

Quick Door to Balloon Times Save Lives

During an acute heart attack every moment counts. Door-to-balloon time – the amount of time beginning when the patient arrives at the emergency room to the opening of the blocked artery causing the heart attack – is critical in these types of cases.

The “balloon” is a small catheter inserted into the blocked artery that feeds the heart muscle. The tip of the catheter inflates like a balloon, to enlarge the artery and restore blood flow to the heart.

So important is door-to-balloon time, in fact, that the American College of Cardiology and the American Heart Association have set guidelines recommending that patients undergo cardiac catheterization and have intervention performed so that blood flow to the target artery is restored within 90 minutes for acute ST-elevation myocardial infarction (STEMI).

“Saving time saves heart muscle,” says Fort Sanders Regional interventional cardiologist Dr. David Wood. “Every minute is

crucial in saving the life of a cardiac patient. We’re proud of the records we’re setting, and the difference those records mean to our patients’ lives.”

In the last year, Fort Sanders Regional has set impressive door-to-balloon times of 14 minutes, 18 minutes, 20 minutes, and 23 minutes. For the first three quarters of 2009, the average door-to-balloon time was 57 minutes. Saving minutes saves heart muscle.

“Our goal is less than 90 minutes, but we usually are much faster than that,” says Jennifer DeBow, Director of Cardiology Services. “Even patients transferred from other facilities such as Le Conte Medical Center, have met the 90 minute goal, and that includes the patient’s transfer time.”

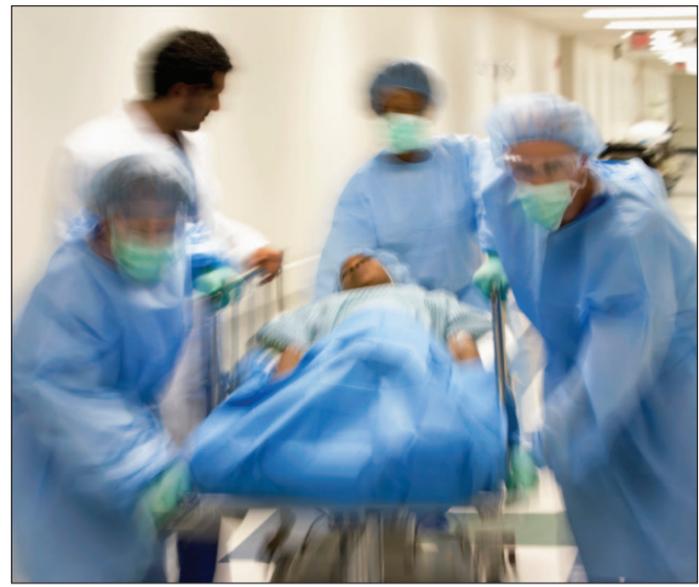
One reason for the improved times are a direct result of a new lifesaving mobile EKG data program installed in Rural/Metro ambulances that allows the ambulance crew to collect and transmit data directly to the

Fort Sanders Regional emergency room while the ambulance is en route.

Having this information in advance allows the emergency department physician to make a preliminary diagnosis before the patient arrives. It avoids delays of registration and testing at the hospital. And, it gives time for the heart catheter lab team to assemble in advance of the patient’s arrival. The new technology was launched in 2009.

The hospital’s success isn’t going unnoticed. The American College of Cardiology Foundation’s NCDR ACTION Registry – GWTG recently awarded Fort Sanders Regional a 2008 Silver Performance Achievement Award, as well as a 2009 Gold Performance Achievement Award. These awards are given for proven sustained results in the performance related to these patients.

For more information, please call 673-FORT (3678).



Heartburn or Heart Attack?

If you’re experiencing an uncomfortable burning sensation in your chest and wondering if it’s a result of the burritos you ate for lunch or something more serious, consider these questions:

- Are you sweaty?
- Do you have palpitations (an unusual awareness of the beating of the heart)?
- Do you have shortness of breath?

If the answer to any of the above questions is “yes,” see a physician to make sure your problem is not heart-related.

Cardiac Diagnostic Tests

New and advanced diagnostic tests and tools are constantly being introduced to further understand the complexity of disease, injury, and congenital or acquired abnormalities. The following are just a few of the diagnostic tests that help identify cardiovascular disease. For more specific information, consult your cardiologist or physician.

• Electrocardiogram (ECG or EKG)

A test that records the electrical activity of the heart, shows abnormal rhythms (arrhythmias or dysrhythmias), and detects heart muscle damage.

• Stress Test (usually with ECG; also called treadmill or exercise ECG)

A test given while a patient walks on a treadmill to monitor the heart during exercise. Breathing and blood pressure rates are also monitored. A stress test may be used to detect coronary artery disease, and/or to determine safe levels of exercise following a heart attack or heart surgery.

• Echocardiogram (also known as echo)

A noninvasive test that uses sound waves to produce a study of the motion of the heart’s chambers and valves. The echo sound waves create an image on

the monitor as an ultrasound transducer is passed over the heart.

• Holter Monitor

A small, portable, battery-powered ECG machine worn by a patient to record heartbeats on tape over a period of 24 to 48 hours - during normal activities. At the end of the time period, the monitor is returned to the physician’s office so the

tape can be read and evaluated.

• Tilt Table Test

A test performed while the patient is connected to ECG and blood pressure monitors and strapped to a table that tilts the patient from a lying to standing position. This test is to determine if the patient is prone to sudden drops in blood pressure or slow pulse rates with position changes.

• Electrophysiology Study

A test in which insulated electric catheters are placed inside the heart to study the heart’s electrical system.

• Cardiac Catheterization (also called Coronary Angiogram)

A test in which a small catheter (hollow tube) is guided through a vein or artery into the heart. Dye is given through the catheter, and moving x-ray pictures are made as the dye travels through the heart. This comprehensive test shows: narrowings in the arteries, outer heart size, inside chamber size, pumping ability of the heart, ability of the valves to open and close, as well as a measurement of the pressures within the heart chambers and arteries.



Have a Healthy Heart

Following these tips will help reduce your risk of heart disease:

Don’t smoke. Smokers are more than twice as likely to suffer a heart attack as non-smokers and are much more likely to die if they do have a heart attack.

Control high blood pressure. The systolic (upper number) should be less than 140 and the diastolic (lower number) less than 90.

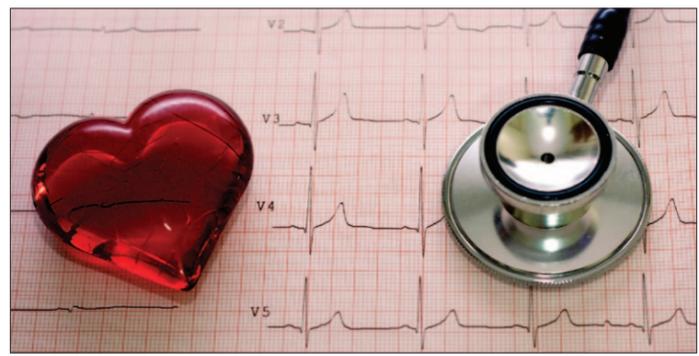
Get active. Even activities like gardening or walking can help.

Eat right. Follow a heart-healthy diet low in fat and cholesterol that includes plenty of fruits and vegetables.

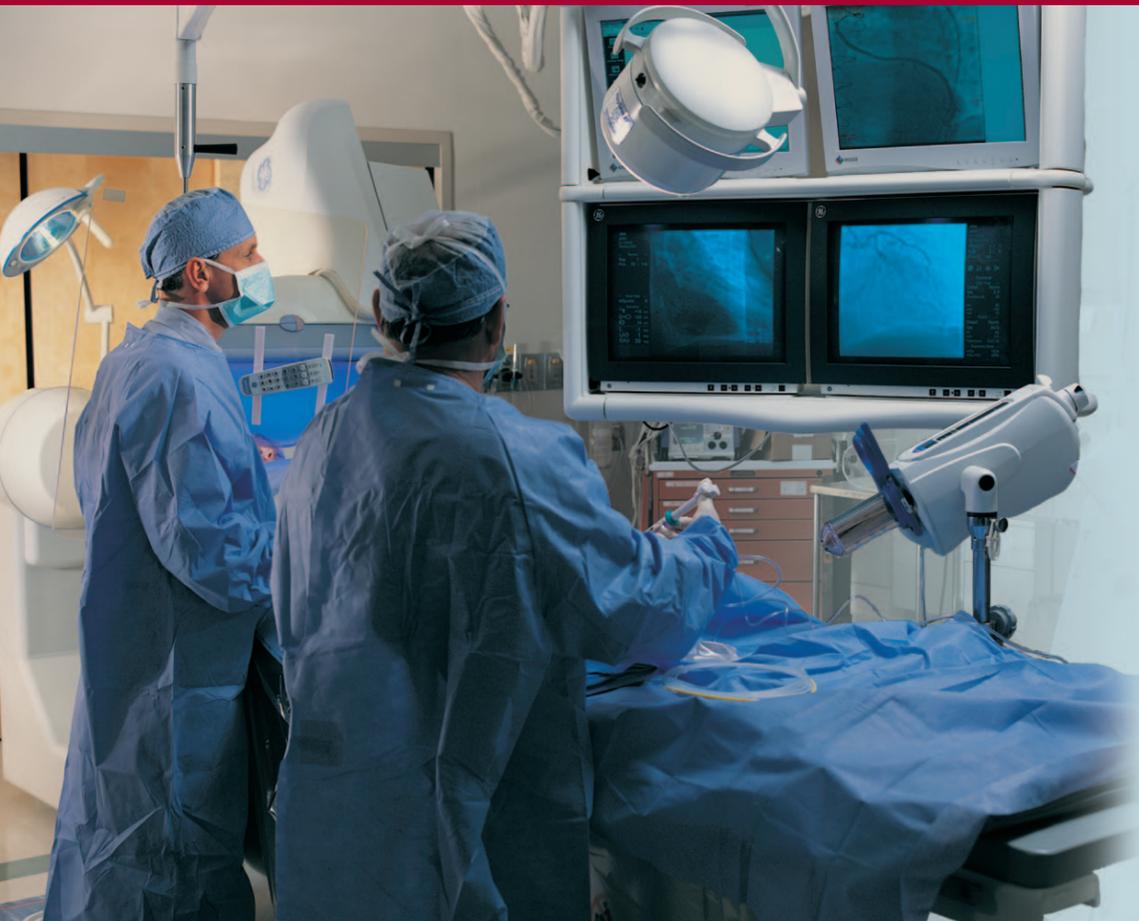
Achieve and maintain a healthy weight. Excess weight strains the heart and aggravates several other heart disease risk factors such as diabetes.

Manage stress and anger. Poorly controlled stress and anger can lead to heart attacks and strokes.

Control diabetes. If not properly controlled, diabetes can lead to significant heart damage, heart attack and death.



CENTER OF EXCELLENCE: CARDIOLOGY



At Fort Sanders, our team of experts in cardiology understand that time matters when it comes to the heart. Cardiologists, Interventional Cardiologists, and Cardiovascular and Thoracic Surgeons work together with our Emergency Room physicians and Rural Metro to ensure the best treatment is ready and waiting for each patient.

Finding it, fixing it, FAST
– that’s Regional Excellence.

For more information call 673-FORT.