



01

High-risk angioplasty – the key to saving William Witchel’s heart

Quick action and a complex procedure prove to be an alternative to open heart surgery

By **David Israelson**

RETIRED DENTIST DR. WILLIAM WITCHEL wasn’t feeling all that well less than a year ago. “I was so tired that basically all I could do was get out of bed and lay down on the sofa,” says Dr. Witchel, 85. After going to a local clinic, he was sent to a lung specialist who gave him an asthma puffer, but it didn’t make him feel any better. “I thought: At least I’m not

having a heart attack,” he says. He discovered, about a month later, that he was wrong. “It turned out that my three heart arteries were almost completely blocked,” he says. “He was brought in with absolutely critical blockages,” says Dr. Christopher Overgaard, Medical Director of the Coronary Intensive Care Unit at the Peter Munk Cardiac Centre (PMCC) in Toronto. Dr. Overgaard is an

interventional cardiologist, a specialty that focuses on using catheters for treating structural heart disease. “If your blood flow is supposed to be at 100 per cent, he had 1 per cent or less flowing to his heart. His situation was extremely tenuous, yet he was awake and talking with us,” says Dr. Overgaard. Dr. Overgaard is known as one of the most aggressive

interventional cardiologists in the business, yet even so, Dr. Witchel says Dr. Overgaard’s speedy response conveyed that his situation was serious. “I told them I was concerned at how fast they took me in and started taking care of me.” The problem was that Dr. Witchel was inoperable as far as open heart surgery was concerned, Dr. Overgaard says. “He had a critical calcification of



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Dr. Christopher Overgaard, Cardiologist, Peter Munk Cardiac Centre

his arteries, including his aorta, so there was really nothing to set into. And he had platelet levels so low that, if they did open him up, he probably would have bled to death.”

Perhaps the most significant lesson for a patient like Dr. Witchel is that being turned down for open heart surgery doesn’t necessarily mean doom. His case was turned over to Dr. Overgaard, an angioplasty specialist.

“What we decided to do was a high-risk angioplasty procedure,” he explains. Angioplasty involves inflating a tiny balloon into a patient’s blood vessel leading to the heart in order to open it wider, and improve the blood flow to the heart muscle.

But because of Dr. Witchel’s critical heart blockages and weakened heart, Dr. Overgaard had to inject medication into the vessel every time he was about to inflate the balloon.

“Every time I inflated the balloon, his blood pressure went down to almost nothing. I was careful not to compromise the blood flow for very long, but it was very harrowing,” he says.

“What’s amazing is that he was so close to not being here, yet he was able to talk about it. What’s even more amazing was that six weeks later, his heart completely recovered, from being a very bad pump to what is basically a normal one.”

The whole procedure took about two hours. “At the same time, I had other heart patients that I had to treat,” Dr. Overgaard recalls.

“I couldn’t believe the quality of the staff,” Dr. Witchel says.

“They were so concerned about me. It was none of this, ‘It’s just a job.’ They absolutely wanted to do the best for me. It’s incredible either how they pick these people or how they train them.”

Dr. Witchel says that when he opened his eyes after the angioplasty,

“I looked at the face of the doctor and said, ‘I’m looking at the face of God.’”

“He kept calling me ‘God,’ and it was a little embarrassing,” says Dr. Overgaard. “I guess I’m God because it worked, but if it hadn’t worked, I’d be the devil. If we had fixed him and then he went home and wasn’t doing so well, I guess it wouldn’t be as compelling a story.”

It’s a matter of taking calculated risks to help people – something not all medical facilities are as equipped to do as the PMCC. “Just to take a risk, what would be the point? It’s also a lot of discussion with the patient and the patient’s family. If you can take a situation and you might make it better, you try,” Dr. Overgaard says.

Dr. Witchel, who has remarried since his first wife died of cancer, is extremely grateful that he literally has a new lease on life.

He is able to continue with activities he loves, including charity work that has seen him donate enough dental equipment to El Salvador to furnish two complete clinics.

“All of the people who took care of me are thoroughly impressive people,” he says.

PMCC Cardiac Surgeon Dr. Terrence Yau says a positive attitude can have a huge effect on a patient’s outcome. “Part of it is the physical aspect [of recovery]; a huge aspect is the mental and emotional aspect,” he says.

Dr. Witchel does joke that at age 85, he thought he had outlived all his enemies, yet he still found one at the PMCC.

“The cooks downstairs at the hospital! I know it’s for my health, but they were feeding me completely unsalted food.”

01 Retired dentist Dr. William Witchel, 85, says that his three heart arteries were almost completely blocked.

02 Dr. Christopher Overgaard, interventional cardiologist, right, says his patient, Dr. William Witchel, left, was not a candidate for open-heart surgery.



02