

NEWS FROM FORT SANDERS REGIONAL MEDICAL CENTER

Heart treatment at Fort Sanders scores big with coach

Coaching has been part of Joseph Fisher's life for years. The Knoxville man, 54, has volunteered his time with many Peeewe football, basketball and baseball teams.

"I've coached it all," says Fisher. "I thought I was in pretty good shape."

On Aug. 27, 2012, at an 8-year-olds' football game, Fisher discovered he was not as well as he thought he was. He felt a severe burning in his chest and nausea.

Remembering an old-fashioned stomach remedy, he got some mustard from the concession stand.

"I swallowed some water with mustard," Fisher says. "It's supposed to make you feel better, but it didn't. The pain was so bad, I turned my team over to other coaches and got a guy to take me home."

Once at home, Fisher went to the kitchen for some more mustard. But before he had a chance to take a sip, Fisher collapsed in full cardiac arrest. His heart was not beating, nor was he breathing. His girlfriend called 911.

Emergency medical personnel used a defibrillator to start Fisher's heart again and put him on a ventilator to help him breathe. They rushed him to Fort Sanders Regional Medical Center, which has the latest comprehensive cardiac services available.

At Fort Sanders, interventional cardiologist Dr. Brian Adams diagnosed Fisher as having an acute myocardial infarction (heart attack), but was concerned that he had gone 20 minutes without his heart



"He still had his coach's whistle around his neck,"

— Dr. Brian Adams

on treating heart attack patient Joseph Fisher.

pumping blood to his brain, and he was unresponsive.

Time is crucial during a heart attack, explains Dr. Adams, and the longer a patient is without a heartbeat, the worse the outcome. Hospital staff rushed Fisher to the cardiac catheter lab and his occluded artery was reopened within an hour of the heart attack.

"I remember he still had his whistle

around his neck," Dr. Adams says.

Fisher received several invasive cardiac procedures to open a blocked artery in his heart (see accompanying article) and improve his chances of recovering brain function. Amazingly, he went home just six days later.

"My care was great at Fort Sanders, my family was so overjoyed with the outcome of the situation," says Fisher, who is taking a break from coaching for a few months.

"Everything that happened from the beginning was all from God. The fire trucks, the ambulance getting there so quick. Everybody was great. Now I'm on a strict diet and I exercise three times a week. I'm trying to take care of myself," Fisher says. "I'm so blessed. Yes, blessed is the word."

For more information about interventional services available at the Fort Sanders Heart Center, call 865-673-FORT or go to fsregional.com/cardiovascular.



To receive the ACTION Registry – GWTG Platinum Performance Achievement Award, Fort Sanders consistently followed the treatment guidelines in the ACTION Registry – GWTG Premier for eight consecutive quarters and met a performance standard of 90 percent for specific performance measures. Following these treatment guidelines improves adherence to ACC/AHA Clinical Guideline recommendations and monitors drug safety and the overall quality of care provided to ST-elevation myocardial infarction (STEMI) and non-ST-elevation myocardial infarction patients (NSTEMI).

Fort Sanders receives Platinum Cardiac Award

Fort Sanders Regional's Cardiac Services Department is the recipient of the 2012 American College of Cardiology Foundation's NCDR ACTION Registry – 2012 GWTG Platinum Performance Achievement Award. Fort Sanders is one of just 164 hospitals nationwide to receive this designation.

The award recognizes the hospital's commitment and success in implementing a higher standard of care for heart attack patients and signifies that Fort Sanders has reached an aggressive goal of treating these patients to standard levels of care as outlined by the American College of Cardiology/American Heart Association clinical guidelines and recommendations.

Heartburn might be heart attack

Don't ignore heartburn, because it may be a symptom of a heart attack, says Dr. Brian Adams, an interventional cardiologist at Fort Sanders Regional Medical Center.

And in any heart attack, the quicker you recognize the symptoms, the faster you can get emergency medical attention.

"Time is muscle," explains Dr. Adams. The longer the heart goes without blood, the more the heart muscle becomes damaged. The damage can cause fatal arrhythmias that prevent the heart from pumping blood, which is time that the brain can't receive oxygen.

"The longer you go without blood flow to the brain, the worse your outcome," stresses Dr. Adams.

In the case of patient Joseph Fisher (see accompanying article), Dr. Adams says he feared too much time had passed without Mr. Fisher's brain receiving adequate blood flow during his heart attack and cardiac arrest.

What Fisher had thought was heartburn, was actually a heart attack.

"He was in full cardiac arrest at home and didn't get CPR (cardio pulmonary resuscitation) for 15-20 minutes," says Dr. Adams.

Once at Fort Sanders Regional Medical Center, Fisher's prognosis was grim.

"He was not making appropriate interactions in the emergency room. He wasn't able to follow commands to move his hand," remembers Dr. Adams. "If you're not



pumping blood to the brain, then the brain cells are dying. That's what most people die from after a cardiac arrest."

The emergency room staff stabilized Fisher enough to send him to the cardiac catheterization lab, where Adams found a blockage in Fisher's right coronary artery.

A blockage in the right coronary artery is notorious for not giving the classic chest tightness symptoms of heart attack. Says Dr. Adams. "A lot of people with blockages there have a heartburn sensation instead. They feel like their stomach's upset and they're throwing up."

Dr. Adams performed coronary angiography on Fisher to open the blocked artery and installed two stents to hold open the blood vessel.

Then, because Fisher had been without oxygen for so

"A lot of people with heart blockages have a heartburn sensation."

— Dr. Brian Adams

long, Dr. Adams put him into a hypothermic coma. A cooling device with cooling pads was used to drop his body temperature to 91 degrees (normal is 98.6) for 24 hours.

The cooling coma puts the brain into a hibernating state and improves chances of recovery of brain function.

"This is not something we do to many patients, just a few each year. But for certain patients this can lead to greater chance of survival to discharge, and they have a 30 percent improvement in neurologic outcome," says Dr. Adams.

There can be complications from a hypothermic coma, including bleeding and arrhythmias. "After a cardiac arrest, many patients suffer brain injury and permanent impairments. The hypothermic coma improves your chances of waking up with less impairment," says Dr. Adams.

Fisher did wake up, however. "He made a 100 percent improvement," says Dr. Adams.

The lesson from Fisher's experience?

"Don't blow off your symptoms of heartburn," states Dr. Adams. "If you're having uncomfortable heartburn and don't feel well, don't ignore it."

For more details about at the Fort Sanders Heart Center, call 865-673-FORT or go to fsregional.com/cardiovascular.



Dr. Brian Adams



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serving our patients for more than 25 years

Fort Sanders Center for Advanced Medicine
1819 Clinch Avenue, Suite 108
Knoxville, TN 37916

Cardiologists

Brian J. Adams, M.D.
Thomas M. Ayres, M.D.
Jeffrey M. Baerman, M.D.

Lee R. Dilworth, M.D.
George M. Krisle, M.D.
Daniel M. Slutzker, M.D.

Joseph S. Smith, M.D.
Joshua W. Todd, M.D.
David E. Wood, M.D.

For more information please call (865) 546-5111 or visit knoxvilleheartgroup.com.