



## IMAGING

## Under Close Watch

Neuroradiologists are now capable of amazing feats. But beware of the “stent police”

**W**hat do you do when funding isn't keeping up with advances in life-saving treatments? That's a challenge St. Michael's faces more often than it would like.

For years, the hospital has relied on X rays, MRIs and C.T. scans as primary diagnostic tools. Ontario provided funds to run MRIs, for example, 16 hours a day, five days a week. The hospital often went beyond those hours, losing money to reduce patients' waiting times.

These days neuroradiologists use imaging equipment to do more than just scan. They can repair aneurysms in the brain without opening the skull. And they can fix vessels damaged by traumatic injury. The treatment can be dramatically better, but the hospital can't always pay for it.

An example of a costly but vital technique is minimally invasive angioplasty. Ray Ashmore, 84, came to St. Michael's for the procedure after he had a small stroke. Ten years ago, it would have required surgery to clear the plaque that was blocking 85% of the carotid artery in his neck (which allows blood to flow to his brain). That's a high risk for someone his age with a heart condition to boot. In fact, a surgeon at another hospital said it was too risky and referred him to St. Michael's and Dr. Walter Montanera.

During the procedure, Montanera is able to reopen the artery by making a small incision at the groin. Though sedated, Ashmore is awake and can respond to the doctor's instructions. Injections of radio-opaque dye produce an X-ray silhouette of his blood vessels on screens that the doctors use as a road map to guide catheters from the incision up through the heart and into the artery. The fatty deposit is pushed back with an

angioplasty balloon. Then a stent, a small tube of metal mesh, is inserted to hold the matter back against the blood-vessel wall. In just over two hours, Ashmore is on his way to recovery.

The procedure isn't cheap. Stents cost C\$1,000 to C\$1,200 apiece, and the specialized materials used in neuro-interventions can total as much as C\$15,000. Montanera half-jokingly complains that “the stent police” are forever watching over his shoulder. “Every time I put a stent in, these administrators whom I never knew existed start coming out of the woodwork asking why I'm putting stents in, and I have to justify it.” But he sympathizes. With no way to recoup costs directly, the department has to balance its books by finding something else in the budget to cut. “You do fewer C.T.s or fewer MRIs or fewer of something else.” It's a constant give and take, with lives in the balance.

St. Michael's chief administrative officer, John King, says that since such interventions can replace some operations, the government would like the hospital to shift funding from the O.R. to imaging. But try selling that idea to overburdened surgeons. For now, it's the imaging department that gets squeezed. “That's why we've limited some of these procedures,” says King. “Tough choices have to be made.”

—By Leigh Anne Williams