



## Cardiologists

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*Left to Right: Dr Mark Johnson, Dr Peter Larsen, Dr Frank Hetterich, Dr Stuart Butterly, Dr KK Lim and Dr Naresh Dayananda*

## SCHS leads the way in advancing Cardiology on the Sunshine Coast

Dear colleagues, thank you for your continued support over the past two years. SCHS celebrated our second anniversary this November! We established SCHS as the leading, **local** sub-specialised Cardiology Clinic, modelled on the best Cardiology Clinics in the US and Europe. Our focus is to work together as a **heart team** to deliver the best expert care and innovation in each of the Cardiology sub-specialities: Interventional Cardiology; Cardiac Imaging and Echocardiography; and Electrophysiology and Pacing. Each of our Cardiologists is a recognized leader in their field and all live and

work locally on the Sunshine Coast! SCHS is committed to innovation and clinical excellence, and we were excited to have the opportunity to present an update on the latest coronary stent technology, the Absorb BVS (see below) at the October SCLMA Dinner. Dr Larsen noted that "BVS represents the next step in the evolution of coronary angioplasty. It is now almost 40 years since the first coronary angioplasty was performed, and 20 years since the first stent was implanted (Figure 1), so to have BVS available for private patients at SCUPH is very exciting"

**Figure 1: Important milestones in the history of coronary angiography and stenting.**

1958	1977	1994	2003	2015
First diagnostic coronary angiogram performed by Dr Mason Sones	First coronary balloon angioplasty (BA) performed by Dr Andreas Gruentzig	First Bare Metal Stent (BMS) - "Palmaz Schatz" stent	First Drug Eluting Stent (DES) - "Cypher" stent	First Bioresorbable Vascular Scaffold (BVS) - "Absorb" implanted at SCUPH

## New State-of-the-art Coronary Stent "Absorb" now available at SCUPH

In a first for private patients on the Sunshine Coast, we are excited to announce that Dr Larsen and Dr Butterly have commenced using the latest coronary "stent" technology for private patients at SCUPH. These new coronary stents were developed by Abbott Vascular and are known as a Bioresorbable Vascular Scaffold (BVS).

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*Absorb: a Fully Bioresorbable Vascular Scaffold (BVS)*



# Stress Echocardiogram

A Stress echocardiogram is an accurate, non-invasive way to assess a patient for a functional coronary artery stenosis. Stress echocardiography is more accurate than exercise stress testing alone and it also gives more useful information about the patient than conventional stress testing. There is no radiation exposure in a stress echocardiogram.

A Stress echocardiogram can either be performed with exercise stress or a pharmacological stress (if the patient has limited mobility). The test comprises of resting echocardiographic imaging to assess ventricular and valvular function, an ECG monitored stress test and echocardiographic assessment of left ventricular wall motion with stress.

Stress Echocardiography is performed to

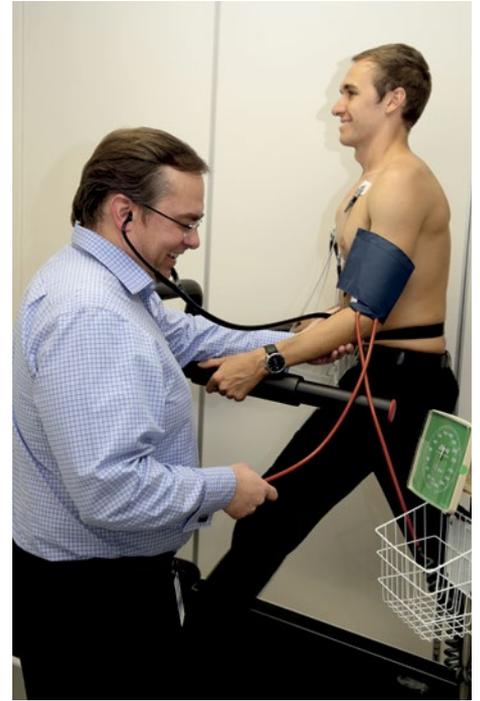
1. Investigate chest pain to assess for functional coronary artery stenosis
2. Monitor the severity of known

coronary artery disease

3. Assess patients post coronary artery bypass surgery or post coronary stent insertion
4. Assess patients cardiac status prior to surgery
5. Assess valvular heart disease under stress
6. Assess the aetiology of heart failure and the degree of hibernating myocardium

Stress echocardiography also provides useful prognostic information. Several large studies have shown a normal stress echocardiogram is associated with less than 1% cardiac mortality in the 2-3 years following the test.

Dr Mark Johnson and his team perform Stress echocardiograms at the Birtinya (Sunshine Coast University Private Hospital) and Buderim (Sunshine Coast Private Hospital) rooms. This service is available for direct referral from General Practitioners and other specialists.



Dr Mark Johnson performing a stress echocardiogram.

## New State-of-the-art Coronary Stent "Absorb" now available at SCUPH

Unlike traditional metallic stents which are permanent, BVS dissolve over time so that "nothing is left behind" (Figure 2). The use of the Absorb BVS at SCUPH was made possible by a collaborative partnership between Abbott Vascular, Ramsay Health Care, and SCHS. Currently SCUPH is the only private hospital in Queensland with access to the cutting edge technology.

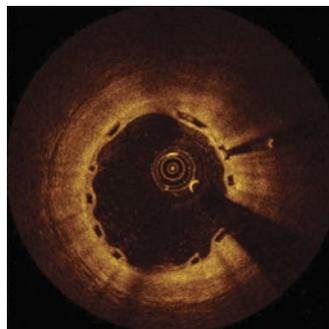
Dr Larsen and Dr Butterly have been using the Absorb BVS for more than a year now and have developed extensive experience in case selection and BVS implantation. "The clinical trial data is very good now for Absorb BVS", Dr Larsen notes. "I was impressed when the Absorb II clinical trial demonstrated a significant reduction in angina at 1 year with BVS versus DES (16.4% versus 25.6%, RRR 36%, p=0.01). And now Absorb III, a large scale

randomised trial, published online in the October 12, New England Journal of Medicine (NEJM), has demonstrated safety and efficacy at 1 year in patients with stable CAD and ACS.

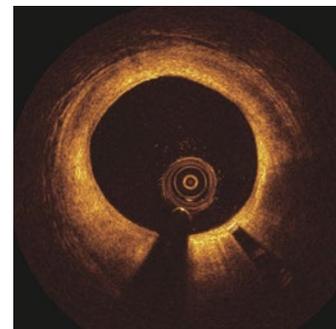
At the SCLMA Meeting Dr Butterly commented that "BVS was a

particularly good option for younger patients presenting with ACS and coronary disease. To leave nothing behind is very appealing and leaves all options open for further revascularisation if needed".

Figure 2: Optical Coherence Tomography (OCT) Images of Absorb BVS. The "stent" has fully resorbed at 5 years<sup>1</sup>. SCUPH has the only private Cath Lab on the Sunshine Coast with access to OCT.



OCT Image at 6 months<sup>1</sup>



OCT Image at 5 years<sup>1</sup>

1. De La Torre, EuroPCR; De Bruyne B, Serruys PW, et al., for the ABSORB Cohort B Investigators, TCT 2014).

