



The ICD Support Group of Manitoba

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Volume 15 - May 2015

SUPPORT GROUP MEETINGS

Dr. Alexander Tischenko from the Pacemaker / Defibrillator clinic at St. Boniface Hospital was the guest speaker at our November 2014 meeting. His presentation covered arrhythmias, ICD's, CRT's (Cardiac Resynchronization Therapy) and the role of an electrophysiologist. Highlights of the presentation follow:

Arrhythmias. A slow heart rate can be caused by problems with the normal pacemaker function of the heart or abnormal propagation of the electrical impulses of the heart. A rapid heart rate can be from abnormal impulse generation or a short circuit in the upper chambers of the heart. These are referred to as supraventricular arrhythmias and they are usually benign. Ventricular arrhythmias are more often, but not always dangerous. These are most commonly short circuits in the main pumping chambers or sometimes abnormal impulse generation in the lower chambers of the heart. ICD's are only recommended for dangerous ventricular arrhythmias and never for supraventricular arrhythmias.

Why an ICD? Sudden Cardiac Death (SCD) is one of the most common causes of death with incidence of about 1 or 2 per 1,000 population. Approximately 1 in 20 victims will survive an out of hospital cardiac arrest. While we can not predict or prevent death in a majority of these people we can identify some with a markedly increased risk of SCD due to fatal arrhythmia and focus efforts on them. ICD's will abort the majority of purely "electrical" SCD events.

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SPRING MEETING - SATURDAY MAY 30, 2015

Please join us for refreshments, fellowship and information. The reception prior to the meeting is a great way to meet others living with an ICD. We encourage you to bring along one or more family members or guests.

We will be joined by two guest speakers. Kristin Millar is a heart transplant recipient who will share her journey with us. And what a journey it is! Sudden heart failure, multi organ failure and several strokes while in her early 20's.

Barry Guttormson is the President of Hotwinters.ca. He will help us better understand the ins and outs of travel insurance.

RECEPTION : 1:00 P.M.
GUEST SPEAKERS: 1:45 P.M. - 3:00 P.M.
ST BONIFACE GENERAL HOSPITAL RESEARCH CENTRE
G. CAMPBELL MACLEAN BUILDING
351 TACHE AVENUE
SAMUEL N. COHEN AUDITORIUM, MAIN FLOOR

The closest parking lot is at the south end of the Hospital (near Emergency). The Research Centre is the large building at the southwest end of the Hospital closest to Tache Ave.

There is no need to confirm your attendance.

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Who might benefit from an ICD? Survivor of cardiac arrest due to VT (ventricular tachycardia) or VF (ventricular fibrillation) with no reversible causes. Individuals with: sustained episode of VT (dangerous heart racing) in a heart with structural issues / more than 50% of heart muscle damaged (ejection fraction <30%) by heart attack(s) which did not recover over time or after stent or bypass surgery / more than 50% of heart muscle damaged by unknown process / genetic cardiac conditions in presence of high risk factors.

How effective are ICD's in the prevention of SCD? They are the most effective and only therapy (added to optimal medical therapy) however, they can only save from arrhythmia ("electrical glitch") and not from a heart attack or complete mechanical heart failure.

Role of ICD in prevention of SCD. An ICD shock is a treatment of last resort - only after all other options are exhausted. 1st line therapy in SCD prevention includes: modification of risk factors; medical treatment of coronary artery disease, hypertension, atherosclerosis, congestive heart failure; avoidance of drug interactions and electrolyte abnormalities. 2nd line therapy is painless automatic anti tachycardia pacing (ATP) that the ICD would deliver to stop heart racing before using a full shock.

Is there a "price" to pay for the technology? Appropriate shocks (= lives saved) can occur in up to 50% of people by the end of the first year after an implant following cardiac arrest. Inappropriate shocks (mistake by the device, which has to error on the side of safety) occur in 20 - 25% of patients. There is a 5 - 10% risk of complications during the initial implant with ongoing risk of 1 - 2 % per year of some problem with the ICD or leads (wires). Sometimes the increased incidence of problems with some ICD components is noted by the manufacturer or regulatory body and an advisory is issued which can require additional follow up or on occasion replacement of the component with its inherent risks.

Electrophysiologist (EP); An EP is a fully qualified cardiologist with an additional 2 to 3 years of specialized training in medical and interventional treatment of cardiac arrhythmias. Usual training after medical school to become an EP includes 3 years of general medicine plus 2 years of cardiology plus 2 to 3 years of cardiac electrophysiology for a total of 8 to 9 years of post graduate training. There are currently 5 EP's on staff at The Bergen Centre at St. Boniface Hospital. The team is comprised of Dr. Colette Seifer (Director), Dr. Kevin Wolfe, Dr. Ali Khadem, Dr. Alex Tischenko and Dr. Clarence Khoo. A typical day can see them doing one or more of the following duties: implanting pacemakers, ICD's CRT's and ILR's (Implantable Loop Recorder); electrophysiological studies and ablations; patient assessment in the pacemaker/ICD clinic; outpatient clinics; inpatient service in Cardiac Care Unit, Intensive Care Unit and cardiology wards; being on call for urgent issues; teaching medical students & residents; research; attending and/or presenting at medical conferences and providing medical education sessions for general cardiologists and family doctors.

Winnipeg is one of the largest implanting centre's in Canada with more than 1,000 devices implanted annually. Their state of the art Electrophysiology lab performs over 300 ablations each year. The Pacemaker/Defibrillator Clinic is considered one of the busiest in the country.

CHANGES IN THE PACEMAKER / DEFIBRILLATOR CLINIC, by Esther McGimpsey RN

As our clinic continues to grow so do the number of phone calls that the staff are required to attend to. Some of these calls are clearly not for our area so we have had to institute a telephone tree. Please listen to all the options so that your call can be best directed. We thank you for your patience as we continue to go forth with this new strategy for the best of the clinic and our patients.

Welcome to Cliff Cruzat a nurse who comes from the Pacemaker/Defibrillator Implant Room. He brings a wealth of experience and is a welcome fit for our clinic. Unfortunately we have to say farewell to Kelly Lewington one of our nurses who has moved to another area to further enhance her nursing career.



DID YOU KNOW.....??

REMOTE MONITORING UPDATE by Esther McGimpsey RN, Unit Coordinator, ICD Clinic

Across the country we have seen an increased use of remote monitoring and our clinic at St. Boniface Hospital is following in with that trend. Most of our patients are already familiar with the process associated with remote monitoring but because of its importance it bears mention again.

We are asking that patients with remote monitoring and landlines leave their monitors plugged in at all times. When the monitors are plugged in we would receive alerts if there is a problem with your device and we would be able to inform you if there is an issue that needs to be resolved within a timely manner.

The remote monitoring is designed to automatically send data from the cardiac device over a standard phone line for the clinic to review. We will have access to the most current information from your device to ensure that it continues to provide the best treatment for your heart condition. Remote follow-up from a remote transmission can make it easier for you to get the care you need.

How to set up the remote monitor:

1. Place the monitor within 10 feet of where you sleep.
2. Plug the monitor power cord into an electrical outlet. The monitor must remain plugged in at all times.
3. Connect the telephone cord to the monitor and to a telephone jack. The monitor must remain connected to a telephone line at all times.

Complete the initial set up as requested by the clinic staff.

How and when you use the remote monitor will be determined in consultation with the clinic staff. Please do not transmit before you have spoken to a clinic nurse as unnecessary transmissions can affect the life of the battery in your device.

Appointments – upon exiting the clinic a patient will be given two dates, one being a clinic visit and the second being a remote transmission follow up visit. The remote visit date will be approximate as the data collected will be looked at by one of the scheduled remote care nurses during the week that they are assigned at which time you will be contacted to review the results.

Remote Monitoring Help Lines

Medtronic CARELINK 1-888-660-4616

Boston Scientific LATITUDE 1-800-227-3422

St. Jude Medical MERLIN 1-877-696-3754

Biotronik 1-888-620-0069

ASKTHEICD.COM

This interactive website was created by Medtronic so every patient has access to answers about living with an ICD. It is informative for both pre and post ICD patients. Here are a few questions and responses from the site. There's lots more!

Can I have cataract surgery?

Generally, laser procedures won't affect the function of your device. Your eye doctor still may want to turn off the ICD during the procedure, just in case you were to move if it delivered a shock. You may want to consult with your cardiologist or EP before laser surgery, especially if a recommendation is made by your eye doctor about turning off therapy during surgery.

Are electric dog fences dangerous?

Do not pet the dog if he or she may have just been shocked. Otherwise, just be sure the buried wire is at least 12 inches from your ICD. Since it's buried in the ground, that shouldn't be a problem for those of us who stand upright.

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**THE ICD SUPPORT GROUP
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WEB SITES OF INTEREST:

- The Heart and Stroke Foundation have launched a new e-magazine to help Canadians learn about ways to improve their heart health.
 - <http://specialfeature.heartandstroke.ca/>
- Winnipeg Regional Health Authority. This site contains detailed news and information about the WRHA including live emergency room wait times, on line editions of Wave magazine and much more.
 - www.wrha.mb.ca
- Where should you go when you are sick or injured? Explore alternatives to Winnipeg emergency departments on this site.
 - www.MyRightCare.ca
- Regional Health Authorities of Manitoba. This site supports rural Manitoba and it contains news and information similar to the WRHA web site.
 - www.rham.mb.ca

ASKTHEICD.COM ...continued from Page 3

Can I tour the Hoover Dam?

Hoover Dam policy recommends that people with implanted ICDs do not tour the dam because of its 60Hz magnetic field. The magnetic environment within other hydroelectric plants, however, may differ so check with them to see what their policies are for people with ICDs. Being around such strong magnetic fields may result in your ICD delivering an inappropriate shock. Tour a non-hydroelectric dam if you

want to see how great quantities of water are held back through the marvels of human engineering.

Can I have acupuncture?

Acupuncture is no problem, as long as it's not acupuncture with an electrical stimulus. Electrical stimulus could be detected by your ICD, potentially resulting in an inappropriate shock.