bleeding, ruling out any possibility of open-heart surgery to replace her aortic valve. He would have to



Mary Linhart is thankful for members of the TAVR team, Dr. Rahman and Sonya Brown, for reviving her hope in a liver transplant.

find another route to fix the aortic valve first, and follow up with a second surgery, a valvuloplasty, to repair the mitral valve.

"We knew we had to fix her valves with a transcatheter option," said Dr. Rahman. "Anything that we could do with a minimally invasive approach was our best option."

That meant Linhart would be undergoing a transcatheter aortic valve replacement (TAVR), a procedure in which surgeons direct a tiny tube or catheter through an artery in the patient's groin to the aorta where they then deploy an artificial valve. The only incision is the small cut in the femoral artery, keeping blood loss at a minimum.

Approved by the FDA in 2012, Parkwest became the first hospital in East Tennessee to perform TAVR surgery. Since the first procedure in June 2012, Parkwest's TAVR team has flourished. After performing 30 TAVRs that first year, the TAVR team did 59 in 2013, 63 in 2014, and almost 100 last year, bringing its total to 253 by the end of 2015.

Among those 253 was Mary

Linhart, who underwent TAVR on June 30. Hers was a "minimalist approach," meaning she was under "conscious sedation" without general anesthesia. Linhart, however, didn't know a thing – except that she felt better afterwards.

"She was a lot better, but still not 100 percent because we knew we still needed to treat an additional valve," said Dr. Rahman.

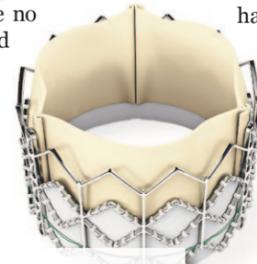
The valve left behind was the mitral valve, which had become calcified and narrowed by rheumatic heart disease. But on Oct. 27, Dr. Rahman tackled that valve by performing a valvuloplasty in which he inserted a small, balloon-tipped catheter through the vein, guided it through the right side of her heart to the mitral valve on the left side and inflated the balloon to allow more blood to flow through the valve.

"Both of her valve problems were taken care of by methods similar to a heart catheterization – through the groin without having to do open heart surgery and she did very well," said Dr. Rahman. "Really, this technology was made for someone like Mrs. Lin-

hart who needed a viable alternative to open heart surgery given her high-risk status."

Soon after her second surgery, Linhart visited the transplant center again. This time, however, she didn't have heart issues to prevent her from receiving a new liver.

"From a cardiac standpoint, her heart function has improved," said Dr. Rahman. "I have no doubt that she would be able to tolerate a liver transplant. Since her valves have been fixed, Mrs. Linhart has been more active and she's felt



The prosthetic valve can collapse to the diameter of a pencil. It is guided to the heart through a catheter inserted into the femoral artery through a small incision in the groin.

better. When she goes in for her liver transplant, she will be able to tolerate the surgery, and her recovery will be easier."

Today, she's still hoping for a new liver, but credits Dr. Rahman with making it possible.

"I told my husband, Lew, 'Don't take this the wrong way, but I love that man!'" she said of Dr. Rahman. "He makes me laugh, he's always smiling, and he's all the time upbeat. He's a wonderful physician. I have recommended him to many people."

In turn, Dr. Rahman shares credit with scores of others, from his own front office personnel to valve coordinator Sonya Brown, and from cardiac nurses to Parkwest CAO Rick Lassiter and the entire Covenant Health System.

"It really takes the backing of the health system, Covenant Health, and the support of the administration," said Dr. Rahman. "I wouldn't trade our structural heart team for anything. Our motto is similar to NASA's, which is 'failure is not an option.' We see many patients like Mrs. Linhart where minimally invasive procedures are a bridge to something else. And for others, it's their only procedure. However, the entire team's thoughts and prayers are still with Mrs. Linhart and we are very eager to get the phone call that her liver is ready."

"Oh, I'll be calling you!" Mary Linhart said as tears filled her eyes. "I know that it takes the nurses, the surgeons – people that God puts in place to do what needs to be done, and it was my time to have it done. And I thank God every time I think of it for having Dr. Rahman there to make sure I was taken care of. If Dr. Rahman had been around earlier, I would have had it done sooner. But he came in God's time, and that's what counts."

Clearly humbled by her praise, Dr. Rahman added: "Faith is very important to me. I am a big believer that you are put into the position that you are by God ... you can have all the training in the world, all the education you want, but I do believe God works in ways to put people together at the right place at the right time. So we're both lucky that our paths crossed when they did."

"Like I said, when I met Mrs. Linhart I told her, 'We Loudon folks have to take care of each other.'"

## The right 'mix' of expertise

### Multi-disciplinary approach benefits TAVR patients

There's an old saying: "Too many cooks spoil the broth." But that is definitely not the case when a patient's treatment plan calls for TAVR, or Transcatheter Aortic Valve Replacement. With TAVR, the patient benefits from the expertise of a multidisciplinary team of healthcare professionals, all of whom play essential roles.

The first TAVR was performed

at Parkwest in June 2012. The procedure gives new hope to patients who suffer from a progressive life-threatening condition called aortic stenosis, but who are not candidates for traditional open heart surgery. As of the end of 2015, more than 253 patients have received this life-saving procedure at Parkwest.

TAVR is a minimally invasive procedure that involves placing a

catheter into the femoral artery or through a small incision between the ribs and deploying a collapsible prosthetic aortic valve into a beating heart.

At Parkwest, the multidisciplinary TAVR team includes physicians specializing in cardiovascular and thoracic surgery, interventional cardiology and cardiac anesthesiology, along with nurses and technicians with specialized training.

The team also includes a nurse navigator who provides education, a plan of care, emotional support and guidance through the TAVR experience.

A patient is referred to one of the interventional cardiologists or CV surgeons who perform TAVR by his or her own cardiologist or primary care physician. The patient first undergoes a "work-up" that includes extensive outpatient tests, and the results are presented at a weekly TAVR conference.

Even the operating room used for TAVR procedures at Parkwest is multidisciplinary in design. A unique surgical room, known as

a hybrid operating room, combines the resources of a cardiac catheterization lab and an operating room, including the imaging equipment needed for minimally invasive procedures.

While the operating facilities are located at Parkwest Medical Center, the team includes physicians from across Covenant Health and patients come from other hospitals in the area to have this procedure.

**To learn more about TAVR and the cardiac services available through Covenant Health, visit us online at [www.covenanthealth.com/heart](http://www.covenanthealth.com/heart) or call 865-541-4500.**

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