

NEWS FROM FORT SANDERS REGIONAL MEDICAL CENTER

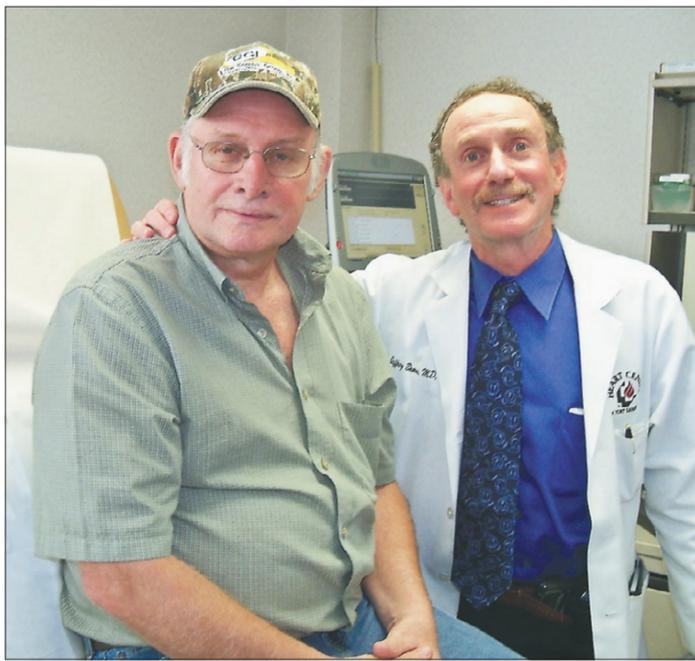
Heart vest saves man from cardiac arrest

Gerald Lawson admits he was “darn lucky” to survive his first heart attack. But he calls it “a miracle” that he’s alive to talk about his second and third heart attacks. He credits both God and a device called “LifeVest” with saving his life.

“Without the vest, I definitely would have died,” explains Lawson. “God put the right doctors in my path and they made sure I got the vest to help me when I had another heart attack.”

Lawson was wearing a ZOLL Life Vest external defibrillator that shocked his weakened heart back into rhythm, not once, but a total of four times over three days. Cardiologists at Fort Sanders Regional had prescribed the LifeVest for Lawson during the standard three-month waiting period for a permanent defibrillator.

“The vest protects patients with a high risk of sudden cardiac death during the waiting period for an



Gerald Lawson (left) meets with Fort Sanders Cardiologist Jeffrey Baerman, M.D., for a follow-up visit after experiencing several heart attacks this summer.

implantable device,” says interventional cardiologist Dr. David Wood, of Knoxville Heart Group at Fort Sanders. “It’s smart and really fills a need.”

Lawson had been flown to Fort Sanders Regional in Knoxville from Kentucky after suffering a severe heart attack while power washing a building. Lawson insisted that he be taken to Fort Sanders where his wife, Janie, had been treated for a heart attack a few months before.

“I saw how good they took care of her,” says Lawson. “I couldn’t have asked for a better team of doctors.”

After a heart cath, by-pass surgery and more than 20 days in the hospital, Lawson returned home to Kentucky to recuperate before having surgery to implant a permanent defibrillator in his chest.

Within a few days, Lawson’s wife was awakened in the middle of the night by the LifeVest’s

alarm. Lawson was suffering congestive heart failure. The 1.8 pound device automatically jolted his heart back into rhythm. After a second episode the next morning, Lawson was admitted to Fort Sanders Regional, where the Life Vest activated twice more. Physicians implanted the permanent defibrillator soon after.

Lawson is grateful for the LifeVest and the care he received at Fort Sanders. “The doctors told me I used up several of my nine lives,” laughs Lawson. “I’m glad I made sure they brought me to Fort Sanders. Their heart team is wonderful.”

Today, Lawson’s permanent defibrillator is working well. The device monitors his heart and regularly sends reports to his physician via the phone line. “I’m just grateful to be here to celebrate another birthday,” he says.

For more information about the Heart Center at Fort Sanders, call 673-FORT (3678).

New CPR guidelines: compress chest first



George Krisle, M.D.
Cardiologist

The American Heart Association now recommends that rapid chest compressions be the first step of cardiopulmonary resuscitation (CPR) for people whose hearts have stopped. Compressions are to be followed by establishing the airway and mouth to mouth breathing. The new guidelines apply to adults, children and infants, but not newborns.

The revised CPR method was influenced by research that shows many bystanders are hesitant to perform mouth to mouth resuscitation.

“Some people are afraid because they’re not trained in CPR,” explains Knoxville Heart Group Cardiologist Dr. George Krisle. “A lot of the general public is also worried about performing mouth to mouth and being exposed to disease or infection.”

According to the American Heart Association, fewer than 8 percent of the 300,000 Americans who suffer out-of-the-hospital cardiac arrest

every year survive. A study in The Journal of the American Medical Association found that bystanders who performed hand-only CPR were able to increase survival to 34 percent from 18 percent for those who got traditional CPR or none at all.

Chest compression can keep blood and oxygen flowing to the brain until help can arrive.

“Compressions are the way to go,” says Dr. Krisle. “If people will do compressions and then call 911 instead of doing nothing, it can make big difference for cardiac arrest patients.”

CPR is as easy as C-A-B

Compressions
Push hard and fast on the center of the victim's chest

Airway
Tilt the victim's head back and lift the chin to open the airway

Breathing
Give mouth-to-mouth rescue breaths

American Heart Association
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Fort Sanders saves lives with fast door-to-balloon times

During a heart attack every minute counts. Door-to-balloon time – the amount of time from when you arrive at the emergency room to the opening of the blocked artery causing your heart attack – is critical in a cardiac arrest case.

A “balloon” is a small catheter that’s 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 your heart.

Door-to-balloon time is so important that the American College of Cardiology and the American Heart Association have set guidelines recommending that patients undergo cardiac catheterization and have intervention performed to restore blood flow to the target artery within 90



minutes for acute ST-elevation myocardial infarction (STEMI).

“Saving time saves heart muscle,” says Fort Sanders Regional

Medical Center interventional cardiologist Dr. David Wood. “Every minute is crucial in saving the life of a cardiac patient. We’re

“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.”

proud of the records we’re setting and the difference those records mean to our patients’ lives.”

“The goal is less than 90 minutes, but we’re usually much faster than that,” explains Fort Sanders Director of Cardiology Services Jennifer DeBow. “Even patients transferred from other counties meet the 90 minute goal and that includes the patient’s transfer time.”

Fort Sanders Heart team has achieved door-to-balloon times as fast as 11 minutes. One reason for the quick times is the lifesaving mobile EKG data program installed in Rural/Metro ambulances. It 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 and prepare for 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, call 673-FORT (3678).

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