



melbourne heart care

Heart News

Holmesglen Private Hospital Update

Whilst the fit out of the Melbourne Heart Care rooms at Holmesglen Private Hospital is not yet complete, our doctors are providing the 24/7 Cardiology on call service for the hospital including emergency care for patients thought to be having a heart attack. The Cardiac Catheter Lab commenced operation in February and already the first STEMI (emergency angiogram) case has been performed by the very experienced team of Dr Ben Dundon, cardiac nurses Mary and Liz and cardiac tech Nicky (Pictured). The patient presented very symptomatic and showing evidence on ECG of having a heart attack. The quick response from the STEMI on call team ensured the procedure was performed promptly and in turn provided the patient with an excellent outcome resulting in very minimal damage to the heart. Dr Dundon was extremely impressed with the Holmesglen lab team.



Since the Cath Lab opened in February, over 100 procedures have been performed by Melbourne Heart Care doctors and the Holmesglen team with many more scheduled in the coming weeks.

The beautiful new hospital has impressed our patients who have elected for admission to the new site.

A word from the Practice Manager

We have been showered with happy news this past 12 months with two of our much loved staff members having their first bubs. Isaiah was born September last year to Emma and Victor and as you can see he is thriving and is a really happy little guy.

In January, beautiful Clodagh was born to Debbie and Niall and she has brought a tonne of joy... with just a few sleepless nights.

Our talented Melbourne Heart Care team of cardiologists are now admitting patients, covering the cardiology on call roster and performing procedures in the cardiac cath lab at the new private hospital, Holmesglen Private, located at 490 South Road, Moorabbin. Our brand new rooms on site at the hospital are due to open later this year. The new rooms will provide a further state of the art consulting and testing site to service our patient's needs.



At our Brighton rooms, very recent changes to our reception and administration area have been met with hugely positive feedback. With the installation of a new phone system and set up of a dedicated phone and administration room, our reception area has become a more tranquil and pleasant place to be for both staff and patients. We hope all patients experience a more pleasant, relaxed experience upon arrival and when leaving.

Regards,
Jo Raulin

What is Coronary Heart Disease?

Written by Dr Ben Dundon

Coronary artery disease is the development of atherosclerotic deposits in the walls of the arteries (blood vessels) that deliver blood to the heart.

Progressive growth of these atherosclerotic “plaques” leads to gradual artery narrowing, eventually compromising the delivery of oxygenated blood to the heart muscle.

The earliest sign of blood flow compromise is usually noticeable during activity. The more vigorous the activity we undertake, the more blood is required to be pumped from the heart to the rest of the body for us to be able to complete the activity. As the heart is asked to pump faster and stronger during exercise, it too requires a dramatic increase in oxygen delivered via its own arteries – often 4-5 times that needed when we are at rest.

What symptoms may indicate narrowing of the heart arteries?

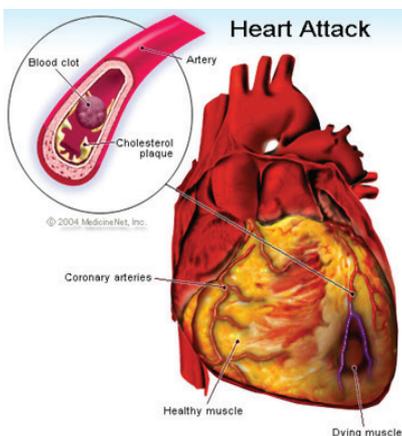
As the coronary (heart) arteries progressively narrow, the heart may not be able to receive sufficient oxygenated blood to meet the body’s demands – particularly during activity. When this occurs, the part of the heart muscle downstream of the obstruction will be unable to keep contracting and hence heart contractility falls. Generally, this causes a sense of fatigue or breathlessness with exertion, that may (or may not), be associated with heaviness / tightness / burning and/or pain. If very large areas of the heart are compromised, blood pressure may fall, causing dizziness or fainting during exertion.

The symptoms of heart disease are rarely similar to that seen in the movies. More often the symptoms are more subtle, or may feel like indigestion, heaviness / tightness or an “ache”. Although the heart is situated in the centre/left side of the chest, “pain” from the heart can occur anywhere in the chest, shoulders, throat, jaw, arms, upper abdomen or back. Regardless of the location or severity of the symptom, this discomfort / pain is called “angina”.

Your doctor will look for clues in the pattern of the discomfort, when it occurs, what may make it worse or better, and how long it lasts, to help distinguish heart symptoms from symptoms due to acid reflux from the stomach, muscular pain, or other causes. Generally, heart symptoms are most prominent during activity, and generally improve with rest.

There are numerous non-invasive tests that are very helpful in determining if the heart has artery narrowings that may pose a risk of heart attack. The key is to have the symptoms evaluated and investigated to prevent irreversible heart muscle damage. Your Cardiologist will guide you in choosing the correct test for your symptoms and circumstances.

What is a heart attack?



A heart attack is the sudden occlusion of a narrowed coronary (heart) artery. This is more likely to occur in the presence of severe artery narrowings, but certainly can happen on narrowings that have previously been quite mild. These milder narrowings will have been asymptomatic prior to the sudden heart attack. Although sometimes triggered by particular events, most heart attacks occur unexpectedly, without a discernible situational trigger.

A heart attack most commonly occurs as a result of “cracking” on the surface of the atherosclerotic narrowing inside the heart’s arteries. The body recognizes the “crack” and thinks you have cut yourself. To fix the “cut”, the body puts a clot on the crack to seal it. Unfortunately, when a clot forms inside a narrowed artery that is only 2-4mm in diameter, the vessel can be completely occluded by the clot, and hence no blood can flow down the artery to the heart muscle downstream. After a very short time, this area of the heart will begin to complain from the lack of oxygen delivery and symptoms will generally occur.

Heart attack symptoms are not always severe. Development of “angina” may be relatively mild, even if very large areas of the heart are at risk. Other symptoms such as sweating, nausea, dizziness or breathlessness may also occur.

The longer the heart muscle is deprived of oxygen, the more likely permanent damage will result. Some heart attacks may supply very large or sensitive areas of the heart and under these circumstances, the heart attack may cause a “cardiac arrest” where the heart’s electrical system goes haywire and the heart effectively stops beating. This is a tragic cause of sudden death, although CPR and prompt resuscitation may be able to restart the heart if this occurs.

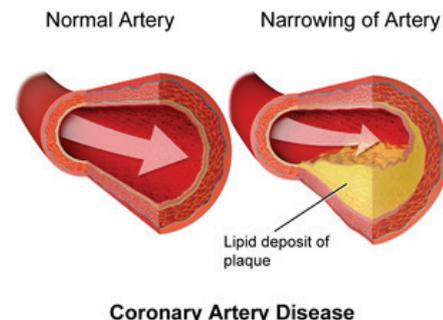
What can we do to prevent heart attacks?

Identifying and addressing modifiable cardiac risk factors forms the mainstay of therapy. Ensuring a healthy diet, regular exercise, healthy body weight and avoiding smoking reduces risk dramatically. Medications to reduce the progression of atherosclerotic narrowings throughout the body also further reduce the risk of heart attack and, where appropriate, stenting or bypass of diseased arteries may be necessary.

If you, or friends / family are concerned about the possibility of heart attack, or have had symptoms that are concerning, speak to your GP to see if further assessment is worthwhile.

Prevention is always better than a heart attack!

Stay tuned for more information on Coronary Angiography in the next newsletter.



A message from the Practice Nurse

Atrial Fibrillation (AF)

This is the most common serious type of arrhythmia – an irregular and often rapid beating of the heart, affecting approximately 2.3% of the population and the risk of developing it increases with age.

For instance about 14% of people over 80 will get AF. Although not usually life threatening, it does need to be diagnosed and managed appropriately as it can increase your risk of stroke, heart failure and other heart related complications. Diagnosis simply requires an ECG- a quick, non invasive test that can be done at Melbourne Heart Care or through your GP to record the rate and rhythm of your heart. If the heart is beating too fast like any muscle in the body, over time it wears out and medication such as a beta blocker will be prescribed to slow down the heart. Often treatments to restore normal regular rhythm are also implemented.

If your doctor believes that the AF is putting you at risk of stroke, he will advise taking blood thinning medication, such as warfarin or more commonly one of the newer drugs that work just as well without the need for regular blood tests and care with dietary intake. Lifestyle choices that improve heart health and lower your risk of developing AF will be encouraged. These include having a healthy diet, regular exercise, minimal alcohol intake, stopping smoking, maintaining a healthy weight and reducing stress.

Episodes of AF can come and go (paroxysmal AF) or may be ongoing/permanent. Often there are no symptoms, and patients are unaware they have the condition, or there can be palpitations/fluttering in the chest, light-headedness, fainting, shortness of breath, chest pain, fatigue, poor exercise tolerance.

Certain medical conditions can predispose you to AF, such as diabetes mellitus, obstructive sleep apnoea, hypertension, valvular heart disease, congestive heart failure, coronary heart disease and thyroid disorders.

A good tip for early detection is to periodically check your pulse at home, on the wrist and if you think your heart is beating in an irregular fashion, see your GP for a quick ECG to determine whether or not it is Atrial Fibrillation.

As life expectancy increases, so then does the number of people developing AF. The number of AF is predicted to double in the next 20 years.

Cathy



Winter Warmer

Chicken Tagine with Sweet Potato, Carrots and Prunes

The combination of ginger, cinnamon, prunes and honey gives this tagine that taste of Morocco. Serve this one-pot meal with a crispy salad and bread.

To Prep: 15 minutes

To Cook: 50 minutes

Ingredients

1 tablespoon Olive Oil	freshly ground black pepper
20 baby onions	1 teaspoon honey
750g sweet potato	375ml chicken or vegetable stock
1 carrot	4 chicken breast fillets
1 tablespoon ginger	2 tablespoons fresh coriander
12 pitted prunes	2 tablespoons fresh mint
1 teaspoon cinnamon	

Method

1. Preheat the oven to 180 °C
2. Heat the oil in a large flameproof casserole dish over low heat, add the onions and cook for 5 minutes, or until the onions are soft and golden.
3. Add the sweet potatoes and carrots (cut into bite sized chunks), and grated ginger and cook for a further 5 minutes, or until the vegetables start to colour a little.
4. Stir in the prunes, cinnamon and honey. Allow to heat through, then pour in the stock and season with pepper.
5. Lay the quartered chicken pieces in the liquid, then cover the dish and cook in the oven for 35-40 minutes, or until the chicken is cooked through. Stir in chopped coriander and mint and serve.



Sourced from Diabetes Australia: <https://www.diabetesaustralia.com.au/recipes/12254>

Please feel free to send an email regarding your experience at Melbourne Heart Care to:
feedback@melbourneheartcare.com.au

LIGHTHEARTFUN QUIZ

Q.1. What do doctors refer to as the “big three” risk factors for cardiovascular disease?
 A. Raised cholesterol, high blood pressure, weight
 B. Raised cholesterol, high blood pressure, smoking
 C. Raised cholesterol, high blood pressure, lack of exercise
 D. None of the above

Q.2. What are the most common side effects of blood pressure lowering drugs?
 A. Aches or pains
 B. Nausea
 C. Frequent Urination
 D. Dizziness or faintness

Q.3. What percentage of Australians between 45 and 74 are at high risk of having a heart attack or stroke over the next five years?
 A. 10 per cent
 B. 15 per cent
 C. 20 per cent
 D. 25 per cent

Q.4. High blood pressure is called a “silent” cardiovascular disease risk factor because:
 A. The sounds of blood flowing in your artery can only be heard with a stethoscope.
 B. It does not cause any external symptoms in most people.
 C. Few people with high blood pressure like to talk about it.
 D. It has not been the focus of public awareness campaigns.

Q.5. How many Australians have a heart attack or stroke each year?
 A. More than 100,000
 B. About 190,000
 C. About 1 Million
 D. Less than 10,000

Q.6. How many times does a normal heart beat per minute?
 A. 200 - 240
 B. 60 - 100
 C. 10 - 50
 D. 260 - 300

Q.7 The human heart is divided into sections called chambers. How many chambers does a human heart have?
 A. 4
 B. 5
 C. 3
 D. 2

Q.8. What is the study of the heart known as?
 A. Neurology
 B. Endocrinology
 C. Pathology
 D. Cardiology

Q.9. A device inserted to help abnormal heart rhythms is called?
 A. Pacemotor
 B. Pacecomputer
 C. Pacemaker
 D. Pacetimer

Q.10. The acronym for an Electrocardiogram (a simple, painless test that records the heart’s electrical activity) is:
 A. ECG
 B. EAG
 C. ELG
 D. EZG

LOCATIONS

Alexandra
 Alexandra District Hospital
 24 Cooper Street,
 Alexandra, VIC 3714
 Ph: 03 5772 0800

Brighton
 (Head Office)
 Suite 16, 3 Male Street
 Brighton, VIC 3186
 Ph: 03 9592 2177

Bentleigh East
 Moorabbin Specialist Centre
 873 Centre Road
 Bentleigh East, VIC 3165
 Ph: 03 9592 2177

Cheltenham
 1220 Nepean Highway
 Cheltenham, VIC 3192
 Ph: 03 9583 1630

Frankston
 Peninsula Private Hospital
 Suite 14, 525 McLelland Dve
 Frankston, VIC 3199
 03 9592 2177

Hampton
 Linacre Private Hospital
 12 Linacre Road
 Hampton, VIC 3188
 Ph: 03 9592 2177

Monash
 246 Clayton Road
 Clayton, VIC 3168
 Ph: 03 9594 2462
 Ph: 03 9594 2788

Pacemaker Clinics
 Morwell: 03 5132 1289
 Rowville: 03 9780 8999
 Wonthaggi: 03 5671 3353

Moorabbin
 Holmesglen Private Hospital
 490 South Road
 Moorabbin, VIC 3189
 Ph: 03 9592 2177

Mulgrave
 Specialist Consult Rooms
 Suite 14, 529 Police Road
 Mulgrave, VIC 3175
 Ph: 03 9795 0032

Warragul
 Suite 2
 71 Victoria Street
 Warragul, VIC 3820
 Ph: 03 5622 3244

MEDICARE REBATES

All Melbourne Heart Care services (excluding Blood Pressure Monitors) are claimable through Medicare. In order to claim your rebate Medicare require that all claimants provide a valid GP or specialist referral.

PRIVATE HOSPITAL COVER

All of our doctors participate in no gap cover with the private health companies. If you require admission to a private hospital, you will not be out of pocket for any in hospital services provided by our doctors.

PENSIONER AND HEALTH CARE CARD HOLDERS

We offer reduced rates to pensioners and healthcare card holders for all diagnostic tests.

VISIT US AT OUR WEBSITE

www.melbourneheartcare.com.au