



The ICD Support Group of Manitoba

THE ICD SUPPORT
GROUP OF MANITOBA

Volume 5 - October 2009

November 2009 Support Group Meeting Saturday November 21, 2009

Dr. Colette Seifer will be the featured speaker for our upcoming meeting. Dr. Seifer is an assistant professor at the University of Manitoba and is a member of the Section of Cardiology in the Cardiac Sciences Program at St. Boniface General Hospital. Dr. Seifer was our featured speaker last year when she delivered an enlightening presentation regarding the implications having an ICD can have on driving privileges. Her presentation will be followed by a question and answer session. Don't miss what promises to be a very interesting and informative session.

RECEPTION: 1:30 P.M.
GUEST SPEAKER: 2:15 P.M.— 3:30 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 south end of the Hospital closest to Tache Ave.

There is no need to confirm your attendance.

SPRING MEETING OVERVIEW

Our guests for the May 27th meeting were three professionals from the Heart Failure Clinic (HFC). Estrellita Estrella-Holder is the Clinical Nurse Specialist at the HFC. Both Kendra Pauls, Registered Dietician and Rhonda Fusee, Pharmacy Manager support the HFC. Estrellita told us there are presently 500,000 Canadians afflicted with Heart Failure (HF) with 50,000 new cases each year. HF affects men and women equally. She talked about normal/abnormal heart function, how heart failure is diagnosed and treated, what an ejection fraction is, symptoms of heart failure, how to reduce the risk of heart failure and much more. Rhonda Fusee's presentation dealt with medications in heart failure. She touched on a wide variety of meds including ACE Inhibitors, Beta Blockers, Diuretics, Spironolactone, Digoxin, Potassium, Amiodarone, Warfarin and others. There are certain medications people with HF should avoid such as; many pain relievers (acetaminophen & tylenol are OK), cough and cold meds, weight loss products, energy drinks, Gatorade and Pepto Bismal to name a few. The message here is when in doubt "consult with your pharmacist". She also spoke about various herbal therapies and some drug interactions with herbs. Again, it is important to consult with your pharmacist. A key word of advice "Take all medications regularly as directed". There are a number of tools that your pharmacist can suggest to remind you when to take your meds. Kendra Pauls presentation was titled "Shake the Salt Habit". Sodium is a mineral that is essential for cell function. However it is also a product that many people overindulge in. One teaspoon of table salt equals 2,300 mg of sodium. Adequate daily sodium intake for people aged 9 - 50 is 1,500 mg; for ages 50 - 70 it is 1,300 mg and for 70+ it is 1,200 mg. The tolerable upper intake level is 2,300 mg /day (for heart failure patients it is only 2,000 mg /day). A Canadian Community Health Survey showed most Canadians average 3,500 mg / day, the vast majority of which comes from processed foods. Health risks associated with a high sodium diet include; high blood pressure which can lead to an increased risk for stroke, heart attack, heart failure or kidney disease and it can worsen symptoms of heart failure. In order to maintain a healthy daily intake of sodium it is important to learn how to understand food labels.

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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 Greg Smith — ICD patient & Support Group Board Member

I, like you have an ICD and this is my journey. At the age of 45 I was rushed into the hospital with heart problems. The initial diagnosis was not good. At one point a cardiologist suggested transplant surgery. You can only imagine my surprise when he told me that. After a battery of tests, you name the cardiac test - I had it done. The conclusion was blocked arteries. I was fast tracked for bypass surgery and within two weeks I was on an operating table. They said I had the heart of a 100 year old man. As you can see I am doing fine now. But during one of the tests, it was found that not only did I have an irregular heartbeat, but it would also race for no apparent reason. Dr. Seifer, my cardiologist, suggested that I might benefit from having an ICD implanted. Nine months after my bypass surgery I was back on an operating table having this thing put in my chest. I knew no one who had a device like this, nor did I know who to ask or what to ask. I believe within the first eight months I had three inappropriate shocks. The ICD programming was altered and my meds were changed each and every time. Since then I have been shock free. This Support Group we have is like no other. I know it has personally helped me out. Whether we are in the Auditorium listening to guest speakers, or standing and talking amongst ourselves I know I am not alone. We are now an extended family connected through our ICD's. I have met some wonderful people through this group. I would like to say "Thank You" to a few people: Dr. Goulet, who thought outside the box, Dr. Rabbe, my cardiac surgeon, Dr. Seifer, Dr. Kevin Coates and my GP. And the ladies in the Defibrillator Clinic have all made this so much easier for me. This is your life, live each and every day and enjoy!



Brandon and area - local support group meetings

The inaugural support group meeting was held at the Colonial Inn in Brandon on Saturday, June 13/09. A total of 15 ICD recipients and/or spouses were in attendance. Our host, Doug Tryon, did a great job of organizing the event. After a casual "mix and mingle", Larry Sherman, President of The ICD Support Group of Manitoba brought everyone up to date on the activities of the group so far. This was followed by a lively discussion period along with the sharing of personal experiences by several people in attendance. Doug arranged for Debbie Thiessen, Heart Program Nurse at the Brandon Regional Health Centre (BRHC) to join the group. Debbie provided an overview of the Cardiac related services offered at BRHC. She then spent considerable time answering questions from the group. Many of us were able to see a remote monitoring device for the first time as Doug brought his along to the meeting. Follow up calls were made to many of the participants and Doug reports that feedback was very positive. We intend to continue with these sessions in the future. If you are interested in adding your name to the invitation list please contact Doug Tryon at (204) 727- 8176 or email him at "tryondc@mts.net".

Did you know.....??

Left Ventricular Assist Device

Left Ventricular Assist Devices (LVAD) have been around for a number of years but recent improvements in technology have resulted in more compact and light weight units. In patients with advanced heart failure, their heart isn't strong enough to pump sufficient blood for normal activities, leaving them greatly fatigued and frequently bedridden with difficulty breathing. An LVAD is implanted inside the chest cavity near the heart and is connected to the heart's left ventricle. It assists the patient's weakened or damaged ventricle in pumping blood through the body. By restoring a normal blood flow, the device improves patients' health. These devices are most often used for patients as a "bridge to transplant" to improve survival and the patients overall health prior to heart transplant. The heart failure physicians together with the cardiac surgeons make the determination if this would benefit a patient.



Did you know.....?? (continued)

Preventing Sudden Cardiac Death in the Young

This conference is being held in Winnipeg on Saturday, November 14, 2009 at the Victoria Inn & Convention Centre. It is hosted by The Canadian SADS Foundation (Sudden Arrhythmia Death Syndromes) and Variety Children's Heart Centre. The conference has two key goals. 1) To provide an opportunity for individuals living with inherited cardiac rhythm disorders and families who have experienced a sudden unexplained death of a young person to become proactive advocates for their own health. 2) To provide educators, coaches, health care providers, first responders, government decision makers and the general public with an opportunity to learn about the causes of sudden cardiac death in our young and how they can participate to save a life. Dr. Ali Khadem and Kerry Liebrecht, RN from the Pacemaker/Defibrillator Clinic at St. Boniface General Hospital are two of the featured speakers. Registration information is available at www.sads.ca or by calling either The Canadian SADS Foundation at 1-877-525-5995 or Lea Legge, RN at Variety Children's Heart Centre (204) 787-2410.

An Angry Heart Can Lead to Sudden Death

New research published in the March 3, 2009, issue of the Journal of the American College of Cardiology finds that anger-induced electrical changes in the heart can predict future arrhythmias in patients with ICD's. While previous studies have demonstrated an increased incidence of sudden cardiac death during times of population stress such as earthquake and war, this study provides the first evidence that changes brought on by anger and other strong emotions can predict arrhythmias and may link mental stress to sudden cardiac arrest. Bottom line is to "take a deep breath and be happy!". (Source: www.sciencedaily.com/releases/2009/02/090223221235.htm.)

Smoking Ban Legislation = fewer heart attacks

North America and Europe have seen 17% fewer heart attacks one year after passing smoking ban legislation, compared to communities that did not introduce new smoking restrictions. A report, published in *Circulation: Journal of the American Heart Association* explained that the number of heart attacks kept falling over time with a 36% reduction in heart attacks over a three year period. (Source: www.medicalnewstoday.com/articles/164829.php)

Sleep Apnea and Heart Disease

There are three types of apnea: obstructive, central and mixed. Of the three the most common is obstructive. Obstructive sleep apnea (OSA) is caused by a blockage of the airway, usually when the soft tissue in the rear of the throat collapses and closes during sleep. In central sleep apnea, the airway is not blocked but the brain fails to signal the muscles to breathe. Mixed apnea is a combination of the two. With each apnea event, the brain briefly arouses people with sleep apnea in order for them to resume breathing, but consequently sleep is extremely fragmented and of poor quality. Sleep apnea is very common and affects more than twelve million Americans, according to the National Institute of Health. Risk factors include being male, overweight, and over the age of forty but sleep apnea can strike anyone at any age even children. Untreated, sleep apnea can cause high blood pressure and other cardiovascular disease, memory problems, weight gain, impotency and headaches. Fortunately sleep apnea can be diagnosed and treated. Warning signs and symptoms of sleep apnea include: frequent silences during sleep due to breaks in breathing; choking or gasping during sleep; loud snoring; sudden awakenings to restart breathing or waking up in a sweat; daytime sleepiness and not feeling refreshed by a night's sleep, including falling asleep at inappropriate times. For more information visit the American Sleep Apnea Association website at: www.sleepapnea.org or ask your Doctor.



**THE ICD SUPPORT GROUP OF
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CONTACT INFORMATION

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WEB SITES OF INTEREST:

- Manitoba Institute For Patient Safety. This local organization developed a program called “It’s Safe to Ask”, which encourages patients and families to request the information they need from health professionals in order to become active participants in their medical care. This website also contains a “medication card” which everyone should complete and carry with them at all times.
 - www.safetoask.ca
- Heart Failure Society of America. Many people with heart failure lead normal, active lives. They do so because they have learned to take good care of themselves by better understanding heart failure. This site contains several education modules on this important topic.
 - www.abouthf.org
- The Cardiomyopathy Association. This site provides information on the main forms of the heart muscle disease known as cardiomyopathy.
 - www.cardiomyopathy.org

IN APPRECIATION

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

- Medtronic
- St. Jude Medical
- Boston Scientific

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

Special thanks to Doug Tryon for organizing the first satellite support group meeting held in Brandon. Great job Doug!

Many thanks to “**the Press Room**” at 495-D Madison Street for their financial assistance in printing our newsletter and patient handbook.