



# The ICD Support Group of Manitoba

THE ICD SUPPORT GROUP OF MANITOBA

Volume 17 - May 2016

## SUPPORT GROUP MEETINGS

Our last group meeting was held in May 2015. We were joined by Kristin Millar, a heart transplant recipient and Barry Guttormson from Hotwinters.ca who spoke on travel insurance. A recap of this meeting is available on our website ([www.icdsupportgroupofmanitoba.com](http://www.icdsupportgroupofmanitoba.com)) under the newsletters tab, Volume 16.

## SPRING MEETING - SATURDAY, JUNE 4, 2016

**RECEPTION: 1:00 p.m.**  
**GUEST SPEAKER: 2:00 p.m.-3:00 p.m.**  
**ST. BONIFACE HOSPITAL ALBRECHTSEN RESEARCH CENTRE**  
**351 TACHE AVENUE**  
**SAMUEL N. COHEN AUDITORIUM, MAIN FLOOR**

The closest parking lot is at the south end of the Hospital near Emergency. The Albrechtsen Research Centre is the large building at the southwest end of the Hospital closest to Tache Ave. (Although the name of the building has changed it is the same one all of our meetings have been held in.)

Our guest speaker will be Dr. Bill McIntyre. Dr. McIntyre is a cardiologist at The Bergen Cardiac Care Centre in St. Boniface Hospital. He will soon complete his cardiology fellowship at St. Boniface and then begin three years of clinical and research training in arrhythmia. He was recently awarded a research grant at the 2015 Canadian Cardiovascular Congress in Toronto.

Please join us for refreshments, fellowship and information. We encourage you to bring along a family member(s) or guest(s) as this provides a great opportunity to chat informally with others who have a defibrillator.

## MEDICAL AND DENTAL PROCEDURES

Although most medical equipment will have no effect on your ICD, some may affect its function. It is important to tell the doctor, dentist or technician that you have an implanted defibrillator (ICD) well in advance of undergoing any surgery or medical/dental procedure. You should refer to your device as an implanted defibrillator not a pacemaker. While all defibrillators are capable of pacing, the two devices are very different and may need to be treated differently during surgery or medical/dental procedures. The medical personnel may wish to consult with the Pacemaker / Defibrillator Clinic in advance of the surgery/procedure to ensure precautions are taken to avoid inappropriate sensing and/or delivery of therapy by the ICD. During regular office hours clinic staff can be reached by phone at 204-237-2431.

You should always carry your ICD implant card with you along with a complete list of all your medications. You may also want to consider wearing a medical identification bracelet at all times.

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### VOLUNTEER BOARD OF DIRECTORS

- Larry Sherman, President
- Greg Smith, Director
- Dianne Brown, Director
- Bob Mawson, Director
- Jerry Samels, Director



## MEET JERRY SAMELS - ICD PATIENT AND SUPPORT GROUP BOARD MEMBER



Hi, my name is Jerry Samels and after a break due to health I am happy to be back on the board of directors of the ICD support group. For those who do not know me I will give you a brief history.

At age 19 after having a lump removed from my Achilles tendon I was diagnosed with familial hypercholesterolemia, an inherited disorder characterized by high cholesterol and at that time diet and niacin were the only treatment. At age 39 I had a heart attack and had six bypasses done one week later. Following the surgery I was put on medvacor (the first statin drug) while it was still experimental. It took 18 years and different statin drugs as they came out to get my cholesterol into the normal range.

Eight years ago I had a cardiac arrest while being transported by ambulance from Portage La Prairie to St. Boniface Hospital. I spent a week in intensive care with a hemorrhaging bladder infection. The next week I went to the cardiac ward where they implanted my first ICD. Over the next 22 months I received a couple of appropriate shocks but my health did not improve and I was constantly tired from morning to night. On July 2, 2010 a CRT-D was implanted (Cardiac Resynchronization Therapy - Defibrillator) and following that I noticed a big improvement with more energy and I felt much better.

The next problem was my right hip which had to be replaced. The surgery went well but the recovery did not. Due to uncontrolled pain my defibrillator went off 12 times the next day. I ended up in ICU and was released two weeks later. Prior to discharge I had several medication changes. My hip felt good and my heart fairly good but I was weak. After a short period at home I began coughing, feeling dizzy and had difficulty breathing. I had taken a reaction to one of the drugs and felt terrible and I never did feel much better after it was discontinued. It was suggested I might need a heart transplant and I began going through all the tests for one. During this time I spent several occasions in the hospital with heart failure and then with heart failure and pneumonia. It was decided that I had too many other problems and that disqualified me from a transplant at this time. My health continued to deteriorate and I ended up in a wheelchair only able to walk a few steps. Dr. Shelly Zieroth talked to Ottawa again and a teleconference was arranged. The doctors talked to myself and my wife and agreed to help me but needed to discuss how. About a month later I was told I would have a mitral valve clip done in Ottawa.

St. Boniface Hospital Heart Failure Clinic was excited as I was the first person from Manitoba accepted for this procedure. We went to Ottawa June 16, 2015 and I had the procedure done on June 23rd. I was discharged 4 days after the procedure. Recovery seemed slow at first but now I'm able to walk again and have more energy than I've had in the last 3 or 4 years. The procedure is "good" for about 5 years, so we will see what the future brings.

I do not have enough words to thank Dr. Zieroth and the heart failure and transplant teams of doctors and nurses for all they did for me before and during this time, but I do know it's great to be back!

## DID YOU KNOW.....?!

### HIGH RISE LIVING V.S. RISK OF DEATH FROM CARDIAC ARREST

In a recent study published in the Canadian Medical Association Journal, researchers found that people who live on the third floor or above were less likely to live after suffering cardiac arrest. The researchers say a number of factors, including a longer paramedic response time due to issues such as elevator delays could help explain the findings. The study involved looking at data collected from nearly 8,000 cases of cardiac arrest that occurred in southern Ontario. The study itself doesn't prove living on high floors actually causes a lower cardiac arrest survival rate. What it does show is it takes paramedics nearly two minutes longer to reach patients living on the third floor or higher than those below. Most studies track how long it takes from the time a 911 call is placed to the time of arrival at the patient's residence. But in an apartment or condo, there is the added time that it takes to climb stairs or ride an elevator. People who lived on the lower floors were also more likely to have an initial shockable heart rhythm when paramedics arrived compared with those on upper floors – 19 per cent versus 13 per cent. It seems obvious to conclude the delayed response time is responsible for the lower survival rates on upper floors. But it's also possible other factors could play a role. For instance, it's well known that people are more likely to survive a cardiac arrest if someone is with them at the time. It's also possible that overall health differences between cardiac arrest victims who live in a home versus those living in a high-rise can explain the differing survival rates. Improving survival rates also depends on making people more aware of what to do in an emergency. There are many people who attempt to drive their loved ones to a hospital when they have chest pains, only to have them suffer a cardiac arrest on the way. Also, the study found that automated external defibrillators (AED) were used in less than 1% of cases of cardiac arrest included in the study and only one third of bystanders tried to perform CPR before paramedics arrived. Calling 911, performing CPR and having AED's readily accessible are critical in boosting survival rates.



## **DID YOU KNOW.....?? Cont'd from page 2**

### **PERSONAL HEALTH INFORMATION ACT (PHIA)**

Just a reminder that staff in the Defibrillator Clinic have started to ask patients during their in clinic appointments if they wish to be contacted from time to time by The ICD Support Group of Manitoba. For those of you that have not yet been given the option you will on your next regularly scheduled in clinic appointment. Even if you previously provided the support group with your permission to be included in an email or regular mailing list you are still required to sign the new consent form. Without the new form on file at the hospital we will no longer be able to send you any information on our services including the newsletters, meetings, special events etc. Consent can be withdrawn at any time by contacting the support group. Any information you provide will be held in strict confidence by St. Boniface Hospital and The ICD Support Group of Manitoba.

### **IT'S IMPORTANT TO HAVE A FAMILY DOCTOR**

The continuity of care you need/deserve is unavailable at walk-in clinics or the emergency room. If your doctor knows what's normal for you, they're better equipped to determine what's not normal for you. An established relationship means you're not rehashing the same details each time you make an appointment and your doctor will be there to follow up with you on an ongoing basis to ensure everything is proceeding as normal. Follow-ups at walk-in clinics or the emergency room often require the patient to recount their medical history for a new doctor that is unfamiliar with their case or concerns.

An emergency room doctor or a physician at a walk-in clinic is also at a disadvantage because they don't know you on a personal level and therefore may not be able to offer you advice or recommendations that mesh with your lifestyle. A family doctor treats the patient as a whole, not just their physical symptoms. Care can be provided that takes into account a patient's physical, psychosocial, and emotional well-being, and offers care and recommendations that are tailored to you, your lifestyle and your values. Whether a patient is young or old, a family doctor's best tool is preventative medicine, which is rarely discussed during visits to the emergency room or walk-in clinics. This is because although preventative health recommendations are of vital importance, they are hardly the most pressing or urgent of concerns when a patient seeks medical help from an emergency care provider. Family doctors are the primary resource for preventative health care and can help prevent problems before they occur.

Your family doctor can be a trusted health adviser who plays an important role in your physical, emotional, and mental health, so it's important that everyone finds a family doctor that they feel comfortable working with and can rely on for care in the long-term.

The "FAMILY DOCTOR FINDER" can help to connect Manitobans to a family doctor. If you live in Manitoba and need a regular health care provider you can call the line to register with the program. You can also register on line at the web site shown below. Your health region will then work to find a provider or clinic that is accepting new patients in a location that works for you. The service is available in both English and French.

For more information contact:  
Family Doctor Finder  
Phone: 204-786-7111  
Toll Free: 1-866-690-8260  
[www.gov.mb.ca/health/familydoctorfinder](http://www.gov.mb.ca/health/familydoctorfinder)

### **CALL, PUSH, RESTART**

If you see someone collapse, it could be cardiac arrest. Would you know what to do? The Heart and Stroke Foundation of Canada now offers a free Cardiac Arrest Action App. for smart phones. "Call, Push, Restart" can be downloaded from "callpushrestart.ca" There are no ads or anything to buy. For more information visit "heartandstroke.com" and follow the link.

### **ORAL HEALTH**

According to Health Canada, studies are currently examining if there is a link between poor oral health and heart disease.



**THE ICD SUPPORT GROUP  
OF MANITOBA**

[www.icdsupportgroupofmanitoba.com](http://www.icdsupportgroupofmanitoba.com)

**MAILING ADDRESS**

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**204-237-2431**

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**WEB SITES OF INTEREST:**

- The Cardiac Arrhythmia Network of Canada contains information regarding various arrhythmias and much more.
  - [www.canet-nce.ca](http://www.canet-nce.ca)
- The 2016 Heart and Stroke Foundation Report on the Health of Canadians “The Burden of Heart Failure” is available on the Heart and Stroke website. It covers in detail the issues and challenges of dealing with people with heart failure.
  - [www.heartandstrokefoundation.com](http://www.heartandstrokefoundation.com)
- The fall 2015 edition of “Believe” magazine published by St. Boniface Hospital contains an article about Paul Albrechtsen who recently gifted a \$5 million endowment to help support cardiac research. Mr. Albrechtsen is also a financial supporter of The ICD Support Group of Manitoba.
  - [www.saintboniface.ca](http://www.saintboniface.ca) Click on “Foundation” and then “Publications” at the bottom of the page.
- Organ and tissue donation - Manitoba’s online organ and tissue donor registry.
  - [www.signupforlife.ca](http://www.signupforlife.ca)

**CHANGES IN THE PACEMAKER /  
DEFIBRILLATOR CLINIC**

Jackie Sawatsky has recently joined the front desk staff in the clinic. Welcome Jackie!

**OUR WEBSITE:**

**[WWW.ICDSUPPORTGROUPOF MANITOBA.COM](http://WWW.ICDSUPPORTGROUPOF MANITOBA.COM)**

On average over the past 12 months our website has been visited 477 times each month. If you haven’t checked it out yet, please do. Send any feedback (good or bad) to Larry Sherman.