



The ICD Support Group of Manitoba

THE ICD SUPPORT
GROUP OF MANITOBA

Volume 4 - April 2009

Spring 2009 Support Group Meeting Wednesday, May 27, 2009

Our presenters for the evening will share information and ideas on healthy living for those living with heart disease. We will be joined by: Estrellita Estrella-Holder, Clinical Nurse Specialist from the Heart Failure Clinic along with Kendra Pauls, clinical dietician and Rhonda Fusee, pharmacist. Come and learn about proper eating habits, how to read nutrition labels, heart related medications/side effects and other insights into living with your defibrillator and/or heart disease.

RECEPTION: 6:30 P.M.

PRESENTATIONS: 7:15 P.M.— 8:30 P.M.

**ST. BONIFACE GENERAL HOSPITAL RESEARCH CENTRE
G. CAMPBELL MACLEAN BUILDING
351 TACHE AVENUE
SAMUEL N. COHEN AUDITORIUM, MAIN FLOOR**

An informal reception will take place prior to the presentations. Parking is available in the South parking lot of the Hospital which is adjacent to the Research Centre at a cost of \$4.00 for the evening. The Research Centre is the large building at the south end of the Hospital. Look for the large sign at the top of the building. There is no need to confirm your attendance.

FALL MEETING OVERVIEW

Over 100 patients and guests attended the meeting on October 20, 2008. Our key note speaker was Dr. Colette Seifer. Dr. Seifer is a member of the section of Cardiology in the Cardiac Sciences Program at St. Boniface General Hospital as well as an Associate Professor at the University of Manitoba. Her presentation was entitled "ICD's and Driving". With respect to legally operating a motor vehicle in Manitoba we learned there are different responsibilities for each of; the physician, the individual and Manitoba Driver & Vehicle Licensing. In Manitoba The Highway Traffic Act states that it is mandatory for a medical practitioner or optometrist to report to the registrar certain information regarding an individual who has a disease or disability that may be expected to interfere with the safe operation of a motor vehicle. The Act further indicates that no person can take action against the medical practitioner or optometrist for reporting this information. Dr. Seifer reminded us that while the physician is requested to provide medical information and recommendations, ultimately it is the responsibility of Driver and Vehicle Licensing to determine if the driver meets the medical standards. The actual decision to issue or refuse a driver's license is made by the Registrar of Motor Vehicles and not the physician. Dr. Seifer's presentation was followed by a lively question & answer session. For this portion of the evening Dr. Seifer was joined by Dr. Neil Swirsky, Medical Advisor and Cathy D'Andrea, Medical Fitness Administrator, both from Manitoba Public Insurance. Based on the questions asked, it appears there have been inconsistencies in the application of current policy. All the presenters agreed that the implementation of the Canadian Guidelines referred to below, is a positive step in the right direction and that greater consistency should follow.

To review the relevant section of the Highway Traffic Act go to "Websites Of Interest" on page 4 of this newsletter. You will also find a link for the Canadian Guidelines entitled "Assessment of the cardiac patient for fitness to drive and fly".

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VOLUNTEER BOARD OF DIRECTORS

- Larry Sherman, President
- Bob Mondy, Treasurer
- Greg Smith, Volunteer Coordinator & Director
- Lori Trapp, Director
- Jake Suderman, Director



Meet Douglas Thomson — ICD patient

In the spring of 2007 a Reffit Centre stress test determined that I had an irregular heart beat and I was eventually put on medication to try and address the problem.

While on vacation in B.C. in the summer of 2007 I started experiencing some sleeping problems due to an inability to properly breathe. I went three nights with no sleep whatsoever. I went to a clinic in Kimberley and the doctor there told me she wanted me to go to the hospital in Cranbrook right away. Tests showed that I had a large collection of fluid in my lungs and the initial diagnosis was pneumonia. They addressed the excess fluid and I was given some pills to try to prevent a reoccurrence. The drive back to Winnipeg proved those pills were not working, as more sleepless nights followed. At home I checked into the Victoria Hospital and stayed there for about three days while a series of tests were conducted - both at Victoria and St. Boniface Hospitals. The long and short is that it was determined that part of my heart was not able to do its job which, if untreated by medication, would continue to allow the build up of fluids. The new medication did the job and no further problems arose. However, through check-up visits to the cardiac section at St. Boniface Hospital a decision was made by the surgeon that I was a candidate for a defibrillator and in November of 2008 one was implanted.



The operation was a breeze and they never even tested the unit because, according to the surgeon, they worried about clots as I had stopped taking Coumadin - which I did because of instructions from St. Boniface Hospital as part of the preparation process. In my case the defibrillator is not there due to a history of heart attacks - as I have never had one. It is there as a preventative measure, just in case. My surgeon informed me that it may never activate.

The most inconvenient aspect of having this surgery was the inability to drive for a month. I do three to four client visits a day and I was not sure how my clients would take having to come to me for our two hour coaching sessions. They were all marvelous and for one month they came to our house.

I fully support the care and professionalism of the doctors and nurses at St. Boniface Hospital.

FALL MEETING OVERVIEW - *continued from page 1.*

Our second presenter for the evening was Edward Hoffenberg B.Sc. M.Sc. Mr. Hoffenberg is the Territory Manager, Canada for Boston Scientific. He delivered an interesting presentation on the history of the defibrillator and what the future may hold for them. The idea of the defibrillator was conceived in 1966. The first experimental model was made in 1969 with the first implant taking place on animals in 1975. The first human implant was in 1980. Since that time enhancements to the device have been ongoing. In the future not only will they continue to be made smaller and thinner with longer battery life but their diagnostic capabilities will be more sophisticated.

Brandon and area - local support group meetings

ICD patients living in and around Brandon recently received a letter from the Defibrillator Clinic asking if they would be interested in attending an informal meeting from time to time in Brandon. This would provide patients and family members the opportunity to exchange information and learn more about living with a defibrillator. Doug Tryon is an ICD patient living in Brandon and he has graciously offered to "host" these gatherings, likely over coffee in a private area within a local restaurant/hotel. Response to date has been positive and we expect to have the first get together in the May/June time frame. If you did not receive a letter and would like to attend these meetings please contact the Defibrillator Clinic at (204) 237-2431 to obtain a consent form to release your name and contact information to the Support Group.



Did you know.....??

MP3 headphones containing neodymium may interfere with implanted cardiac devices.

According to research presented at the American Heart Association's Scientific Sessions 2008, headphones for MP3 digital music players placed within an inch of pacemakers and implantable defibrillators may interfere with the device. Researchers investigated the effects of MP3 player headphones, most of which contain the magnetic substance neodymium, on the operation of implanted cardiac devices. Researchers tested eight different models of MP3 player headphones (including both the clip-on and earbud variety) on 60 defibrillator and pacemaker patients by placing headphones on the patients' chests directly over their device. They found a detectable interference with the device in 14 patients (23%). Exposure of a defibrillator to the headphones can temporarily deactivate the device. In most cases, removal of the headphones restores normal device function. Patients should keep headphones containing neodymium at least 3 cm or 1.2 inches from their device. Do not place them in pocket or drape them over your chest. For more information visit the following web site. www.sciencedaily.com/releases/2008/11/081109122525.htm

iPods and similar devices found not to affect ICD or pacemaker function

In late 2007 staff from Children's Hospital Boston ran tests on 51 patients ranging in age from 6 to 60 who had ICD's or pacemakers. There was no interference with intrinsic device functioning. However in 41% of the patients tested the music players did interfere with communications between the programmer and the pacemaker/defibrillator. Therefore patients should not use digital music players while their device is being reprogrammed. For more information visit this web site: www.sciencedaily.com/releases/2008/03/080329083529.htm

For peace of mind consider E.R.I.K. (Emergency Response Information Kit)

ERIK is an Emergency Response Information Kit developed by a community Advisory Council in response to community concerns regarding the availability of adequate information in emergency situations. All Manitoba emergency groups have endorsed this program. The kit is ideal for seniors, chronically ill persons, those who live alone or who have caregivers and others who have speech difficulties or communication barriers. Once completed, the kit provides the necessary information for emergency personnel to respond quickly to the situation. Completed kits are placed on the fridge door where emergency crews have been trained to look for it. Kits are available through any Winnipeg Fire Paramedic Station or any Community Resource Council in Manitoba. For more information go to the Seniors Resource Centre web site at www.seniors.cimnet.ca. Click on "health" and scroll down to E.R.I.K.

Cardiac Resynchronization Therapy (CRT) update

What is CRT? In some people with heart failure, the lower chambers of the heart don't beat at the same time, forcing the heart to work harder. These people may benefit from cardiac resynchronization therapy. During CRT, the implanted device delivers small undetectable electrical signals that help both sides of the heart to contract at the same time. The therapy coordinates or "resynchronizes" the heart. These devices require 3 separate leads to be connected to the implanted device. The Pacemaker/Defibrillator Clinic has been doing this type of implant for some time with over 20 ICD patients having undergone the process.



**THE ICD SUPPORT GROUP OF
MANITOBA**

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WEB SITES OF INTEREST:

- The Manitoba Highway Traffic Act.
 - www.gov.mb.ca In top right corner search for "Highway Traffic Act" The sections relating to medical reporting are 157(1) thru 157(9).
- CCS Consensus Conference 2003 - Assessment of the cardiac patient for fitness to drive and fly- executive summary.
 - www.ccs.ca/download/consensus_conference/consensus_conference_archives/2003_Fitness_ES.pdf
- Canadian Heart Rhythm Society
 - www.chrsonline.ca
- ICD Support Group—this site has a very extensive message board that a number of Canadians have posted to.
 - www.icdsupportgroup.org

IN APPRECIATION

Our thanks goes out to the following ICD manufacturers for their continued financial support:

- Medtronic
- St. Jude Medical
- Boston Scientific

We would also like to thank Darlene Sherman for providing the refreshments and dainties at our fall meeting.