

Healthcare is Selfcare.

THE PODCAST



Transcript - Episode 8: Ending COPD with Endo-bronchial valves.

Aloysius Ballard *Host* **Ijlal Babar, MD** *Pulmonologist, Critical Care Physician*

Ballard: If there's one thing we've learned it's that taking care of ourselves is key. And there are a lot of ways to do that. Selfcare has come to mean taking time for the things that make us happy, for the things that make us feel good, and for the things that keep us healthy. Healthcare is Selfcare Podcast presented by Singer River Health System focuses on candid conversations with medical professionals aimed at improving health and saving lives. So sit back, grab a cup of coffee, and prioritize you.

Welcome to this episode of Healthcare is Selfcare. I'm so excited that you joined us today. I have an incredible guest. But first, now allow me to introduce myself. My name is Aloysius Ballard. I am the Digital Coordinator here at Singing River Health System, and we love bringing you conversations that help you understand how to improve your healthcare, which is actually the best selfcare. So my guest today—Go ahead and introduce yourself.

Babar: Well, my name is Ijlal Babar. I'm a pulmonologist and critical care specialist, and also a sleep specialist. I've been working in this community for almost 20 years now. And I'm proud of what we have here.

Ballard: Dr. Babar, you know I love you so much. You're one of my favorite people. We got to learn a lot about each other in one of the most historical of times. But one of the things that I love about you is that you always make time for anyone when it comes to helping them improve their healthcare. And because of that, I invited you here because there's a subject matter that I want to talk about. Can you help me understand and explain what COPD is?

Babar: Sure. So COPD stands for chronic obstructive pulmonary disease, and it's probably one of the most prevalent lung diseases that we as pulmonologists see. And of course, other physicians see that as well because it's just so frequent. To give you an idea, there's about 280 million people with this disease worldwide, and about 3 million people die of this disease every year.

Ballard: Wow.

Babar: And then the highest prevalence of this disease and death from this disease is in Mississippi, Alabama, and Louisiana. The three states we have access to that are around us. These are the ones where we have the most COPD.

Ballard: Now, a lot of people are probably sitting there wondering—OK, a lot of people are affected and even die from this according to your stats just now. But what causes COPD?

Babar: Yeah. So I would say that over 99% of the cases are caused by smoking. Now, there are a few percent of cases which are caused by nonsmoking related toxic fumes. For example, wood fires or coal fires that are burned in poorly ventilated areas can cause it. We don't see that too often here, that is more in underdeveloped countries where that's how they cook. Secondhand smoke causing COPD is a very vague, ill-defined cause because it's hard to quantify it.

And so from my perspective, if somebody is a nonsmoker, and gets diagnosed with COPD, you have to rule everything out before you say that they have it. And this is a word of caution for patients out there who've been diagnosed with

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COPD but have never been smokers. A lot of them actually have asthma. It could be that as well.

Ballard: So COPD is caused by primarily literally just smoking and when we explain this, I love how you broke that down. Secondhand smoke has its own issues itself. But primarily it's you taking a puff on a regular basis. You know, when you develop COPD, I'm sure it's very painful and hard to just do everyday activities.

Babar: Right. So within COPD, there are two major branches or disease forms. There's the chronic bronchitis type of people. These are the people who wheeze all the time. They're coughing up phlegm. They get frequent flare ups and of course, they're short of breath. And then there are the emphysematous types to people—who it's like their chests are super inflated. They don't cough as much and they get short of breath with minimal activity. So there are these two major groups that we see in the COPD.

Ballard: Now, there are a lot of things that are changing now within the medical spectrum. I want to be clear about this. We are making marijuana medicinal now for usage. Is smoking—when you say smoking? Are we talking about tobacco based or vaping? Or is even this medicinal marijuana something someone should be concerned about?

Babar: So the disease that we are talking about is linked with tobacco smoking. With marijuana, we know that it's not as frequent, but it can cause the chronic bronchitis variant of COPD. With vaping, we don't have long term data because it takes about 20 years or 20 back years of smoking for people to usually develop disease. So with vaping, we don't know yet.

We know it has some acute effects, but long-term causing COPD—we don't know.

Ballard: Now, once you identify someone that has COPD, what is normally your next action?

Babar: So you know, we have to evaluate them to see how severe their obstruction is. And we do that

by doing a breathing test on them. And then the other way we approach them is to see what their symptom burden is. And that's done by seeing if they have daily symptoms with minimal activities. And then the second thing we look at is how frequently do they get flare ups?

And based on that, we classify them and decide which medications to use for them.

Ballard: Now, you also have some new breaking technology. I want to make sure I'm saying this right. It's called the Endo-bronchial valves. Now, can you explain what that is?

Babar: Right. So the bronchial valves—it's really an ingenious development that can really help people with COPD, but it only helps a very small group of people. And these are the people who have Emphysema, like I mentioned. And these patients have significant hyper-inflation, which means that their lungs are so inflated that it affects their daily activities. Those people benefit from these valves.

Ballard: Now, when you identify that someone could benefit from these valves, to my understanding—is everyone a candidate for this new technology?

Babar: Actually, no. The process of evaluating somebody for this technology is rigorous. And in fact, that's the most laborious part of this whole process, is finding the right candidate for it. Because not everybody will benefit from these valves. But when we do find the right person, the benefits can be really impressive. It can change people's lives. It can be that effective.

Ballard: Now, you are actually certified, if I'm correct, one of maybe the only certified people in our area!

Babar: Right. On the Mississippi Gulf Coast, I'm the only one who's putting in these particular valves, the Zephyr valves. And the Zephyr valves are the ones which have all the data, all the clinical data. The only other group of people who are doing it are the pulmonologists at University Medical Center in Jackson—no one in Mobile. I think

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maybe somebody in New Orleans just started.

Ballard: Now, when you do this, you find a candidate and all the things line up. How long does the procedure normally take?

Babar: You know, I tell my patients that the simplest part of the whole process is the procedure. The procedure is actually fairly straightforward. Takes about 45 minutes to an hour, the patients are asleep and we do it. We go in with a bronchoscopy, which is a camera on a fiber optic scope. We've already targeted which lobe we're going to put the valves in, and we go ahead and put these valves in.

And then after we are done, then we keep the patient in the hospital for five days, because they're at risk of getting a lung collapse immediately after. So we watch them for that period of time, and if they do, we can take care of it.

Ballard: So there's low threat once you install the device, right?

Babar: There is. So it's just the natural physiology of all of this. You know, when you're causing part of the lung to collapse by putting a one way valve in it, then sometimes when it loses volume, it rips a little bit. And that can cause an air leak. Now, that doesn't mean that if somebody has a leak, they won't have a good outcome.

They've studied this and found that people with who got air leaks did as well as people who didn't. So we just basically watch them. And if they have it, we put a drain in and get rid of their leak.

Ballard: You got to love medicine, right? That's such an awesome way to be able to help change somebody's life, to give them the opportunity to continue living, which is a big deal with healthcare life. You know, selfcare is something we often push people here. So if you know someone in your family that is dealing with, you know, COPD or whatnot, how can they check and see if they are a candidate? Do they just call your office?

Babar: Yeah, probably the best way to do it is to just call our office and ask for—tell them that they want they're interested in the bronchial valves and we take care of it after that.

Ballard: Now, Dr. Babar before I let you get out of here on this episode, I like to do this because we want to know how doctors are self caring. So I'm going to ask you a couple questions. What do you normally do when you get off work for your selfcare?

Babar: I go to the gym. So I am at least five days a week. I go to the gym. I either run or get on the elliptical, and then I lift weights. Yeah. I used to run on the road quite a bit, but my joints are getting older, so.

Ballard: Now, are you a book reader or you like to listen to music?

Babar: I'm an avid book reader. I usually read a couple of books at one time, and I love music as well.

Ballard: What's your go to song?

Babar: Everything. So when I'm in my office, I'm listening to classical music. In the evenings, I like jazz. I like the old time stuff, which is old time for everybody now. But was it my time. That was the stuff that we listened to so Dire Straits, Pink Floyd, that kind of stuff.

Ballard: You're very eclectic, Dr. Babar. I like that.

Babar: I'm a man of many paradoxes.

Ballard: Well, Dr. Babar, I appreciate you taking time to come on with me today. It's always a pleasure to speak with you. And listen, if you if you don't want to go see a doctor that loves Pink Floyd, I don't know what else to tell you. Make sure you check out Dr. Babar if you want to get in touch with his office, once again you can call 228-809-5000. My name is Aloysius, and I am glad that you tuned into this episode today. And I'll see you in the next one.