Kent performs first elective coronary angioplasty
A 24-hour, emergency angioplasty service will follow early in 2016

WARWICK – Kent Hospital successfully completed its first elective coronary angioplasty in August after receiving state approval earlier this year to move forward with both an elective and emergency angioplasty program.

With the addition of Kent Hospital, there are now four hospitals in the state (two in Providence and one in Woonsocket) offering the procedure.

The successful procedure was performed by interventional cardiologists, ED THOMAS, MD, and ASHISH SHAH, MD, along with a team of highly trained nurses, technicians and other clinical support staff, who have been participating in additional and intensive training both locally at Kent and at Brigham and Women’s Hospital in Boston, a clinical affiliate with Care New England.

A 24-hour, emergency angioplasty service will follow early in 2016 after the completion of construction on a second cardiac catheterization lab. The catheterization lab expansion will essentially double patient capacity and will allow for the cardiac nursing and technical team to be expanded. Elective PCI when done in a high-volume setting builds a strong base for readiness and quick response to emergency PCI patients.

“Let me just say how proud I am of Kent Hospital, Drs. Thomas and Shah and the entire clinical team who performed our first angioplasty. This truly is an important day for this hospital but even more so for those who live in the vicinity of Kent and points south,” said Michael Dacey, Jr., MD, Kent Hospital president and COO. “This standard-of-care procedure will result in lives saved because of decreased travel time to access this critical treatment.”

Data presented to the state Department of Health during the approval process demonstrated that patients residing south of the metro Providence area (more than 300,000 Rhode Islanders) would benefit greatly from expanded access to coronary angioplasty via the new program at Kent Hospital.

Women’s Medicine Collaborative receives $2.7M NIH grant to study impact of sleep apnea on placental function
One-of-a-kind study will explore placental function in women with sleep apnea

PROVIDENCE – The National Institutes of Health (NIH) has awarded $2.7 million to the Women’s Medicine Collaborative to study the placenta and its function to determine whether changes in the placenta are linked to sleep abnormalities.

“Sleep disturbances in pregnancy are rarely investigated,” says GHADA BOURJEILY, MD, lead researcher and attending physician in pulmonary services and obstetric medicine, and director of research at the Women’s Medicine Collaborative. “When we and others in the scientific community started identifying the various links between sleep disturbances such as snoring and short sleep duration with adverse pregnancy outcomes such as preeclampsia and gestational diabetes, we decided to start working on better understanding that link in the hope that by treating these sleep disturbances we could modify these outcomes.”

As the population – both young and old – becomes more overweight, disorders such as sleep apnea, become more prevalent. As a result, disorders associated with weight problems are also becoming more widespread. Knowing that sleep disturbances are associated with adverse effects in various organs, Dr. Bourjeily and researchers decided to study the placenta and its function to figure out whether changes in the placenta are associated with sleep abnormalities.

In a separate study, Dr. Bourjeily and researchers recently discovered that sleep apnea appears to be associated with alterations in certain placenta secreted proteins. This discovery served as the springboard for this NIH-grant-funded study. Dr. Bourjeily, whose clinical and research interests center around understanding sleep disordered breathing in pregnant women, and researchers found that more than a third of pregnant women now snore.

Additionally, women who snore and have sleep apnea have an elevated risk of developing preeclampsia and gestational diabetes – just as these sleep disturbances are associated with high blood pressure and diabetes in the general population. However, sleep has some unique characteristics in pregnant women. For instance, pregnant women are more sleepy in general than non-pregnant individuals, but also appear to have some distinguishing features in some breathing parameters observed during a sleep study that set them apart from the non-pregnant population.

“We spend about a third of our lives asleep,” Dr. Bourjeily says, “so sleep likely plays an important role in regulating many health processes. If we can find a link between sleep disturbances and pregnancy outcomes, it would become more important to ask questions about sleep during pregnancy. These findings will set the stage for future interventions that could, potentially, modify placental function.”

The funded grant will recruit women who snore in the early weeks of pregnancy and have obesity, assess them for the presence of sleep apnea, and enroll women with sleep apnea into a trial that will test the effect of a device used for the treatment of the disorder on various markers secreted by the placenta. Women will be recruited at the Women’s Medicine Collaborative and at various obstetric practices in Rhode Island.