

From The Editor's Desk

This closing issue of the first volume of the *Ochsner Journal* highlights the results of several studies that emphasize innovative ways of reducing hospital-based expenditures while maintaining excellent outcomes. We start with Dr. Charles Sternbergh's detailed description of the repair of aortic aneurysms through an endovascular approach. This minimally invasive technique reduces the length of stay and at-home convalescence and may someday be the standard of care for the repair of these aneurysms. Dr. Carl Lavie then summarizes the 10-year clinical experience at the Ochsner Heart and Vascular Institute on the benefits of cardiac rehabilitation. Dr. Lavie and his colleagues in Ochsner's Section on Cardiology have become internationally recognized for their efforts in this area. Sadly, as Dr. Lavie points out, cardiopulmonary rehabilitation and exercise training programs are underemphasized and underutilized for the secondary prevention of coronary artery disease. Dr. Francisco Cebollero-Santamaria then presents the results of an important 2-year study on upper gastrointestinal bleeding

in the elderly. This study demonstrates that decision analysis for hospital admission based upon a combination of urgent endoscopy and predefinable comorbid illness criteria greatly reduces the requirement for in-hospital care. Importantly, while not stated in Dr. Cebollero's article, this approach is even more likely to be applicable to younger populations with less comorbid illnesses. Ida Self, Dr. Jill Lindberg, and colleagues in Ochsner's Section on Nephrology then discuss the benefits of strong educational efforts in patients with early renal insufficiency. This has resulted in a reduced frequency of hospital admissions, reduced lengths of stay, and overall improved outcomes. Although additional data are needed, a program using a multidisciplinary team approach seems to maximize the continuity of patient care and has the advantage of ultimately improving the health status of patients.

Additionally in this issue, Dr. Tonnette Wood, a noted authority in outcomes assessment research, defines and discusses healthcare outcomes and describes the relevant tools used in this form of analysis. This area obviously has great practical application now and in the future. Dr. Prescott Deininger, Co-Director of Ochsner's Molecular Genetics Laboratory, presents a scholarly review of genetic instability in cancer. Hopefully, as Dr. Deininger points out, defining the molecular defects associated with tumors and their genetic basis may ultimately allow us to tailor more specific treatments to the subset of tumors manifesting those specific defects.

We hope that you will find the review of this issue rewarding and pertinent to your practice. We now look forward to bringing you a second volume of the journal, beginning with a January 2000 issue, which, following our pattern of alternating topical and non-topical issues, will be dedicated to the topic of breast cancer. As with previous issues, we encourage your response and hope to hear from you.