

Defibber News

Wythenshawe Hospital ICD PATIENT Support Group
June / July 2018



Mike Connolly

(Consultant Nurse)

‘Living with your ICD’

Mike is an expert in his field with many years experience working at Wythenshawe Hospital helping patients and carers in all physiological aspects of having an ICD implanted, from day to day life to major implications of having had a shock.

WEDNESDAY July 4th 2018

All Saints Church Hall,
Hale Road, Hale Barns,
Altrincham WA15 8SP



1.00pm for Tea & Coffee – Meeting starts at 2.00pm



Message from the Chairman Paul Davis

Welcome to this latest edition of our newsletter and we look forward to seeing you at our next meeting at All Saints Church Hall. We have had two previous meetings here which have been popular with patients, there is ample free parking for three hours at the adjacent Booths supermarket car park. There is a very limited amount of car parking at the church hall.

Due to popular demand we are really pleased to have Mike Connolly back as our guest speaker.

Mike has been an expert for many years dealing with the psychological aspects of having an ICD implanted, the impact of having a shock or the potential of

having a shock. If you have not been to a meeting before, this is one not to miss and is particularly beneficial to any patients that have recently had an ICD fitted.

If it is your first time at a meeting, please let it be known to myself or one of the other volunteers who will be wearing badges as we are here to help you.

Tea, Coffee, and light refreshments will be served from 1pm, this gives patients a good chance to mingle with other ICD patients, also Specialist Nurse Adrienne and Cardiac Physiologist Sue. Mike Connolly will start at 2pm. We will hold a small raffle before the meeting. There will be a donation box available for anyone wishing to contribute to the Support group, this is entirely optional please do not feel obliged to contribute.

We currently produce 1400 newsletters, and these are sent out 3 times a year. The group is looking for feedback as to whether patients enjoy receiving it.

If any patients would rather receive an electronic version of the Newsletter would you please let us know either at the meeting, or by email to our Secretary, Ian Woodward at ipw883@gmail.com I realise not everyone has the internet or is not comfortable using it, if you do not use a computer and no longer wish to receive a copy of the Newsletter by post please ring me, Paul on **07973541382**

Out of the blue!

I have had a full life. I always joke that I was the reason for the Second World War, as I was born in 1940 (March) almost at the outbreak of the conflict. I left school at 16 to start work as a post boy and worked my way up the ladder in advertising. In those days things were very different. I almost settled abroad but came back to a career in marketing and advertising – a very high pressure occupation but a very interesting and exciting one.

I suppose the stress of the job eventually took its toll and a thrombosis in my leg came as a big surprise as I had had no health issues until this



happened. I can remember the doctor saying to me to slow down if I wanted to live longer but such are the pressures of bringing up a family and holding a high powered job, I ignored the warnings. I was shocked when I had my first heart attack.

I was 49 and the following year had a multiple by-pass. Later in life I developed atrial fibrillation and had a partial ablation. In 2013 I had another heart attack which led to a cardiac arrest. Shortly before, my wife had completed a Heartstart training course little knowing that she would save my life after doing CPR on me until the ambulance arrived and I had several

more arrests on the way to hospital. Once there a coronary stent was put in and after several weeks in hospital it was decided I would benefit from a pacemaker which was placed in after a total ablation.

Everything seemed to be OK after this but 4 years later (to the day!) I suffered another arrest. Again my wife did CPR before paramedics took over, when they gave me several shocks with their external defibrillator.

The doctors decided that I needed a defibrillator this time and the plan was to remove my old pacemaker and put in a new one which had the benefit of a defibrillator as well. Unfortunately, the old one could not be removed, and it was decided to put the ICD into my right side, having switched off the old one. This remains in situ on my left side.

Not surprisingly I cannot recall any of the details of the two arrests, myself as I became unconscious, but anything I do know has been related to me by my wife and the medical team. I feel very blessed that I have survived two out of hospital arrests and I know that my wife would say that she is extremely glad that she had taken a course in CPR with her local 'Heartstart Group', so when the events happened she went into 'autopilot' and fortunately remembered enough of her training to keep me going until the paramedics arrived.

Having the defibrillator implanted and the ongoing checks with the pacemaker clinics have given me peace of mind (and some reassurance to my traumatised wife). I cannot thank the Doctors enough for their dedication and continuing care.

This is my story, Thank you.

Michael Lloyd-Davies

May 2018

Would you like to share with us, your experiences of living with and getting used to life with an ICD, just as Michael has done?

Send your story and a photo to

Mr George S Davies at:

georgedavies48@sky.com

A Day in the Life of a Cardiac Nurse – Part (1)



Hello, dear reader! Have you ever wondered what we do at work? Well, I have been keeping a diary of a typical day in my job. So, grab a brew, settle down and read what we do when we're not at home...oh and by the way, all first names have been changed and everyone's surname will be Smith to protect identities!

I arrive at work early...I like to get a space in the car park (is this a sign I'm getting set in my ways?). The first job on my list of things to do is check all the phone messages. The answer machines are on 24/7 and I need to make sure there is nothing urgent I must deal with straight away.

There's a message from Andrew Smith. "Hi Adrienne, I had palpitations over the weekend and felt a bit dizzy. I have an ICD but it didn't shock me but I'm a bit worried. Can you call me back please? Here's my number...". He sounds a bit scared. I write down his name and number and move onto the next call.

"Hello, this is Margaret. I have an appointment to check my ICD on the 22nd of June but I can't make it. Please can you give me another appointment?"

You can reach me on this number...” I write down her name and number, but I will ring her back later to explain that we nurses do not make appointments or make changes to appointments and she needs to call the Pacing desk team to arrange another appointment.

The third message is from a medical student, Luke. He wants to come and work with one of us to get an insight into our clinic consultations. I write his name and number down. Later today I will sort out a day for him to spend time with me in clinic and meet some of our patients. I want him to get the most out of his day so I must plan carefully. My patients are entitled to a one to one consultation with me. They can say no to someone else being in the consultation but on the other hand, everyone needs to learn. Wythenshawe Hospital is, after all, a teaching hospital.

I decide to ring Andrew. He’s a priority. Whenever we call patients from the hospital, it is from a withheld number. Our calls often go unanswered because patients think we are “cold callers”! He answers on the second ring. I apologise for the early call and ask him about his symptoms, what time they occurred and what he was doing at the time. I ask if he has missed any of his medicines, especially the beta blocker (most patients will be on bisoprolol but many are on other types of heart rate controlling medicines or nothing at all). I tell him he won’t be in trouble if he has missed a dose. Experience

has taught me that if people know they can be honest about missing their medicines, they are more likely to tell me the truth! He says no. I ask him to do a “download” from his remote monitor and I tell him someone will call him back with a plan. I end the call. I ring the Pacing desk clerk, explain the situation and ask that he looks out for a download from Andrew.

That’s the end of the messages. I need to check my emails now. Nothing urgent there. I print off the letters for patients who have been put on the waiting list for a defibrillator (ICD or CRT-D) and gather their patient information. I put these in the second-class post. I will call them later today to explain who I am and to expect some post from me. If they have any questions I will tell them to write them down and call me, so we can go through them. We think it is important that patients have all the information they need well before they come in for their implant procedure.

It’s already 8.55 am and I need to get to clinic. I meet my first patient, Daisy after she has had her ICD checked. Her battery now has 8 months power remaining and she will need a battery change within the next 6 months. We call this a box change. This will be her first box change. We briefly chat about how she has been since we last met. Her daughter got married and is now expecting her first child. Daisy is anxious about her ICD battery running out before it gets changed but she is so excited to be a Nana for the first time.

I reassure her that we will now keep a close eye on her battery levels in the run up to her box change. She will be put on the waiting list for box change today and will be called in for the procedure as soon as possible. We go through the box change procedure and I answer her questions.

Daisy: “When will I be able to drive again?”
Me: “After a box change you can drive after 1 week providing you have no other disqualifying conditions.”
Daisy: “How do I look after my new wound?”
Me: “Here’s a leaflet on your recovery after a box change. But shall we go through it now?”
Daisy: “When can I pick up my new grandchild?”
Me: “Be careful lifting anything “heavy”

for the first 4-6 weeks while the tissues underneath your skin heal. After that, as long as your wound is clean, dry and there is no pain, discomfort or oozing blood or pus, you’re good to go!”

The rest of the clinic goes fast, there never seems to be enough time to see my patients and clinic runs late. I feel bad about that.....I go back to the office. There are 4 more calls on my answer machine since I left this morning. I listen to them and prioritise while I eat my lunch. I would like to say at this point, I often have a salad. But sometimes only chips and cake will do...today is a chips and cake day...(to be continued).



What is an ICD?

An ICD is a small slim box which contains a pulse generator, a computer, a long-life battery and electrical leads which are connected to your heart. It looks for and treats dangerous, fast heart rhythms if they occur. Your consultant will decide which ICD is best suited for you.

Why do I need an ICD?

You have had, or are at risk of having a dangerous, fast heart rhythm. You can read more about guidelines for having an ICD from the National Institute for Health and Care Excellence (NICE)

Will an ICD make me feel better?

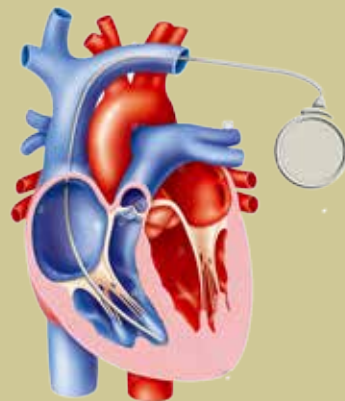
No. An ICD only provides treatment for dangerous, fast heart beats. It will not make you feel better or worse after it has been implanted. It will not stop you from having a heart attack.

What will an ICD do?

An ICD has several functions.

It can:-

- watch for dangerous, fast heart beats
- give a shock to the heart if it detects a dangerous, fast heart beat
- give a burst of fast pacemaker beats to try to stop a dangerous, fast heart beat (anti-tachycardia pacing or ATP)
- give pacemaker beats when the heart goes too slow (anti-bradycardia).



The Challenges of Heart Failure

I have written to Defibber News on several occasions about my ongoing challenges with heart failure, so I thought I would give an insight as to what started this problem.

In 1990 I was 44 years old. My employment was as Chief Instructor/ Examiner for Ribble Motor Services and based in Preston. It was a 30 mile drive each way during rush hour, which didn't help with my stress levels.

In March of 1990 I was resting after laying some garden flags in the back garden. I woke in the early hours feeling terribly sick and sweating like someone had poured water over me. My wife called for an ambulance. It arrived within five minutes, although it did seem longer. The doctors diagnosed a heart attack called Myocardial Infarction (MI). I was in hospital for sixteen days due to

continually forming blood clots in my lungs and legs.

I was off work for seven months before I was ready to go back to work. During that time, I lost my job due to the length of time I was off. I was unable to find suitable employment so in 1991 I decided I would try becoming self-employed. I used my training experience which helped my business become a great success. I eventually employed two other instructors to ease my work load.

Everything was good until February 2008. I suddenly started to feel ill and was continually going into AF. I was hospitalized in Trafford General for two weeks in March, one week in April and was back in May. I was sent to Wythenshawe for an angiogram which showed I had some blocked arteries. On 16th May I had by-pass surgery (CABG) which included an ablation. I was in ICU for four days then put on to F5 for two more weeks. I went home at the end of May. Two weeks later I was back on F5. My

heart rate was 140bpm and wouldn't go lower. It was decided I would need a Cardio Version. This solved the ongoing problem but left me with heart flutters, so a flutter ablation was required. After this was done I went home. It was now July and I seemed to get worse as the year went on.

I was diagnosed as having 'severe LV impairment' which meant that the lower part of my heart was not strong enough to pump the blood around my body. I became so weak I was virtually house bound. 2008 was coming to an end and I was very negative about my life as it was.



At the end of December, I saw Dr Fox. He recommended I should have an ICD with pacing device fitted. This was done in January 2009. Because of this my life has changed beyond my expectations. It's now been ten years and I'm still here. There have been some challenges along the way, but hey, I'm still alive and it's all because of the dedication of the doctors and nursing staff at Wythenshawe Hospital and of course my wife and family who have played a big part with me keeping my sanity.

Gordon Liversage

June 2018

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!

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and much more

Wythenshawe Hospital ICD Support Group has been set up to assist Patients and Carers alike in understanding what it is like to have to live with an ICD.

<http://wythenshaweicd.wixsite.com/icdsupport>

HAVE A LOOK - Details of the Group's Meetings, Specialist Medical Information and Past Newsletters are all there for you to see.

Contact details for all Patients:

If you have any concerns, please contact the:

Cardiac Physiologists on:

0161 291 4615

Arrhythmia Nurse team on:

0161 291 5998 / 5443 / 5076