Surgeons and Cardiologists: The Indispensable Team

Where would we be without each other? Those of us who have been practicing for more than 35 years remember when we catheterizers and the cardiothoracic surgeons were viewed by some of our less invasively inclined colleagues as “cognitively challenged cowboys.” Under much scrutiny, we defended each other as a family. Neither could exist without the other. A brief reflection on the history of myocardial revascularization will show that surgical techniques, from epicardial abrasion, to the Vineberg procedure, to the patch grafting introduced by Ake Senning, to vein bypass surgery as a bailout by DeBakey and Garrett, all gave way to more rational approaches only after the development of selective coronary arteriography by Mason Sones and all who followed. Favaloro could not have succeeded without Sones, nor Sones without Favaloro. Although myocardial revascularization has dominated both specialties, the necessary collaboration in advancing the therapy of structural heart disease has been equally important.

The birth of interventional cardiology by Andreas Gruentzig was made possible by the successes and failures of surgical approaches. Ake Senning, the surgeon, was an important enabler of Gruentzig as he faced understandable skepticism from some of his colleagues. As in any family, rivalries can develop, and the cardiovascular medicine family is no exception. Angioplasty and stenting naturally became competitors with surgery, and they remain so. This is not a bad thing, and the relative merits as applied to specific situations and patients have been one of the most important contributions our specialty has made to cardiovascular research. However, an unnecessary and damaging side effect of such competition has been the estrangement of the practitioners of the surgical and interventional methods. Although surgeons rarely work in isolation from invasive cardiologists, technical advances have enabled interventional cardiologic procedures with minimal surgical input.

After a number of years of drifting apart, cardiovascular surgeons and adult cardiologists are finding the value of collaboration again. Acquired structural heart disease has been the catalyst, and TAVI (TAVR?) is a poster child for working together to bring the best skills and knowledge to address the problem of aortic stenosis. As less invasive approaches to mitral valve disease are developed, that joint effort will be even more important for a more complex structure. The value of collaboration has also been demonstrated in myocardial revascularization in more complex anatomical and clinical presentations. The SYNTAX (Synergy Between Percutaneous Coronary Intervention With Taxus and Cardiac Surgery) trial was pivotal in convincing many that surgical and cardiology consultation is worthwhile. Likewise, the realization that the selection of therapy benefits from input from clinical cardiology, invasive cardiology, cardiac surgery, and the patient has led to the Class I recommendation for use of the “heart team approach” by both the American College of Cardiology (ACC) and American Heart Association guidelines and the European Society of Cardiology guidelines. The value of cooperation between surgery and cardiology in treatment selection, technical performance, and translational research to advanced care is increasingly realized. In response to this need, the ACC has taken an important step to further engage our surgeon colleagues in the activities of the College. Over the past several years, the ACC has established a number of member sections that are designed to serve the interests of various member constituencies. They are charged with coordinating activities across the College’s mission “pillars” of: 1) science and quality; 2) advocacy; and 3) lifelong learning. Now the College is announcing that the ACC Surgeons’ Council will establish a corresponding Surgeons’ Section open to all ACC members. It is expected that the Surgeons’ Section will offer involvement for all ACC members interested in working at the chapter, committee, section, and national levels to build sustaining activities focused on enhancing surgical and cardiology collaboration and fostering the heart team approach. The work of the Surgeons’ Section will build on the successes the College has had in developing partnerships with leading national surgeon societies. The Surgeons’ Section will serve as a coordinating central locus for members interested in introducing activities that will promote
collaboration between surgeons and cardiologists. The Surgeons’ Section expects to interact with several current member sections, as well as to maintain strong relations with surgical societies, such as the Society of Thoracic Surgeons and the American Association for Thoracic Surgery. Current Surgeon Council leadership essential to establishing the Surgeons’ Section includes James McClurken, MD, FACC, Vinod Thourani, MD, FACC, Fred Grover, MD, FACC, and Hani Najm, MD, FACC, to recognize a few of the leaders.

As we are pressed more and more to define patients who are appropriate for our therapies, we must realize that medicine is more than finding the right box in which to put our patients. The heart team approach applied to individual patients brings true personalized medicine. The collaboration across clinical cardiology, invasive cardiology, and cardiac surgery is also necessary to help refine the definitions of appropriate use, which will remain an inescapable part of practice. Hopefully, this section will provide a forum for influencing rational policy decisions about such criteria.

How do you get involved? All ACC members and others interested in contributing to this initiative can join the Surgeons’ Section by contacting Stephanie Mitchell at smitchel@acc.org. College and Surgeon Council leadership is hopeful that surgeons who are not yet members of the ACC will find this an interesting opportunity to connect more closely with their cardiology colleagues at the local and national levels and also to influence the future of the ACC and advance the care of the cardiovascular patient.

Address correspondence to:
Spencer B. King III, MD
Saint Joseph’s Heart and Vascular Institute
5665 Peachtree Dunwoody Road NE
Atlanta, Georgia 30342
spencer.king@emoryhealthcare.org