New MIS Procedure May Improve Quality of Life For Emphysema Patients

November is Chronic Obstructive Pulmonary Disease (COPD) Awareness Month. COPD, also known as emphysema, is the third leading cause of death in the United States, only behind heart disease and cancer. Right now, the only studied interventions that prolong life for patients with severe COPD are supplemental oxygen in people with low oxygen levels and lung volume reduction surgery (LVRS) in appropriately selected individuals. But, there is a new investigational, minimally invasive treatment that pulmonologists are hoping will provide the same benefits as having major surgery.

"This could be a game changer for individuals living with emphysema," says Ravi Kalhan, MD, pulmonologist and director of the asthma and chronic obstructive pulmonary disease (COPD) program at Northwestern Medicine. "This FDA approved trial is an important step forward for the COPD community. We need to test novel therapies that may improve the lives of people living with COPD, and our program at Northwestern is thrilled to offer participation in this study to our patients."

One of the major reasons that people living with COPD feel breathless when they do things is called lung hyperinflation. This is when too much air gets stuck in the lungs of individuals with emphysema. It occurs because under normal circumstances, the lungs are like a balloon – they are rubbery and elastic, and when air goes into them, their natural response is to deflate and let the air back out. With emphysema, the lungs lose their elasticity so the deflation is diminished. LVRS works by surgically removing the most severe areas of emphysema from the lung so that the other areas, which do not have as much diminished elasticity, can work more efficiently. At Northwestern, a study is being started to investigate whether an experimental device can achieve these similar benefits.

The RePneu Lung Volume Reduction Coil (RePneu LVRC®) System (PneumRx, Inc., Mountain View, CA) is a less invasive device intended to improve the lung function in patients suffering from emphysema. The coil is made of metal and implanted in the airways of the lung. It works by squeezing the diseased portions of the lung, and by doing so, the coil creates more room for the healthier areas of the lung to expand and function better.

"Our goal with this new, investigational procedure is for patients to receive the same benefits as if they had major surgery," said Colin Gillespie, MD, pulmonologist and director of interventional pulmonology at Northwestern Medicine. "The hope is that patients with emphysema will have an improved quality of life, better exercise capacity and improved lung function at substantially less risk."

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