SUNSHINE COAST HEART SPECIALISTS
your leading heart team

pulse

ISSUE 3 OCTOBER 2016

Cardiologists

Dr Mark A Johnson
MBBS (Qld) FRACP
Dip CBCCT FCSANZ

Dr Peter J Larsen
MBBS (Hons)(Qld) FRACP FCSANZ

Dr KK Lim
MBBS (Qld) FRACP FCSANZ

Dr Frank Hetterich
MBBS (Hons)(Qld) FRACP

Dr Stuart J Butterly
BSc (Hons) MBBS FRACP FCSANZ

Dr Naresh Dayananda
MBBS FRACP

Locations

BIRTINYA
Suite 4 Ground Floor
Sunshine Coast University
Private Hospital
3 Doherty Street
Birtinya QLD 4575

BUDERIM
Suite 9 Medical Centre
Sunshine Coast Private Hospital
12 Elsa Wilson Drive
Buderim QLD 4556
T: 07 5414 1150 F: 07 5414 1151

TEWANTIN
Suite 1, 66 Poinciana Ave
Tewantin QLD 4565

GYMPIE
70-72 Channon St
Gympie QLD 4570

Contact

T: 07 5414 1100 F: 07 5414 1101
E: admin@scheart.com.au
www.scheart.com.au

New SCHS Clinics opening at Gympie plus ESE Testing now at Noosa/Tewantin

We are excited to announce that from 2nd November 2016, we will open a SCHS clinic in Gympie, located at 70-72 Channon Street. Drs Larsen, Butterly and Hetterich will be available for consultation and will also be able to perform Echocardiography, and in the near future Holters, Exercise Stress Testing & Device/Pacemaker checks. We are looking forward to expanding our Gympie clinics further in 2017!

Dr Mark Johnson is now consulting and performing Exercise Stress Echocardiography at our clinic in Noosa/Tewantin.

Is exercise bad for your heart!?

The annual SCHS Cardiology GP Education Day was held at Mantra Mooloolaba on Saturday 16th July. It was great day and we all really enjoyed catching up with everyone. The debate on "Exercise is bad for your heart" provided for some exciting exchanges. Dr Larsen argued that there was compelling evidence that vigorous exercise can lead to a transient increase in the risk of sudden cardiac death and acute myocardial infarction, especially in habitually sedentary patients. Most deaths occurred within one hour post exercise! So exercise regularly!

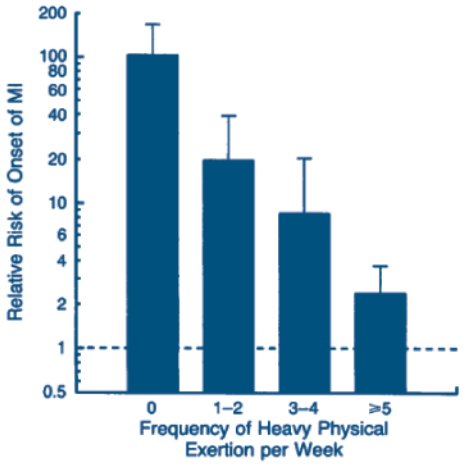


Figure 1. Relative Risk of acute MI according to frequency of heavy exertion (>6 METs). Mittleman, MA. et al. NEJM, 1993; 329:1677-83).

In reply, Dr Butterly noted the overall cardiac benefits outweighed the small increase in risk. He noted that exercise has been demonstrated to increase HDL levels, reduce blood pressure, and improve endothelial function, and was associated with an overall risk reduction of 20-35% in death and stroke in all cohort studies. In patients with clinically stable CAD, the goal is 30 minutes of moderate physical activity on most days/week. Participation in a Cardiac Rehabilitation Program has been demonstrated to improve exercise capacity, reduce hospitalisations and reduce cardiac events (ETICA Trial, 2001).

Left: Young Competitive Athlete.

Right: Leisure Athlete

SCHS - Innovation and excellence in Cardiac Care on the Sunshine Coast

SCHS is committed to innovation and clinical leadership. Our goal is to be at the forefront of technology and clinical practice to help patients on the Sunshine Coast achieve better outcomes.

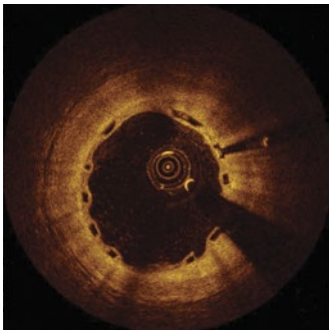
In May this year, Dr KK Lim implanted the first subcutaneous ICD defibrillator system (S-ICD) for a patient at SCUPH.

This new technology offers patients a less invasive procedure and helps reduce the risk of sudden cardiac death.

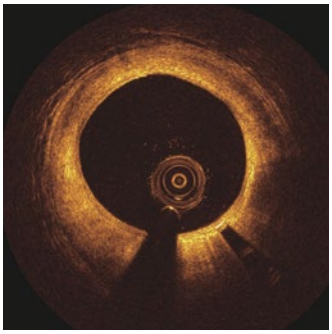
And for the past 12 months at SCUPH, Drs Larsen and Butterly have been implanting the new Abbott Vascular dissolvable "Absorb stent" in patients with coronary artery disease, including those presenting with an ACS. Known as a "Bioresorbable Vascular Scaffold (BVS)", these new "stents" dissolve over time so that "nothing is left behind". The BVS is the latest evolution in technology spanning more than 20 years of coronary angioplasty and stenting.

New Technology: *Dr KK Lim with the S-ICD implantable defibrillator device.*
Photo: Che Chapman

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



OCT Image at 6 months[1]



OCT Image at 5 years[1]

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

Sudden Cardiac Death in Young Athletes during Sport

What are the causes of SCD in young athletes?

A recently published autopsy study from the United Kingdom investigated the causes of SCD in athletes and found that Sudden Arrhythmic Death Syndrome (SADS) was the most prevalent cause (1) .

SADS includes Long-QT syndrome (LQTS), Brugada syndrome, Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT), as well as disorders associated with an accessory AV pathway (eg. Wolff Parkinson White (WPW) syndrome).

Other causes included: Hypertrophic cardiomyopathy, Coronary artery anomalies (eg. anomalous coronary artery origin; Aortic dissection/rupture; Arrhythmogenic right ventricular cardiomyopathy (ARVC); and Myocarditis.

Chart Below: Causes of SCD in young athletes. Finocchiaro et al. J Am Coll Cardiol. 2016;67(18):2108-2015.