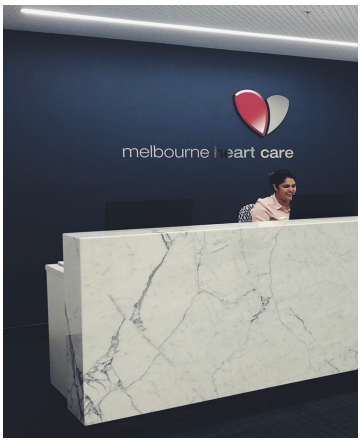
ISSUE 5

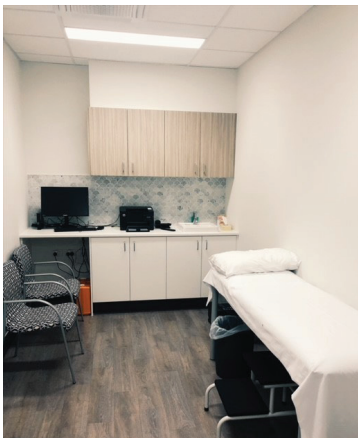
melbourne heart care

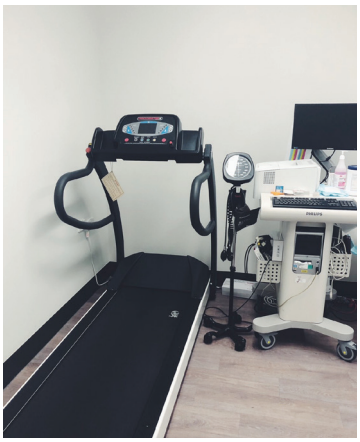
Heart News

Holmesglen Private Hospital Update

It's been a busy start to the year as our beautiful new rooms at Suite C, 490 South Road, Moorabbin officially opened.
Located on the ground floor of Holmesglen Private Hospital, the rooms offer both consulting and testing services.
Staff are really enjoying working from the lovely new facility and feedback from patients has been positive. New signage has made finding the suite much easier!
Further signage provided by the hospital and located at front reception should be installed in the coming weeks. This too will help point everyone in the right direction!
Our 23 cardiologists have been enjoying working out of the brand new cardiac lab on the first floor and to date since the hospital opened in January 2017 over 560 procedures have been performed.
For all appointments for this site, please call the team at our head office in Brighton on 9592 2177.







Meet our new Doctors

Dr Andrew Lin and Dr Colin Machado join the Melbourne Heart Care cardiology team!
Both Andrew and Colin are well respected and personable and have a great rapport with patients.
Andrew consults from our Bentleigh East, Moorabbin and Warragul sites and is a cardiac imaging specialist whilst Colin boosts the team of in demand electrophysiologists at Melbourne Heart Care and consults at Moorabbin in our new rooms at Holmesglen Private Hospital.


Dr Andrew Lin


Dr Colin Machado

Make sure to check out our website
www.melbourneheartcare.com.au

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

A message from the Practice Nurse

CARDIOVASCULAR DISEASE
Cardiovascular disease (CVD) refers to heart, stroke, and blood vessel diseases , the highest cause of death in our country CVD is responsible for 1 Australian dying every 12 minutes – and it's important to know that these deaths are largely preventable.
CVD affects 1 in 6 Australians, or almost 4.5 million people. 90% of Australians have at least 1 risk factor for CVD, with 25% having 3 or more risk factors.
Unfortunately we have no control over some of these factors, such as age (risk increases with age), gender (men are at a greater risk, but this equalizes with women after menopause), family history, and ethnicity.
However there are many modifiable, or what we refer to as lifestyle risk factors that we can change, and thereby lessen our chances, such as;

- Smoking
- Obesity
- Lack of exercise
- High cholesterol
- Diabetes
- Hypertension (high blood pressure)
- Unhealthy diet
- Depression
- Isolation

The great thing about making changes in these areas , ie losing excess weight, consuming a healthy diet, Increasing physical activity, becoming more socially connected, and managing your diabetes better, is that you will feel so much better for it.

There are many resources available to help you, from your GP/ Cardiologist, or simply logging on to the Heart Foundation website (www.heartfoundation.org.au) for more information.

Cathy

See Dr Emily Kotschet on 9News

Heart implant 'small as a grain of rice' offering new hope

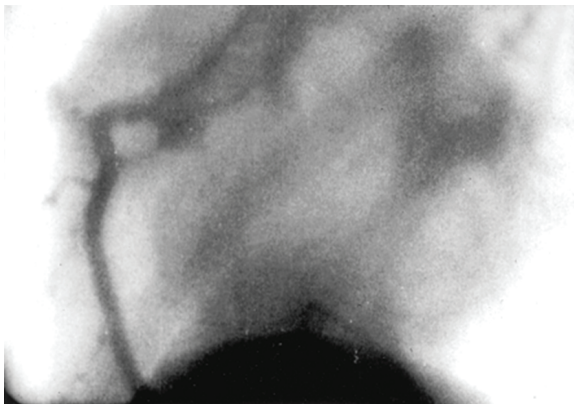
9News reporter Gabriella Rogers has reported on a device as small as a grain of rice that is being used for the first time in Australia to help treat heart failure.
Melbourne Heart Care's Electrophysiologist and Cardiologist, Dr Emily Kotschet who is featured in the video said, "The device provides an opportunity to impove the heart failure symptoms beyond what we could have thought of" she continues, "We think that is a better way to pace the heart, but further knowledge and research will show us this, it certainly looks good in studies done to date."

To watch Dr Emily Kotschet on the 9News, go to the below address on any device.
https://www.9news.com.au/national/2018/03/01/15/54/heart-implant-innovation-breakthrough-for-patients

What is Coronary Heart Disease?

Written by Dr Ben Dundon (Continued on from previous newsletter)

Coronary Angiography:
Coronary Angiography is the "gold standard" investigation to assess and manage coronary artery disease – the development of atherosclerotic narrowings in the major arteries that supply the heart muscle with blood. When narrowed, the coronary arteries may be unable to supply sufficient oxygenated blood to the heart for the pump to meet the demands of day-to-day activities. This can culminate in a "heart attack", where part of the heart muscle will die from lack of blood flow down a blocked artery.



Coronary Angiography involves passing hollow tubes from the artery at the wrist or groin up to the heart to deliver x-ray dye into the heart's arteries so that they can be visualised by X-rays.

HISTORY OF CORONARY ANGIOGRAPHY:
X-rays were first discovered in 1895, by Wilhelm Roentgen, a Dutch/German Physicist who was subsequently awarded a Nobel Prize for his world-changing discovery.

Angiograms of arm, leg and brain vessels were performed in the 1920's, but the first direct coronary angiogram was not performed until October 1958, by a Dr Mason Sones – a Physician at the Cleveland Clinic in Ohio, USA. This involved the unintentional passage of contrast directly into the right coronary artery during an attempt to take a picture of the first part of the aorta, the major blood vessel that takes blood from the heart out to the rest of the body. The aortic catheter 'whiplashed' into the right coronary artery and an image of the right coronary artery was obtained.

Major advances in fluoroscopic x-ray imaging and development of dedicated cardiac catheters led to increasing use of this technique to diagnose coronary artery disease in the 1960's – with affected patients then considered for heart bypass surgery.

The first human coronary angioplasty (dilating a narrowed coronary [heart] artery with a balloon) was first undertaken by Dr Andreas Gruentzig in 1977.

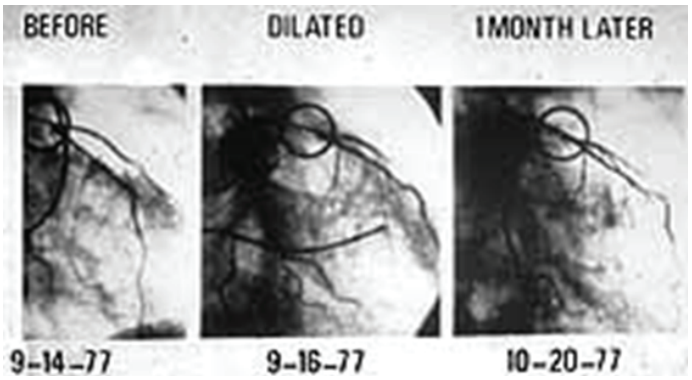
Balloon angioplasty revolutionized the treatment of coronary artery disease, but this procedure suffered from major risks of sudden vessel occlusion soon after balloon dilatation – due to tearing / injury to the inner lining of the blood vessel from being stretched by the balloon. The blood thinning medications used to prevent this were thus also associated with a high risk of serious bleeding complications. Longer-term, narrowings treated with balloon-angioplasty would recur in approximately 50% of patients.

CORONARY ARTERY STENTS:
Coronary artery stents were developed to stabilize the tears in the artery wall caused by balloon angioplasty, with the first coronary stent implanted in 1986. Although stents provided a major advance in safety and effectiveness of balloon angioplasty, longer-term effectiveness was compromised by the development of "restenosis" – a process whereby the vessel would regrow a new narrowing through the struts in the wire-mesh stent scaffolding the artery open.

In 2003, the first generation "drug-eluting" stent was developed. This stent was coated in a polymer that was impregnated with a medication that reduced the aggressive stent healing response that led to "restenosis". Almost overnight, the rate of stent re-narrowing in the first year after implantation fell from 20-30% to ~5-10%, through the use of the new "drug-eluting" stents.

Unfortunately, these new stents reduced the chance of re-narrowing substantially, but in some patients, never completely healed. These unhealed stents then exposed affected patients to a ~1 in 200 annual risk of sudden stent thrombosis (clotting) causing heart attack months or years later.

Since 2007/8, newer generation coronary stents have dramatically improved longer-term outcomes, and current "drug-eluting" stents bear little resemblance to their "sticky" predecessors, with numerous large studies confirming their safety and effectiveness in reducing the risk of angina and vessel re-narrowing into the future. In most patients, the chance of stent renarrowing with current generation drug-eluting stents is closer to 3-5% in the 18-months following stent implantation. Stent renarrowing beyond this time period is genuinely infrequent.



Although Interventional Cardiology (the implantation of stents in diseased coronary arteries) is able to treat the majority of coronary artery lesions, some patients will have extensive or complex disease that is still best managed with coronary artery bypass surgery – to provide a better longer-term freedom from recurrent angina or heart attack.

For patients with angina that is threatening or suboptimally controlled by medications, modern coronary angiography provides a safe, effective tool to identify and treat the majority of serious coronary artery narrowings. Your Cardiologist will advise if/when this test may be helpful in your care.

LIGHTHEARTFUN facts

The average adult heart beats 72 times a minute, 100,000 times a day, 3,600,000 times a year and 2.5 billion times during a lifetime.

A kitchen faucet would need to be turned on all the way for at least 45 years to equal the amount of blood pumped by the heart in an average lifetime.

Because the heart has its own electrical impulse, it can continue to beat even when separated from the body, as long as it has an adequate supply of oxygen.

5% of blood supplies the heart, 15-20% goes to the brain and central nervous system and 22% goes to the kidneys.

The "thump thump" of a heartbeat is the sound made by the four valves of the heart closing.

The heart begins beating at four weeks after conception and does not stop until death.

"Atrium" is Latin for "entrance hall" and "ventricle" is Latin for "little belly"

All of the blood in your body travels through your heart once a minute.

The size of an adult heart is about the same as two of your fists, the size of a childs heart is about the size as one fist.

Your heart does the most physical work out of any other muscle in the body. Hardly surprising when you see all the work it's got to do.

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