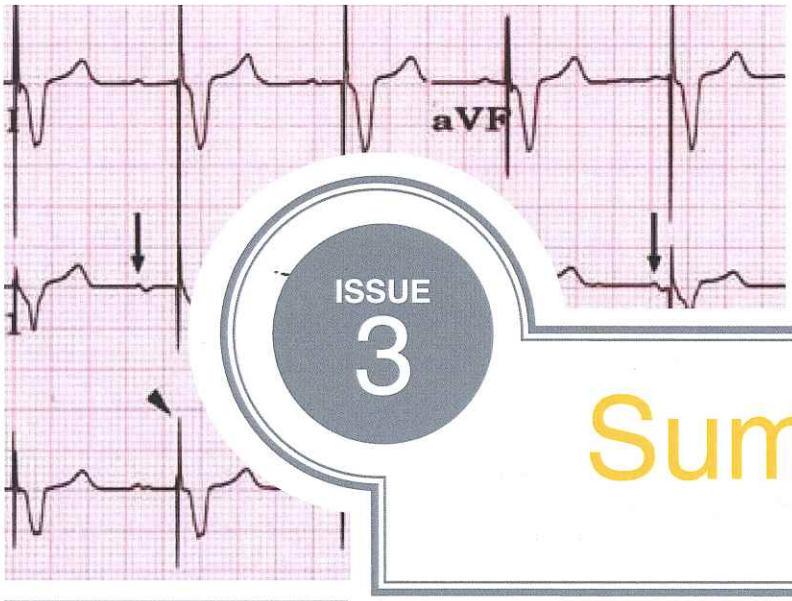


ISSUE 3

melbourne heart care

Summer Edition

Dec 2016 - Feb 2017

LOCATIONS

BRIGHTON
Suite 16, 3 Male Street
Brighton, VIC 3186
Ph: 03 9592 2177

HAMPTON
Linacre Private Hospital
12 Linacre Road
Hampton, VIC 3188
Ph: 03 9599 5551

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

CLAYTON
Monash Medical Centre
Private Consulting Suites
246 Clayton Road
Clayton, VIC 3168
Ph: 03 9594 2462 (Suite B)
Ph: 03 9594 2788 (Suite F)

ALEXANDRA
Alexandra Hospital
Consulting Suites
24 Cooper Street
Alexandra, VIC 3174
Ph: 03 5772 0800

ROWVILLE
Wellness on Wellington
1101 Wellington Road
Rowville, VIC 3178
Ph: 03 9780 8900
(Pacemaker Clinic Only)

WONTHAGGI
Grabham Consulting Suites
Graham Street
Wonthaggi, VIC 3995
Ph: 03 5671 3353
(Pacemaker Clinic Only)

MORWELL
Maryvale Private Hospital
286 Maryvale Road
Morwell, VIC 3840
Ph: 03 5132 1289

MOORABBIN SPECIALIST CENTRE
873 Centre Road
Bentleigh East, VIC 3165
Ph: 03 9579 0100

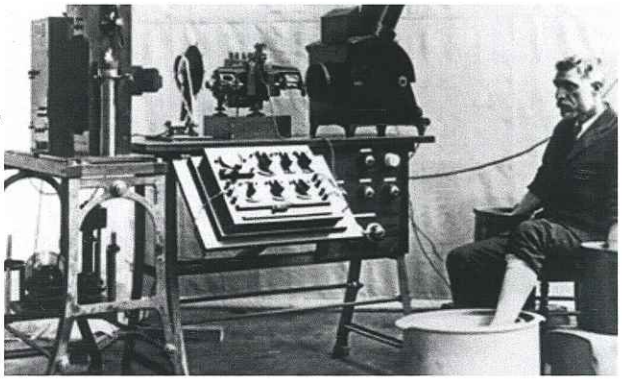
Additional new location for Melbourne Heart Care in 2017

Melbourne Heart Care are excited to announce the opening of brand new rooms at HOLMESGLEN PRIVATE HOSPITAL in early 2017.
Our rooms, currently being fitted out, are located on the ground floor of the newly built hospital and our services at this site will include outpatient consultation, cardiac testing and inpatient care.
The new 147 bed hospital is set to open in mid-January 2017 and is located at 490 South Road, Moorabbin.
Included services available will be: a 24-hour Emergency Department, Intensive Care, Coronary Care, Integrated Theatres and Cardiac Catheter Laboratory.
This impressive new hospital will be a fantastic asset to the Bayside community and surrounds.
Business is as usual at Brighton.

With mixed emotions....

Director of Melbourne Heart Care, Professor Ian Meredith AM has recently announced his decision to accept the position of Executive Vice President and Global Chief Medical Officer of Boston Scientific Corporation.
This new role sees him relocating to the United States as of January 2017.
The move of course means the end of an era for Ian at Melbourne Heart Care, the practice he proudly started with Dr Jeff Alison in 1996. He will be missed enormously by his patients and the Melbourne Heart Care team. Ian has made arrangements for all his patients to see one of his talented and skilled colleagues to ensure continuity of care.
We are certain Ian will thrive as he embarks on this latest chapter in his career and we all wish him the very best.

The ECG by Dr Logan Bittinger

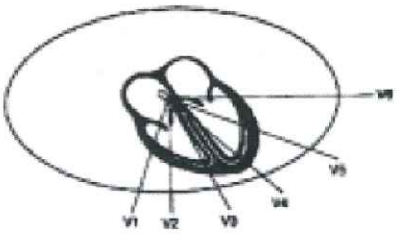


In a cardiology practice, we perform thousands of tests per year, the most common of which is the ECG. Whether performed in the consulting rooms, faxed from GPs or Pathology Services or included with hospital discharges, the ECG can give critical information on past, present and future health for our patients. It is a quick, non-invasive and inexpensive way to obtain vital information about the health of a heart. This article will give a little background on ECGs and try to explain their relevance and importance to our practice.

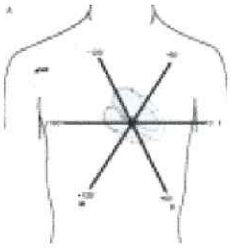
History

Every heartbeat is caused by an electrical impulse that is generated within the heart and travels through the muscle through specialized conducting tissue, allowing rhythmic and coordinated contractions of the cardiac chambers. It was in 1877 that electrical signals were first noted to precede every heartbeat, but it wasn't until 1901 that Dutch physiologist Dr Willem Einthoven first recorded an ECG using a 250kg string galvanometer. Fortunately today's ECG machines are less cumbersome. Current machines utilize 10 electrodes placed on arms, legs and across the chest to measure electrical impulses from different directions. Chest leads look at the heart in the horizontal plane from right to left and "limb leads" look at the heart in a vertical axis (top to bottom), combining to form the standard "12 lead" ECG commonly seen today.

What does an ECG show?



Every ECG gives information about a) heart rhythm, b) heart rate, and c) electrical conduction through the chambers of the heart. The basic ECG comprises deflections of the tracing from the flat baseline: the P wave shows atrial (upper chamber) activation, the QRS complex is ventricular (pumping chamber) activation, and the T wave is repolarisation of the ventricle as it gets ready for another heart beat. The timing between each of these complexes can also be determined (eg P-R interval, QRS duration, Q-T interval) to measure speed of conduction of signals through the heart. It is abnormalities in any of these waves or intervals that tells cardiologists about problems with patients' hearts.

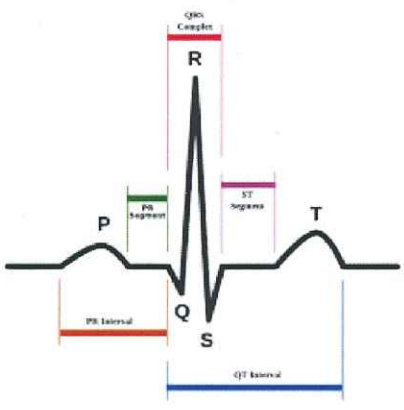


Abnormalities:

ECG abnormalities can reflect a) rhythm/rate disturbance (arrhythmias), b) heart damage (eg heart attack) – either acutely or chronic damage, and c) structural/electrical anomalies – either inherited (eg congenital heart disease, genetic conduction diseases) or acquired (eg BP or diabetic related diseases). In an emergency situation, doctors may look for signs of a sudden arterial blockage (heart attack), or for arrhythmias causing palpitation or collapse (eg slow or fast rhythms or fibrillation). An ECG can determine whether a patient needs a stent or a pacemaker and helps determine how unwell a patient may be. In the rooms, in patients not acutely unwell, an ECG can give an update on rhythm, conduction and whether any changes have occurred between visits and is a staple of a standard consult, especially for rhythm specialists (Dr Jeff Alison, Dr David Adam, Dr Logan Bittinger, Dr Stewart Healy and Dr Emily Kotschet).

Important considerations for non-medical staff:

It is important to keep records of patient's old ECGs for future comparison. Ensuring ECGs are labeled, dated and included in the correct medical history is vital. Doctors from other practices or Emergency Departments frequently request "previous" ECGs for reference. If a GP or other doctor sends through an ECG with a request for a cardiologist's opinion, it can be time critical to have that ECG looked at. If a patient comes in off the street requesting an ECG because of symptoms or because one of our cardiologists has requested them to, we should endeavour to have this done as soon as practicable.



Conclusion:

Even now, more than 100 years since the first ECG was recorded, we are still learning new ways to interpret recordings and identifying new conditions on the ECG. Whilst a very quick and simple test, the ECG is the cornerstone of all cardiological investigations.

A message from the Practice Nurse

Now that Summer is finally upon us, it's a good time to take stock of our current lifestyle habits and put into place changes where appropriate. Warmer weather generally equates with shedding some of those layers we've been hiding beneath during Winter and getting out of the house more to make the most of the great outdoors. Daylight Saving certainly helps!

All of this proves much more enjoyable if we've worked towards a healthier lifestyle and body weight. As for increasing physical activity, not all of us have the time or the means to join our local gym, but simple things like leaving the car at home for short trips, or even parking several blocks from where we need to be, walking the pooch more often, or just standing rather than sitting whenever we can will help.

Many workplaces have realised the benefits of standing rather than sitting for extended periods and have introduced standing workstations. Our increasing sedentary lifestyle is associated with a greater risk for obesity, diabetes, cancer and cardiovascular disease. Standing burns more calories, increases lean muscle mass and improves resting metabolism. It also assists with circulation and poor posture. Take the stairs rather than the elevator, get up during commercial breaks, fold the clothes / wash the dishes or do some stretches. Get out into the garden, not only a great workout, but also mentally and spiritually stimulating.

The Heart Foundation facilitates Australia's largest free community based walking network. Have a look at their website for all the information (www.heartfoundation.org.au).

Sticking to a healthy diet is always much easier in the warmer months. We tend to find fresh produce, delicious salads and lighter meals more appealing. You only need to look to the internet for inspiration and the Heart Foundation website also offers plenty of tips and healthy recipes.

Remember, many small changes are for the better and seeing the difference it can make is all the reward you need.

Warmest Regards
Cathy.

Healthy Heart Summer Recipe

Berry Swirl Yoghurt Pops

Ingredients

500g reduced fat Greek style yoghurt
1 tsp vanilla essence
1/3 cup icing sugar
300g frozen mixed berries, thawed

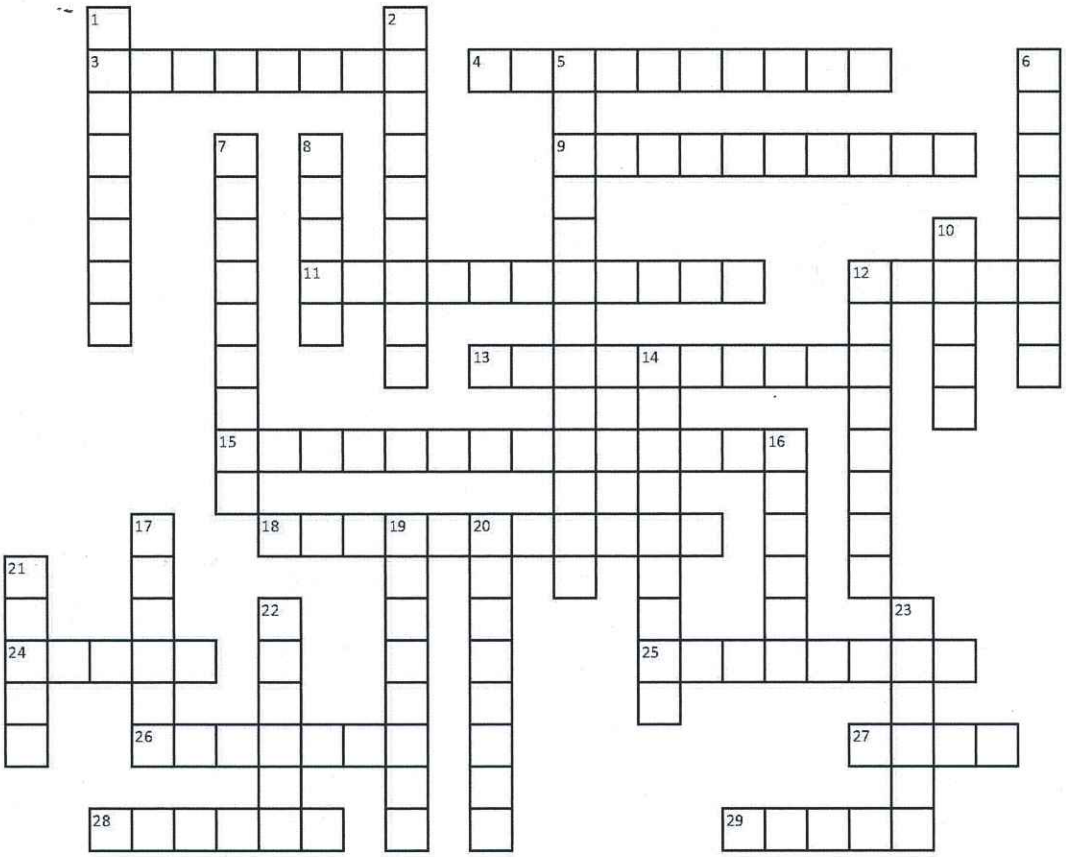
Method

1. Blend yoghurt, vanilla and half the icing sugar in a blender or a food processor until combined. Transfer mixture into a jug.
2. Add berries and the remaining icing sugar in to the blender or food processor. Pour in 1 cup of the vanilla yoghurt mixture and process until smooth and combined.
3. One-third fill popsicle moulds with vanilla yoghurt mixture then top up moulds with berry mixture.
4. Run a skewer through mixture in each mould to create a swirled effect.
5. Place moulds in the freezer for 1 hour then insert a popsicle stick in each one and return to the freezer for several hours or overnight until frozen solid.
6. Remove popsicles from moulds just before serving. If popsicles are difficult to remove, wrap a warm damp cloth around the moulds for a few seconds and they should slide out easily.

Tip: Popsicle moulds are available in different shapes and sizes from department stores and specialty kitchen shops. Popsicle sticks are available from newsagents and craft shops.

Sourced from Healthy Kids at www.healthykids.nsw.gov.au

LIGHTHEARTNEWS
CROSSWORD



ACROSS

3. Regular _____ is important to key heart health.
4. The heart is the main organ of this system.
9. The study of the human heart.
11. A branch of medicine is dedicated to the treatment and specialised care of infants, children and adolescents.
12. A _____is a small mesh tube that's used to treat narrow or weak arteries.
13. The middle and the thickest layer of the heart wall, composed of cardiac muscle.
15. A sonogram of the heart.
18. The movement of blood through the heart and body is called _____.
24. The main artery of the human body.
25. Blood that leaves the heart is carried through _____.
26. Your heart is protected by your _____.
27. How many chambers does your heart have.
28. A technique for the continuous recording of electrocardiographic (ECG) signals.
29. A liquid that circulates the body providing it with nutrition, oxygen and waste removal.

DOWN

1. _____provides you with a rebate when a current referral is on file.
2. The _____ is the thump-thump sound.
5. Our friendly staff you greet you on arrival.
6. One of our locations located at 3 Male Street, _____.
7. A device implanted to help abnormal heart rhythms.
8. The heart _____ blood.
10. The vessels that carry blood back to the heart.
12. Men and Women have different heart attack _____.
14. An X-Ray of blood or lymph vessels.
16. On average a heart beats 70 times per _____, at rest.
17. A cardiologist is a _____ that specialises in finding, treating and preventing diseases of the heart and blood vessels.
19. The heart has four _____.
20. _____ is great for the heart.
21. Melbourne _____ Care.
22. The hardest working _____ is your heart.
23. The appointment after your first (initial) is your _____ appointment.

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 Health Care card holders for all diagnostic tests.

VISIT US AT OUR WEBSITE

www.melbourneheartcare.com.au