

## Maurer's Healthcare Insight (130)

## Another *Shujutsu*

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Loyal readers will recall an article I wrote in 2009 entitled "Three Belly Cuts And Counting" (PHARMA JAPAN 2144/June 22, 2009). The three cuts were made by operations for appendicitis, and a right and left hernia repair respectively. Additionally I had an operation on my back to remove a melanoma, and surgery on both eyes to replace the lens because of cataracts. All of these were done in Tokyo by very competent surgeons with excellent outcomes.

There must be a higher being who believes if Maurer is going to write about health care in Japan he should experience the healthcare system in person. It might have been a better career decision to go into the food business.

In December, 2010 I had another learning experience and opportunity to be the recipient of leading edge medical technology as administered by a world class Japanese vascular surgeon, and the dedicated professionals at Jikei University Hospital. Yes, another operation or *shujutsu* in Japanese. The two kanji for this word, 手術, mean hand technique.

### Discovery

In 2007 I had a routine CT scan of my chest and abdomen as part of an annual physical exam at Hiroo Hospital. In viewing the scan pictures my doctor discovered an abdominal aortic aneurysm about four centimeters wide just below where the renal arteries branch out from the abdominal aorta. This is commonly known as an AAA.

The accidental finding of an AAA is typical because there are no symptoms of an early stage aneurysm. A CT scan is the best diagnostic procedure but very expensive in the US. Fortunately in Japan the out of pocket cost is less than ¥1,500. I understand the health service in Britain now offers AAA screening exams to all males over 60 years of age.

The normal width of an abdominal aorta is less than one inch or 2.5 cm. An aneurysm larger than



two inches or five centimeters is considered very dangerous because a rupture is almost always fatal.

If this was to be my fate I learned I would be in famous company. Albert Einstein, General George Patton, and Lucille Ball all died due to ruptured AAA's. Fortunately I had the benefit of technology that did not exist at the time of their deaths.

### Treatment Options

Once an AAA is discovered doctors react very quickly because they are well aware of the consequences of a rupture. The classic repair job involves the mother of all belly cuts to excise the aneurysm and insert a synthetic graft. Needless to say, although a proven, standard procedure, this is a tough, invasive operation with a long period of recuperation.

My copy of the Merck Manual published in 1997 does not mention an alternative treatment option, namely an intravascular stent. This is a less invasive method of aneurysm repair but even today practiced by relatively few vascular surgeons.

Because of the convoluted shape of my abdominal aorta, the cardiovascular doctor at Hiroo Hospital said it would not be possible to use a stent and therefore strongly recommended a belly cut as soon as possible. From his desk drawer he pulled out an example of the synthetic graft to be used in the operation.

Not particularly impressed, I returned to my regular doctor and asked if there was an alternative.

He immediately called the office of Takao Ohki, MD, PhD, chairman of the Department of Surgery, professor chief of the Department of Vascular Surgery at Jikei University Hospital. He is also the professor of Vascular Surgery and the director of the International Program of Excellence in Vascular Surgery at Albert Einstein College of Medicine in New York City. I subsequently learned Dr Ohki is considered by his peers around the world as a leading pioneer of endovascular therapy for AAA's.

Fortunately, and I do mean fortunately, Dr Ohki agreed to see me. Since he spent 12 years in New York and continues to go there on a regular basis to operate, Dr Ohki can put on a New York face when talking to a foreigner. By this I mean a very direct and open manner of speaking.

After reviewing a new CT scan done with an imaging agent he told me the following:

\* Unless I died from some other cause, my aneurysm must be fixed. That is, it will continue to expand but how fast nobody knows. Therefore we will watch and wait.

\* On a difficulty scale of 1 to 10, where 10 is impossible, the stent repair of my AAA is a 7. He concluded, "I can do this."

### Waiting and Watching

Since 2007 I lived with an internal time bomb. Every four to six months I would go to Jikei for a CT scan and talk with Dr Ohki who was always surrounded by six aspiring doctors. My AAA gradually expanded to 5.2 cm, but then seemed to stabilize.

Why wait? One very good reason is that stent technology advances rapidly. In fact I wondered about the medical device lag in Japan. The US was already into third generation stents while Japan just approved the first generation. Dr Ohki told me he brings US stents to Japan in his suitcase.

In November 2010 I returned to Jikei after a one year absence and my AAA had expanded to 6 cm. Now Dr Ohki said it was time to fix it. The operation was scheduled for Monday, December 13.

### The Procedure

I checked into Jikei on Friday, December 10 but since not much was going on I left to attend a concert at Suntory Hall by the Japan Philharmonic and returned to the hospital Saturday noon.

My first bedside consultation was with the anesthesiologist, a Polish native in Japan for 14 years. He passed his Japanese medical exam in Japanese and spoke excellent English. He had a very complicated Polish last name so he said, "Just call me Dr Thomas."

He gave me a full explanation of the anesthesiology procedure, drugs, gases, tubes and possible side effects. It was very comforting to know he would be at my head during the procedure. A most pleasant surprise.

On Monday morning at 8:20 am I laid myself down on the operating table and the nursing staff prepared me for the operation with a flurry of efficient activity. Once the drug Propofol entered my veins I was out like a light.

I woke up at 2:20 pm, six hours later, and was told the procedure went well, was successful and I would be taken to the recovery room and then to my room. I later learned Dr Ohki had already met my wife and gave her a complete explanation of the operation with a hand drawing and CT scan pictures as visual aids.

The surgical details are amazing but space does not permit an adequate explanation. Placing the stent in the right location takes incredible skill and experience. What Dr Ohki thought would be a three hour operation went on for six hours. I recovered from the anesthesia without any side effects.

### Follow Up

The nursing staff and house doctors gave me excellent care until I walked out of the hospital on Friday, December 17. Having been in Japan for a long time I am accustomed to service delivered in a professional manner, but the Jikei staff are on another level. Suffice it to say, they really, really care.

I will go back to Jikei on January 26 for follow up tests and will see Dr Ohki on February 2. How do I thank a man for defusing my time bomb? For saving my life?

By the way, I learned from Dr Thomas when my operation finished he and Dr Ohki started another operation that went on until midnight. And this appears to be a usual occurrence rather than an exception.

Let me conclude by telling you about the bill. This is all inclusive, medication, operation, anesthesia, room fees, tests, and meals. The number of points added up to 382,330. This times ¥10 per point is the insurance reimbursement to the hospital of ¥3,823,300. My out of pocket cost was ¥174,163. With pleasure I paid with a credit card.

The bottom line message is we are very fortunate to be living in Tokyo with access to world class medical care and an insurance system that does not result in personal bankruptcy.

*P. Reed Maurer recovered in time for a bonenkai and traditional holiday parties. No restrictions.*