Defibber News
Wythenshawe Hospital ICD PATIENT Support Group
April 2018

Meet the Consultants

Have you any questions about any aspect of cardiology, new techniques, new drugs, about the NHS! What the papers are saying?


< Dr Dave Fox


Dr Niall Campbell >

Monday April 16th 2018 – 2.00pm

Education & Research Centre, Wythenshawe Hospital

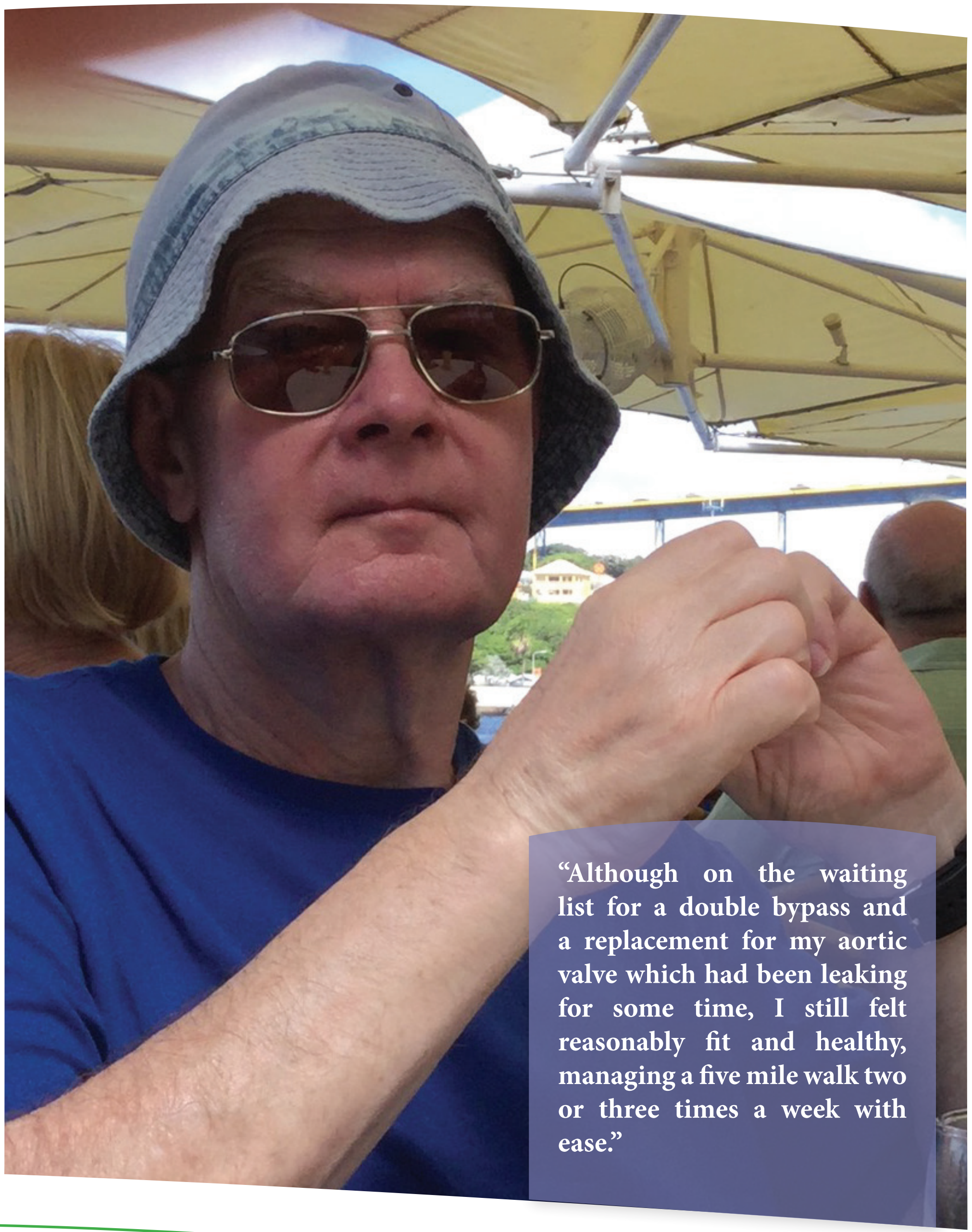
PLEASE NOTE THE CHANGE OF DAY & VENUE

This is your chance to ask your question directly to the people who will know all the answers, although the Doctors will not be able to discuss individual cases, explanation's of any general cardiology question will be answered.

If you prefer, Adrienne or myself can ask your question for you anonymously. So, don't ask 'Mr Google' - ask our experts

Sue Grosvenor
ICD Patient Support Group Facilitor
Advanced Specialist Cardiac Physiologist

Patients and their carers, along with Committee Members of the ICD Support Group, meet outside the Meeting Room at 1.00pm to have a cup of tea or coffee and take the opportunity to meet new friends & exchange experiences and we look forward to seeing you all there.



“Although on the waiting list for a double bypass and a replacement for my aortic valve which had been leaking for some time, I still felt reasonably fit and healthy, managing a five mile walk two or three times a week with ease.”

Nothing to panic about, just waiting patiently and getting on with enjoying retirement, until the very early morning of 25th November 2017, when we set off to fly to Krakow for a couple of nights at the Christmas markets.

Having got up about 3.am we arrived to collect our friends to drive to the airport. As we loaded their luggage, I began to feel bad, sweating profusely, and with extreme tightness in the chest.

I managed to get inside the house as snow began falling steadily around me. After a couple of minutes of feeling steadily worse, my wife called 999 and was connected to an operator who dispatched paramedics and an ambulance. Fortunately, my medications were handy in the suitcase, and I was given aspirin, but before the paramedics could arrive, I had an arrest.

The operator was still on the phone and directed my wife and friends to get me on to a flat surface, and begin supporting them through it for approximately 15 minutes until the first paramedic arrived, quickly followed by the two ambulance men and a further fast response paramedic supervisor.

In the next fifteen minutes, I was shocked three times before finally managing to begin to breathe again, and my heart to beat normally. Throughout this time, I was not conscious, my first recollection after taking the aspirin was snow falling on my face as I was wheeled to the ambulance.

I was then taken to the Oldham Royal Hospital, where I was stabilised, and then quickly transferred to Wythenshawe Hopital where I resided for the next month!

It was decided quite early on in my residence that I would remain incarcerated until I had been operated on, and that at some point I might need to be fitted with an ICD but that would wait until I had recovered from the major surgery.

A date was fixed for the 12th Dec 2017, but unfortunately, I developed a chest infection, and had to be put on antibiotics. During this time, I suffered from several ‘blips’ on my Eckmeier my heart paused for several seconds, but this seemed to clear as the chest infection did.

A new date was set for the surgery on 19th Dec 2017, and the operation went ahead with no apparent complications. I woke after the operation feeling fine…….Until the following night, when I had a VF arrest and had to be shocked again to resume a normal heartbeat.

My consultant Mr Barnard, Dr Brown ‘the electrics man’ consulted and decided that an ICD needed to be fitted asap. A slot was available that afternoon the 21st December, and I was booked in and to my surprise within half a hour Dr Brown was back and said he had a cancellation and could do it there and then! Almost! So, within the space of three days I had a double bypass, a new valve and an ICD implanted.

I am at home now and beginning to get out and about more, walking in to the village, a round trip of about half a mile, but planning to get back to those five mile walks very soon.

Tony McGrath

ICD Replacement

I had my first ICD implanted on 1st April 2009. I've been very lucky because it hasn't fired at all and that's probably why I haven't needed a replacement before now. The more it fires the more battery it uses. I have my annual check-up and I have my remote monitor like most people.

My check-up was due on 30th October 2017. It was then that Sam, the cardiac physiologist told me that the battery was at a level that I needed to be put on the waiting list for a new device and the list wasn't very long at the moment.

About a fortnight later I had a phone call to arrange when I would be admitted. I was offered the 28th November with the pre-op appointment on the 23rd November. I received a letter confirming the details. I had to go to Ward F2 for the pre-op, which was a check on all the usual things including paper work, medication, weight and height. A blood test was done and swabs taken for screening for MRSA.

On 28th November I had to report to the Day case ward F2. I was asked to be there for 11am with nothing to eat after 7am. Water was allowed and very weak liquids. The advice was you could drink it as long as you could see through it in a glass.

I was checked in by the Ward Clerk and I said goodbye to my husband. I was fortunate to be given a single room and there were other single rooms and bays of four. It was a bit of a wait because I think there had been some emergencies. At 3pm I was called for so I was escorted to the Catheter Lab clutching my pillow. On the way we met Dr Boatiwrat who was going to do the procedure, so he took me along to the new Cardiac Day Lounge, where I was told what to expect from the procedure. There was a check for allergies and wrist bands were also checked. Then I signed the consent form. A nurse inserted the cannula into my arm for the medication to be administered. It's worth saying that the cannula might be inserted on the ward. A nurse tried but I am notoriously difficult when it comes to finding a suitable vein, so it was left to the nurse in the Cath Lab, who fitted it perfectly. She then administered antibiotics into the cannula and I was told to be sure to say if I was feeling any pain at all.

I then walked to the catheter lab for the procedure. I climbed on to the table and the covers were put over me. There was a see-through frame that shielded me and with the cover over I could only see sideways. Two cardiac physiologists were present. When everything was ready I was given the sedation via the cannula. It was at this point that I expected to be 'out of it' which is what happened the first-time round. However, that didn't happen this time. The doctor injected local anaesthetic around my ICD box to make it numb. It felt like little stings but it went numb quickly. I was told what was happening and I was very aware of the tugging and pulling as the first ICD was removed but there was certainly no pain. Before I knew it, it was over. I was given a drip containing intravenous paracetamol through the cannula and a dressing covered the wound. I was transferred onto a trolley and wheeled into the recovery room. I was fully aware of everything. My blood pressure was monitored regularly. When everything was checked I was wheeled back to the ward at 4.30pm.

Recovery time on the ward was 2 hours so I wasn't allowed off the bed until 6.30pm. The cardiac physiologist came to the ward to check the device and then I was given instructions on how to look after the wound. I could remove the dry dressing after 24 hours. I was ok to shower but only allow the warm water to run over the wound and pat dry with a clean towel. I should use my arm normally but not to raise my arm repetitively above my head for 2-3 weeks. I could take paracetamol for any pain, but I only took them on the first day. Like the original ICD there were dissolvable stitches beneath the skin and medical adhesive used to close the wound. I was warned to expect some swelling and bruising. According to DVLA rules I was not allowed to drive for one week. The cardiac physiologist gave me my new ICD identification card and she asked me to send a download from home the following morning.

I was then given a wonderful hot drink and a sandwich followed by ice-cream which I thoroughly enjoyed. At 6.30pm I was allowed out of bed and I had to be sure I could walk ok. My husband had arrived back by then so we walked a couple of times to the end of the ward and back. All was ok, so the cannula was removed, I got changed and I was home by 7.45pm. I was told I would receive an appointment for a check in 3 weeks at the New Implant Devices Clinic. Sure, enough an appointment arrived for exactly 3 weeks to the day. I will be checked again in 3 months' time at the usual consultant's clinic and if all is well then it will be back to the 12-monthly check.

My new device has been fitted lower than my first ICD so my second scar is further down. Overall it has been a positive experience, I was kept well informed at every stage and there was nothing to worry about.

Thank you to all the nursing and medical staff involved.

Linda Scott

WOULD YOU LIKE TO SHARE YOUR STORY WITH OTHER PATIENTS & CARERS?

SEND IT TO: GEORGE S. DAVIES

Georgedavies48@sky.com

103 Redearth Road, Darwen, BB3 2AR

Hello everyone,

I hope you all enjoy reading this latest edition of the Defibber News and find it beneficial and interesting. A big thank you goes to everyone who has contributed to the newsletter and I think it's perhaps worth reminding everyone that Wythenshawe Hospital's ICD Patient Support Group has now been in existence for over fifteen years and continues to do its very best to support ICD patients and their families.

Essentially, we try to do this via our newsletters and by holding three meetings each year which gives the opportunity for patients and their families to share their experiences and also act as a platform to improve both knowledge and understanding from the guest speakers. We also have volunteers within our group who are able to support new patients at the request of the arrhythmia nurses. I think it's worth pointing out that we are entirely self-funded and the donations we receive contribute towards our ability to produce the Defibber News and hold meetings.

Our experiment of holding our previous two group meetings at All Saints Church Hall at Hale Barns were generally well received, however we are mindful that it may not have been to everyone's liking, so it goes without saying that if you have any suggestions or new ideas on this or indeed anything that may improve or take the group forward, we would welcome them.

Many thanks,

Ian Woodward

Secretary, ICD Support Group
Email: ipw883@gmail.com
Telephone: 01260 298664

ASK THE ARRHYTHMIA NURSES

Question from patient via email: -

I had an ICD put in because I had a heart attack and got scar tissue in my heart. The doctor told me I was at risk of dangerous heart beats because of the scar tissue. I haven't had any problems for 6 years but now I keep having VT and it makes me feel horrible and dizzy, as if I'm about to pass out.

Three times now my ICD has kicked in and given me a shock. I take my pills religiously and I'm on the highest doses I can have but I keep getting VT. My consultant says I need a VT ablation. What is it and how is it done?

Answer from Adrienne:-

Hi and thanks for your email.

There are a few things to explain here. As you know, your heart attack left you with scar tissue in your heart. To make your heart beat, electricity passes through your heart and makes your heart contract. This makes the blood pump round your body. The electricity does not like to go through scar tissue and can make your heart go into dangerous rhythms such as ventricular tachycardia (VT) or ventricular fibrillation (VF).

For many patients this may be the reason why you had an ICD implanted. Some people can still get VT despite being on the maximum doses of heart medicines. Sometimes other medicines have been unsuccessful in preventing VT, or caused unpleasant side effects, or the ICD has failed to stop the VT and given you a shock.

If you keep getting VT which makes your ICD deliver a shock, you will have a 6-month driving ban, not to mention the trauma of a painful shock! It is vitally important that you do not miss any doses of your heart medicines, especially drugs like beta blockers such as bisoprolol, nadolol, (basically anything ending in lol!) or anti arrhythmic medicines like amiodarone. But if you do miss a dose take it as soon as you remember. If this is close to your next dose, just miss the dose you forgot to take. Some people set their mobile phone alarm to remind them. You can also ask your GP to dispense your medicines in a "blister pack" if you keep forgetting to take them. Discuss this with your GP.

If you are not on the maximum dose of your beta blocker, we may bring you to clinic to see the team and ask your GP to increase your dose. The aim of this is to try to "dampen down" your heart's urge to go into a dangerous rhythm.

If you always take your medicines, you are on the maximum tolerated doses and you have tried other medicines it may be an option to perform a VT ablation. It is important that you understand that not everyone can have a VT ablation. If you are suitable your consultant will make the necessary arrangements for you to have the procedure and you will then be offered a date to come in by our waiting list co-ordinators. If you accept this date, you have a Pre-Op appointment, usually the week before to get some of the paperwork, blood tests and swabs done. This is an important appointment as it gives you the opportunity to ask any questions. You can always call the Arrhythmia Nurses too. In case you don't have our phone numbers here they are again!

0161 291 5076 **0161 291 5443** **0161 291 5998**

When you get a date to come in for your procedure, you will be sent information on when and where to come, what time, when to stop eating and drinking and any medicines you need to stop or continue. Again, you can check all this at your Pre Op appointment or call us.

Your nurse will complete all the paperwork and when the staff are ready for you in the catheter lab (Cath Lab) your nurse will escort you to the recovery area where further checks will be carried out. Once you are lying comfortably on the Cath Lab bed, the doctor will begin the VT ablation. This is performed under sterile conditions so you will have sterile drapes laid over your body. The doctor will give you medicine in your cannula (a hollow tube which is placed in your arm) to make you relaxed and sleepy. This is called conscious sedation. Enjoy it! Some people stay awake for the whole procedure, some drift in and out of sleep.

The doctor will then insert long, thin tubes into your groin called catheters (this shouldn't be painful as the area will be made numb with local anaesthetic – it feels like a little sting when it is injected under your skin but goes numb very quickly). These tubes are fed up to your heart with x-ray guidance and once in place, the doctor will start to map out the electricity signals coming from your heart using special equipment. Once the signals are found and mapped, the doctor will start to burn away areas of scar tissue using radio frequency ablation catheters. This should not be uncomfortable. Performing ablation alters the way the heart muscle conducts the electricity and hopefully stops or reduces the risk of VT occurring again. As with any procedure it is not 100% guaranteed to be successful and carries small risks which you should discuss with the doctor before signing your consent form.

It can take an hour or two to perform the procedure. You will spend a short time in the Cath Lab recovery area before being taken back to the ward on a bed to continue your recovery. In most cases, you are discharged home later the same day, unless there are complications, which is rare. Sometimes a dry dressing is placed over the puncture site where the catheters have been inserted in your groin. This should be removed by the following day. You should gently wash your groin every day with soap and water and pat it dry with a clean towel. After a couple of days, the puncture site should have fully healed.

You will be given instructions on what medicines to take and a patient information sheet with advice on your recovery at home. You will be seen in clinic at a later date to have your ICD checked to see if any more VT has occurred.

Adrienne

Find out more about Wythenshawe Hospital ICD Support Group

on our Hospital Website at:

http://wythenshaweicd.wixsite.com/icdsupport

Just because you have a Heart condition doesn't mean you cannot travel. Always consult your Doctor before you Fly and if you get the go ahead……..enjoy yourself!

A very warm welcome to this newsletter, the first one for 2018

Our last meeting held at All Saints church hall in Hale Barns went well, Fiona Green a specialist cardiac rehabilitation physiotherapist was our guest speaker. Fiona gave some very good advice on physical activities and some good everyday advice. She was received very well and will be asked to return some time in the future.

I was aware we have a sound issue at the church hall, not everyone could hear Fiona and myself clearly. Hopefully when we return to the church hall we will have the use of microphones.

We have held two meetings so far at the church hall which is proving to be popular with patients and we have had some very positive feedback, however our April meeting is to be held back at the ERC lecture theatre at Wythenshawe Hospital. The main reason for this is we will be having two of the best cardiologists from the hospital as our guest speakers and it would not be right to take them away from the hospital, they may be needed urgently in the hospital.

We do realise parking at the hospital is a huge problem which is mainly why we hosted the last two meeting elsewhere. All we can do is apologise in advance but please don't be put off and come along to a very popular meeting. If it is your first time at a meeting please look for myself or any committee member who can make you feel welcome. We are a friendly bunch here to help you, we have two lovely Specialist cardiac nurses at the meeting who are also here to help you.

Just to finish off I was recently at an appraisal when I was asked "Where do I see myself in two years' time". I said I don't know I don't have 20 20 vision. I'll get my coat.

Kind regards

Paul Davis - Chairman