LETTERS TO THE EDITOR

Open Heart Surgery and the Mayo Clinic

To the Editor: I found the historical vignette, “Fifty Years of Open Heart Surgery at the Mayo Clinic” by Daly et al extremely interesting (Mayo Clinic Proceedings, May 2005).

I was a surgical fellow (as residents were called at the time) in the surgical pathology section at the Colonial Hospital, where the first open heart surgery was performed by Dr John W. Kirklin with use of the mechanical pump-oxygenator. The pathology laboratory was just down the hall from the operating room where the surgery was performed. Being extremely fascinated by this new technology, I was able to enter the operating room and observe the historic event. As I recall, about 30 to 40 people were in the room. The operation proceeded for the most part as described by Daly et al. However, the problem was not the dislodgement of the arterial cannula. What happened was that the arterial tube connection to the Mayo-Gibbon pump-oxygenator came loose, spraying blood. The pump technician quickly reapplied the tubing to its connection and tightened a loop of wire over the tubing at this site, thus securing it well. As Daly et al mentioned, the patient did well. Thereafter, it became standard procedure to secure all the tubing connections in this fashion.

Because of my interest in the developments in this field, I decided to go into thoracic and cardiovascular surgery after completing my fellowship in general surgery.

I was the first surgeon in Corpus Christi to perform open heart surgery by using the pump-oxygenator. I have not retired completely but continue to assist a former partner of mine in surgery, primarily cardiac and vascular surgery.

Of the approximately 30 to 40 people who were present for the operation described by Daly et al, I wonder how many are still alive. I would guess very few because almost all the observers were older than I was at that time (28 years).

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Editor’s note: When publishing a letter that comments on an article published previously in Mayo Clinic Proceedings, it is the journal’s policy to invite the author(s) of the reference article to publish a response. Dr Daly declined our invitation to respond in print.

Backpack Therapy

To the Editor: The article by Sinaki et al1 regarding the use of a WKO to reduce the risk of falls and back pain in elderly women with osteoporosis-kyphosis was interesting; I have only 1 concern. Elderly persons have a tendency to lose postural reflexes. The major reflex that is lost is that of being able to correct for posterior displacements for the center of gravity, and hence elderly persons often have retropulsion. Such patients have increased falls, particularly backward with the attendant risk of head injury. Therefore, I recommend that patients being screened for treatment with the WKO have their postural reflexes assessed before initiation of treatment.

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In reply: We thank Drs Terplan and Bradley for their interest in our study. The WKO device was designed for individuals with hyperkyphosis, especially related to osteoporosis. These individuals often have a propensity to falls because of their stooped posturing and related back extensor weakness and/or imbalance. The physician must determine an individual’s propensity to falls based on the patient’s medical history, talking with the patient, and findings on the physical examination.

Although a backpack does serve to load the spine, we would certainly not advise our fragile, osteoporotic patients to load a backpack with books and strap it to their back. The backpacks that we have seen do not position the weight strategically as the WKO does nor can one scientifically advise the patient on the amount of weight (ie, 1 book, 2 books, etc). One can easily control the position and amount of weight when prescribing the WKO. We have been using this device for scientific studies since 1984. The WKO is not available over the counter and must be prescribed by a physician with proper weight and instructions for application. If a patient describes a propensity to...