

Matters of the Heart

Club member John Hynes spends his days fixing hearts, but he wants to help prevent people from ever needing his services.

By Stacy Booth

Who knew picking up a tennis racquet at age 6 might very well have led to Dr. John Hynes' future in medicine? Although he grew up with doctors—both his father and older brother were physicians—John says, “I was certain I did not want to be a physician.”

John, a Seattle native, spent his childhood playing tennis. He played throughout the United States, often leaving in June at the start of summer break and not returning home for three months.

“It was a different way to grow up,” he says. John was nationally ranked, won the Washington State Juniors title and attended the University of Washington for his undergraduate education on a tennis scholarship.

John says as he went through his undergraduate schooling, it became apparent that medicine was a field he could enjoy. “It would be challenging to me intellectually, and you could contribute,” he says.

John's parents impressed upon him throughout his childhood the importance of giving back to the community. John attended UW medical school, and then moved to Minnesota to complete his medicine residency at the Mayo Clinic in Rochester. It was there his medical career and tennis hobby would collide.

“I stopped playing (tennis) through medical school, and it was rekindled when I got to Mayo,” says John. In fact, while he was interning at the hospital, the chief of cardiology at Mayo, who was also the president of the American College of Cardiology, asked John to play in his tennis group. “To other interns, this fellow was god almighty, and he's coming by on rounds saying, ‘John, can you make it Wednesday at seven o'clock at night?’ ‘Bob, I'll be there,’” John laughs. He says through the

tennis group he developed a friendship with both Bob and the other doctors who played (they were all cardiologists), and found cardiology was an area he would enjoy. John stayed at Mayo to do his cardiology fellowship, returning to the Seattle area in 1982.

John is an interventional cardiologist, which means he performs procedures to open blocked coronary arteries with balloons and stents. John started with the Bellevue Cardiology Clinic when he moved back to the area, which is associated with Overlake Hospital Medical Center.

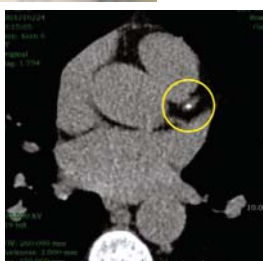
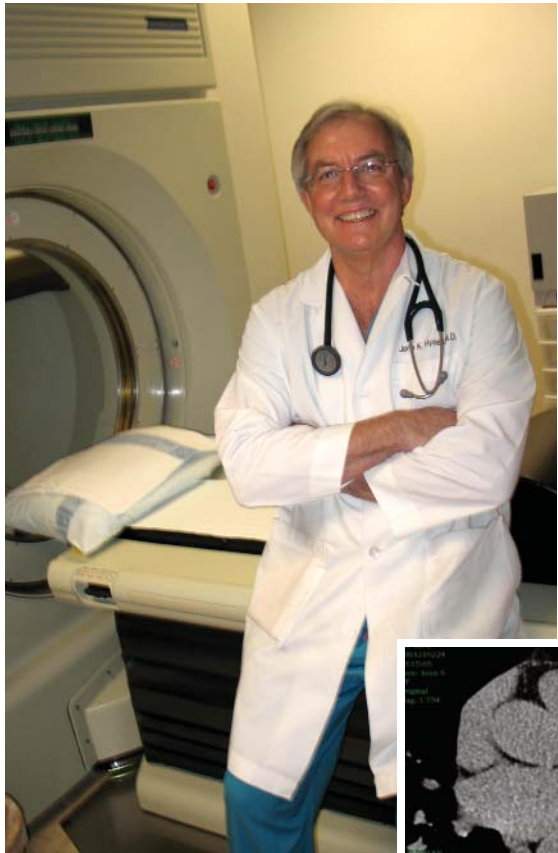
Initially, John was a fourth partner at the clinic, which included his brother, Michael, who was also a cardiologist. John's brother died in 1998 from cancer, which John says was a very hard time for him.

Although he didn't know his brother growing up (there was a nine-year age difference), as they practiced medicine together the two became very good friends. “I think about him every day,” says John.

“He was a very compassionate person and a very good cardiologist.”

John has continued at the clinic and says he enjoys his current partners and the entire group of people he works with.

Overlake Hospital has been recognized as one of the top 100 heart hospitals in the United States, and it deserves that honor. John says when he came to the clinic—and through there, Overlake Hospital—in 1982, it became the first medical center on the West Coast to do angioplasty for every heart attack patient that came in. “That was a real tribute to the hospital administration. They supported it and they staffed it,” says John. “Our community has had primary angioplasty for acute MI—heart attack—since 1982. It's now the standard everyone is trying to get to.”



TOP TO BOTTOM

Dr. John Hynes with EBT scanner.

EBT scan. A calcium deposit, which indicates plaque is present, shows up as white, & is highlighted in this photo with the yellow circle.

John with friend Geordie Martin before one of their frequent tennis matches.

John & his family at the Guinness Brewery in Dublin, during one of their trips to Ireland. LEFT TO RIGHT John, Kristin Hynes, Kyran Hynes, Gavin Payne, Mary Van Zyl, Kara Hynes & Garret Payne.



The goal for patients suffering a heart attack is to have a balloon opening the artery within two hours of the onset of symptoms. John says in the mid-80s, cardiologists at Overlake submitted an article for publication about the hospital's heart attack care. At the time, patients suffering a heart attack received an angioplasty within two hours of the onset of symptoms 80 percent of the time. The article was not published because it was too controversial at the time. John says there simply were not yet enough people and facilities trained to do emergency angioplasty.

Since the 1980s, technology has improved dramatically, to the point where John says 10 years ago he never thought doctors would be able to do what they can today. Overlake's leading-edge commitment to heart health has continued. They now have the ability to screen patients for clogged arteries, without invasive surgery or high doses of radiation. John, and other local cardiologists at Overlake refer patients for EBT screening—Electron Beam Tomography—which can painlessly and quickly detect calcium in arteries. The presence of calcium in arteries means there is plaque buildup. The problem with heart disease, says John, is that people don't often know they have it until they experience a heart attack. And in up to 50 percent of heart attack patients, the first heart attack may be fatal. The common heart-disease test currently is a stress test, also called a treadmill test. While the treadmill test does detect plaque buildup in arteries, it can only detect it when the disease is well advanced. EBT screening is so detailed even the smallest amount of calcium will show, meaning coronary artery disease can be detected early and with treatment, stopped from advancing further.

The EBT screening has the patient lie down, fully clothed, and hold his or her breath while the machine rapidly captures images of the heart. While the machine might look intimidating, it has a completely open back, so the patient's head is not enclosed. The resulting images give cardiologists the earliest signs of plaque formation with telltale calcium showing up as bright white spots in arteries.

If no calcium shows on the scan, says John, then the patient does not have coronary artery disease. If calcium does appear, doctors can then work with the patient to make lifestyle changes to halt the progression of heart disease. If an artery is almost completely blocked, excellent treatment options are available. The images are so clear that even untrained eyes can spot calcium buildup. John says it does help for patients to be able to see a real photograph of their heart. Images are motivating, he says, for patients to make changes in their lives.

The EBT screening is the only FDA-approved imaging technology for cardiac screening. While it is not currently covered by insurance companies, the American Heart Association did endorse use of the screening for heart-disease treatment and prevention, which will most likely lead to coverage by insurance companies in the next few years. The test costs around \$400, but if it shows no calcium, a patient won't need to get another screening for five to 10 years. John says the recommendation is for men at intermediate risk (risk factors such as smoking, diabetes, elevated blood pressure, high cholesterol, obesity or family history of heart attacks) to have the screening done at 45, and for women to get it done at 55. Then patients at higher risk with many risk factors might want to consider an EBT scan earlier. "It's much better to take care of people early in their disease rather than later, when angioplasty or surgery may be required," he says.

John says Overlake Hospital and its primary-care physicians are really working to inform patients about the importance of early detection of heart disease, and help patients understand medical problems so that they can make healthy choices. John says he wants to see the medical industry adopt the approach that every patient that enters the hospital with a heart attack is a failure of the system to give that patient the benefit of early detection, counseling and risk-factor modification. "It would be like going back 20 years and seeing women come in with breast cancer that had never been screened," he says. John adds that he is impressed by Overlake Hospital and what the

administration is doing to give the community a world-class heart center. "I'm really excited about the direction Overlake is taking in cardiac preventive care," he says. "They're really educating their staff. They are trying to get transparency into their program so patients understand what is going on. I'm pleased to be in the medical community at Overlake."

John's commitment to cardiac preventive care and helping people with heart disease is apparent, as he retired for nine months after his brother died but ended up returning to the clinic. "I missed the people; I missed the relationships. It's really a privilege taking care of people, and it's a responsibility I take seriously. It's what I enjoy doing," he says. John calls himself a workaholic, and says he's not ashamed of it. Though his wife, Mary Van Zyl, a pediatrician, asks him about reconsidering retirement again, John says, for now, he doesn't want to stop. He has learned to pace himself as he's grown older and says he has many ways to relax.

John plays tennis at the Club Wednesday nights with some of the same people he played with when he was a child. Unlike his experience at the Mayo Clinic, these men are from all different careers, and John says that makes it fun.

In addition to tennis, John says he enjoys traveling for relaxation. He visits Ireland with his five children yearly for two or three weeks. The family stays with cousins in western Ireland, and he says they enjoy living on the farm his grandfather grew up on. "My kids love it; they wouldn't miss (going on the trip)," he says. "It's been wonderful for the family as a family unit to be together." John and his family have also spent time in Europe and visited Africa. John says once the youngest is out of high school, he and his wife will probably do more traveling to places like Asia, Central and South America, and Australia.

In the meantime, John is going to continue his work as a cardiologist, helping patients recover from difficult experiences. "The best part of my job? Wow, there's a lot of good parts of my job," he says. "I think it is probably the long-term relationships, seeing patients year after year." John adds, "It's really a special job."