



Pacific HeartBeat

NEWSLETTER



July 2015

President's Report

By John Chesman

As your Directors break for the summer, it is time to reflect on the work of your association during the past few months and our plans for the immediate future.

As you have been previously advised, we no longer qualify for support from the BC Lottery Corporation. However, our investments have been structured to produce an annual income which will equal or exceed the support received from the Lottery Corporation. This income, on its own, will not enable us to meet the increasing demands on our services and requests for equipment from the cardiac units of the local hospitals.

We will continue to rely on the support of members by way of membership dues and participation in events such as our annual golf tournament. In this regard our website has been updated to accept electronic payment of membership fees and donations. If you know of people who have had open-heart surgery and are not members, please encourage them to join.

During the past few months your directors have had lengthy meetings reviewing our Bylaws and Articles of Incorporation. We have agreed to language required to make them more relevant to current laws and the environment. In the fall the re-written Bylaws will be approved by the Board. They will then be presented to the members at the 2016 AGM.

The POHA exists for the support of its members and we rely on your support to assist us. Without you, we would not be able to continue our work with the hospitals. So please, if at any time you feel that we can improve our services, do not hesitate to contact any Board member.

Have a great summer!

Honour Someone Special with a Gift to the Pacific Open Heart Association

To donate in Memory or Honour of a loved one, please include:

- * Your name and address for tax receipt
- * Name of the person being honoured
- * Name and address of person to notify

Send your cheque to the POHA address on the back page.

Thank you.

Electrophysiology Service at Royal Columbian Hospital

By Dr. Jorge F. Bonet M.D., F.R.C.P.(C), F.A.C.C.



SK, age 32, a recently arrived, previously healthy, immigrant from Korea collapsed and died on Easter Sunday 2014. He was surrounded by his loved ones while enjoying a family reunion. His wife started CPR immediately and called 911.

Paramedics arrived promptly. He was connected to an external defibrillator and was found to be in cardiac arrest secondary to ventricular fibrillation, a lethal rhythm caused by an extremely rapid irregular beat originating from the main pumping chambers (ventricles) of the heart. A single, powerful, electric shock delivered to his chest normalized the rhythm. Within minutes his blood pressure rose, and he regained consciousness.

He was admitted to the Royal Columbian Hospital where in spite of conventional medications to stabilize his heartbeat he continued to experience episodes of ventricular fibrillation requiring frequent shocks. After multiple investigations he was found to have a structurally normal heart.

Puzzled as to why a young healthy patient, with a seemingly normal heart, could suffer so many episodes of ventricular fibrillation, his cardiologist consulted the Electrophysiology Service at the Royal Columbian Hospital. He was seen by a specialized cardiologist, called an electrophysiologist.

An electrophysiologist's main area of interest is the study and treatment of abnormal heartbeats commonly known as arrhythmias. This spectrum of arrhythmias ranges from benign changes in the normal heartbeat to life threatening rhythm disturbances such as the one suffered by SK.

How are arrhythmias investigated?

Arrhythmias cannot be diagnosed based on symptoms alone. Even though symptoms can provide important clues as to the type of arrhythmia, the only way to accurately establish the diagnosis is by recording the actual rhythm disturbance. Multiple tools have been developed over the years to help record arrhythmias. These include noninvasive tests such as a standard electrocardiogram, a 24 hour Holter monitor (a recording of the heartbeat for a day) or an Event Monitor capable of recording abnormal rhythms for up to a month.

Often arrhythmias are infrequent and short-lived and therefore very difficult to document with the above techniques. In such patients we consider the option of invasive procedures such as the insertion of an implantable loop recorder (a small device the size of a quarter of a pencil) capable of automatically recording up to 3 years of abnormal rhythms.

Sometimes for patients that have a pacemaker or defibrillator we can take advantage of the recording function of these devices capable of storing information about the patient's underlying heart beat for extended periods of time. This has proven extremely helpful in the diagnosis and treatment of potentially harmful asymptomatic arrhythmias, such as silent atrial fibrillation, a common rhythm disturbance which in some patients can significantly increase the risk of strokes. Occasionally, when the above efforts to establish a diagnosis fail we will consider performing an invasive electrophysiological study.

Electrophysiological studies are conducted at the Royal Columbian Hospital in a highly specialized, world class, state-of-the-art lab. It is one of only four in BC and arguably the best equipped lab in western Canada. Walking into the electrophysiology lab is almost a science fiction experience. One is surrounded by multiple monitors, computers, sophisticated recording equipment, including x-ray machines, ultrasound equipment, advanced external pacemakers and defibrillators and the latest generation of imaging technology. It is almost as if one has entered a spacecraft.

In addition to the electrophysiologist performing the procedure there is highly trained technical personnel including nurses, cardiac physiological technicians, imaging technicians, and general support personnel actively participating in the procedure.

After establishing the diagnosis we will then look at the different treatment options. They encompass measures that range from simple reassurance, to medications, implantable devices such as pacemakers or defibrillators or invasive treatment called ablations. Thanks to recent technological developments we can accurately determine not only the actual mechanisms responsible for most rhythm disturbances but also localize their site of origin with great precision.

Once the area of the heart causing the arrhythmia is found, special ablation catheters capable of delivering either radiofrequency waves (a form of microwaves) or freezing are advanced and positioned right over the culprit area. This form of precise treatment spares the rest of the normal heart tissue and

in most instances results in a permanent cure of the arrhythmia, leading to a dramatic improvement not only in quality of life, but it can also significantly prolong the life expectancy of patients.

Treatment of Arrhythmias with Devices

There is a growing number of patients who benefit from insertion of implantable pacemakers or defibrillators (ICD). Patients that have symptoms secondary to a slow heartbeat can benefit from insertion of a permanent pacemaker. The function of a pacemaker is to simply pace the heart when the heart rate drops below a certain value. Pacemakers can be interrogated and programmed with the help of an external device, capable of communicating non-invasively. This allows us to learn about the patient's underlying rhythm and also to adjust the pacing rate and multiple parameters. Pacemakers can have one, two or three leads specifically designed to treat different cardiac conditions.

When patients suffer a life threatening arrhythmia (such as SK) or if they are considered to be at an increased risk of a cardiac arrest, we will consider the insertion of an implantable defibrillator (ICD) even in the absence of a documented arrhythmia. ICDs have multiple functions. Just like a pacemaker they are capable of pacing the heart, but more importantly they are able to terminate potentially lethal arrhythmias by a number of different algorithms which include pacing, bursts of rapid pacing, or a powerful electric shock.

The use of these devices has led to a remarkable improvement in patient's symptoms, quality of life, and life expectancy.

The Royal Columbian Hospital has a very active electrophysiology program with over 300 ablations per year performed. Additionally, it has one of the largest pacing programs in Canada. Approximately 1300 pacemakers are implanted annually as well as 200 ICDs.

The electrophysiology service at the Royal Columbian Hospital has 3 electrophysiologists, Drs. John LeMaitre, Dr Stanley Tung and Dr. Jorge Bonet, and Dr. Shahzad Karim, a cardiac surgeon also specialized in the management of arrhythmia patients requiring either insertion or removal of pacemakers and ICDs.

If you are wondering about our young patient, SK, he was found to have a very rare genetic abnormality which rendered him at risk of future cardiac arrests and therefore he underwent insertion of an ICD. He was also started on an antiarrhythmic, a medication which so far has completely prevented recurrent attacks and has been able to return to full time work and enjoy his family and life.

Don Topp Trophy

Each year the Don Topp Trophy is presented to a member of the Pacific Open Heart Association in recognition of outstanding service to the POHA and to Open Heart surgery patients.

At the Annual General Meeting in February, John Chesman presented the trophy to Patrick Hagan.

Pat had surgery at Royal Columbian Hospital in 2000, consisting of aortic valve replacement and a double by-pass graft.

Pat was aware of the POHA and our services to open heart surgery patients. He was also aware that, at that time, there was not a visiting team at RCH. During his recovery period, Pat approached his surgeon, Dr. Robert Hayden, then the Chief of Cardiac Surgery, with the proposal that visiting teams be set up at that hospital. Dr. Hayden offered his full support. That was the beginning of an excellent working relationship between POHA and staff including the cardiac surgeons. Visitation officially started early 2001 and Pat has been an integral part ever since.

Pat is a long time member of the POHA Board of Directors. He designed and implemented the Pacific Open Heart website. He is co-editor of the Pacific Heartbeat newsletter. Although he is not a golfer, Pat is a regular fixture at the registration desk of the annual golf tournament. In short, when there is work to be done Pat is there.



John Chesman (left) presenting Don Topp Award to Patrick Hagan

This year's tournament winner was the foursome captained by JoAnne Pitcher and her foursome, brother Jack Steele, Nephew Craig Desautels and long time friend Margaret Hansen.

I am sure Moe was smiling. He will be so happy to see JoAnne's name on the trophy. Congratulations JoAnne.

Tony Soda won a free entry to next year's tournament in the Early Bird draw.

The proceeds from the tournament amounted to about \$3500.

Those proceeds will be donated to a regional hospital for the benefit of heart patients. Thanks to all for attending.

If interested in adding your name to our golfer list please contact

Roger Kocheff at:

rkocheff@telus.net or 604-467-2904.



Winning Team (L to R) Margaret Hansen, Craig Desautels, JoAnne Pitcher, Jack Steele

2015 31st Annual Golf Tournament Report



By Roger Kocheff – Tournament Director

The 31st Annual "Moe Pitcher" POHA golf tournament was held at Poppy Estates Golf Course on June 12. It was a beautiful sunny day. There were 56 golfers having fun, renewing old acquaintances and making new friends. We are truly a unique group.

I want to thank all of those who took the time to participate. I want to also thank the sponsors listed below as their contributions really make a difference in the lives of heart patients.

1. Royal Columbian Hospital Foundation - Selima Mawji
2. Austin Metal Fabricators - Len Mueller
3. Milner Fenwick - John Pollara
4. Maple Ridge Veterinary Hospital - Roger Kocheff
5. National Bank - Victor Dawydiuk
6. Coast Capital Savings - Joga Sangha
7. Pharmasave - Donald Fraser Enterprises
8. Swan e Set Bay Resort - Troy Peverly
9. Golden Eagle and the Falls Golf Clubs - Jamie Lawson
10. Big Sky Golf Club - Tom Lindsay
11. Busters Towing - Spensor Schrumpp



Winner of Putting Contest - Pat Parkinson

Volunteer Visitors

We want to recognize the following Volunteer Visitors who provide valuable support to patients in hospitals.

John Ashbridge	Paul Altilia	Robert Axford
Maureen Baker	John Berard	Alfred Buchi
Bob Butterworth	Ed Bradbeer	Charlens Challmie
Kyung Chang	Gene Chiang	Brian Cooke
Rick Cozzuol	Gloria Dario	Robert Davies
Ed Dezura	Harry Fraser	Gerald Green
Rolf Gullmes	Patrick Hagan	Marc Haslem
Nils Hognestad	Rose Holbrook	David Hunter
Roger Kocheff	Peter Langford	Paul Lau
Andrew Law	Richard Lemire	Ray Lincoln
Thomas Lundgren	Dick Mackenzie	Mike Martin
Bob McDowell	Gord McIvor	Joe Minton
Sadru Mitha	Jerry Moloci	Len Mueller
Toufic Naman	Chantal Moll	Mac Parlee
Roger Phillips	Vaughn Raeside	Jennifer Rule
John Shinnick	Art Simmons	Alan Sturgess
Barbara Smith	Brian Symonds	Tom Taylor
Bob Williams	Frank Winters	Hans Wong
Bruce Wood	George Zukerman	

VOLUNTEER FOR THE HEALTH OF IT

We always need more members to join the ranks of the volunteer visitors. If you can spend 1 to 2 hours every couple of weeks to give support to open heart surgery patients, one of the following team leaders would be very happy to tell you more about the opportunities available:

Vancouver General	Alfred Buchi	604-581-5508
Royal Columbian	Mike Martin	604-535-3195
St. Paul's	Jennifer Rule	604-739-3111

2015 Annual General Meeting

The POHA Annual General Meeting was held April 11th, 2015, at the Unitarian Church in Vancouver. President John Chesman opened the meeting at 1:32 PM. There were 30 members in attendance.

The minutes of the 2014 AGM were read and accepted with 1 minor correction. President Chesman gave his report and then presented the Don Topp trophy.

The Financial Report, the Golf Tournament Report, the Heart Pillow Report and the Volunteer Visitors Reports were all presented and accepted.

All current members of the Board agreed to stand for an additional term. There were no nominations from the floor. The meeting was adjourned at 1:55 PM.

The guest speaker was John Ashbridge, the voice of the Vancouver Canucks at their home games and he was well received. Refreshments were then served.

The Board members met afterward to agree on their roles for the upcoming term.

Please send all correspondence to:
 Pacific Open Heart Association
 PO Box 3979 MPO, Vancouver, BC V6B 3Z4
 Telephone: 604-582-6229

POHA Donates to Local Hospitals



Pacific Open Heart Association member Bob Axford (left), Roger Kocheff (second, left) and Brian Symonds (far right) visited Ridge Meadows Hospital to learn about the "Chester Chest" model from Clinical Nurse Educators Sarah Grummisch, Kelly van Blanken and Shannon Koopmans. The Association has supported Cardiac Services at Ridge Meadow Hospital through the years and most recently provided funding for the purchase of this "valuable learning tool". Kristina Murray, the Foundation Development Office for the hospital, expressed a "thank You" to the POHA and said that both patients and staff will benefit from its use.

Membership Reminder

If you're an existing member and haven't yet renewed, please do so today. If you're not a member, please give serious consideration to joining. Membership is still **only \$10.00**. Funds from memberships are used to cover operating costs of the Association - the production of our brochures & newsletters; postage; AGM expenses; providing poinsettias for open-heart surgery patients at Christmas. Our volunteers and directors do NOT receive any form of compensation or expense re-reimbursement. Any surplus funds from membership fees are donated to hospitals for sundry equipment in the cardiac wards.

MEMBERSHIP APPLICATION

MEMBERSHIP UPDATE

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

E-Mail: _____

I am interested in: being a visitor:

being a volunteer:

Golf:

The POHA acknowledges the generous support of the Founder's Cup Charity Foundation in the production of this newsletter.

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