

NEWS FROM FORT SANDERS REGIONAL MEDICAL CENTER

# Wife saves stubborn husband from heart attack

If there's one thing 57-year-old Eddie McMillan of Knoxville has learned in the last year, it's not to argue with his wife, Teresa, in the middle of the night.

Last June, McMillan had been having shortness of breath for about a month. He made an appointment with Knoxville Heart Group cardiologist Dr. Daniel Slutzker for a heart catheterization, a procedure to diagnose blockages in the heart. But the night before the scheduled appointment, McMillan's shortness of breath got so bad he couldn't sleep.

His wife begged him to go on to the emergency department at Fort Sanders Regional Medical Center, but McMillan – who admits to being just a tad bit stubborn – wouldn't go.

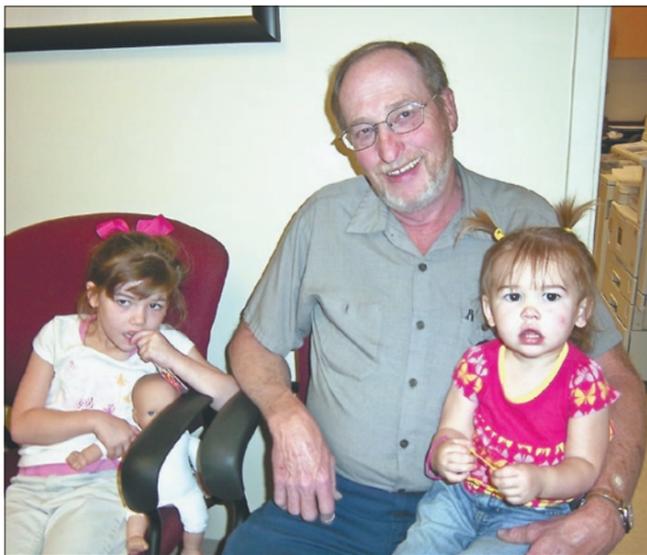
***"We argued for about three hours. I thought I could wait until the next morning to get my heart checked out."***

"We argued for about three hours," he says. "I was coming in the next morning anyway, so I thought I could wait. But she got the doctor on call (cardiologist Dr. Mike Ayers) on the phone, and he told me more or less, 'You'd better get your stubborn self in here!'" McMillan remembers with a laugh. "So I finally gave in and let my wife bring me in."

McMillan arrived at the emergency room at Fort Sanders in the middle of the night and doctors began assessing his heart. "From then on, I don't remember much," he says. That's because cardiologists Dr. Ayers and Dr. Dan Slutzker along with cardiothoracic surgeon Dr. Lacy Harville determined McMillan needed four coronary artery bypasses. While he was under anesthesia for the bypasses, Dr. Harville discovered that one of McMillan's heart valves needed to be replaced as well.

After the emergency surgery, McMillan stayed at Fort Sanders for 10 days. While he was there, he had to quit smoking, a habit he'd had for more than 40 years.

"They say if you're off it three days the nicotine's out of your system, so I haven't smoked since. But when you take somebody's food, caffeine and nicotine away from them, they're not too hap-



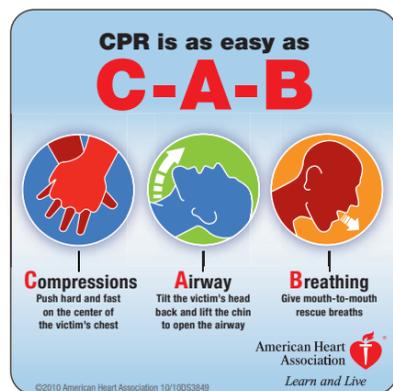
Heart surgery patient Eddie McMillan says if his wife hadn't insisted he go to the Fort Sanders emergency room, he wouldn't be here to enjoy his granddaughters Kenley and Baylee.

py!" admits McMillan. "I know I was grouchy, but those nurses were great anyway. They knew what was best for my heart in the long run."

The difficult surgery and following cardiac rehabilitation were worth it, McMillan says. Today he walks every morning at 5:30 before going to work in the Facilities Services Department at Fort Sanders. He's also back to his hobbies of woodworking and gardening. And he's thankful his wife didn't listen to him last summer.

"She's the one that saved me, and the good doctors I had. They've got the best heart floor there is at Fort Sanders," McMillan says. "I praise every nurse that tended me up there, and all three of the doctors. You couldn't have asked for any better care." And McMillan now advises anyone who is having heart distress not to wait, to get medical attention immediately.

**For information about the Heart Center at Fort Sanders, call (865) 673-FORT (3678).**



## New CPR guidelines: compress chest first

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 are 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."



Dr. George M. Krisle, Cardiologist

## The heart of the matter: Cardiac surgery at Fort Sanders Regional

Fort Sanders Regional Medical Center offers some of the region's most advanced cardiac surgical treatments, according to Dr. Lacy Harville, a cardiovascular and thoracic surgeon at Fort Sanders. The hospital is able to handle most complex cardiac cases, helping patients with heart disease live more full and active lives.

"I think what people need to know is there's no reason to go out of state for heart surgeries," says Dr. Harville. "We provide basically every aspect of cardiac surgery, except heart transplantation, right here at Fort Sanders."

In addition to inserting stents and using angioplasty to clear clogged heart arteries, Harville says the coronary artery bypass graft (CABG) surgery is still the king of heart procedures. There are nearly a half million CABG procedures performed in the United States every year. During this procedure, the surgeon takes a healthy blood vessel from the patient's leg and an artery from the chest, and grafts them to the heart, making a detour around the blocked part of a coronary artery. A patient might have two, three or more bypass grafts, depending on how many arteries are blocked.

***"People need to know there's no reason to go out of state for heart surgeries."***

"It's still our most common surgery," explains Dr. Harville.

But in recent years, valve replacements and the CryoMAZE procedure for atrial fibrillation have also become increasingly common, Harville says. The CryoMAZE treats a condition called atrial fibrillation, which is when the upper chambers of the heart beat rapidly and out of rhythm with the lower chambers. The electrical discharges that control the heartbeat misfire. This condition becomes more common as a person ages, and while medication can control it for many people, more severe cases can be cured with the CryoMAZE probe. This is typically an argon-infused cold probe inserted into the heart. The probe freezes small lines of tissue inside the heart chamber, permanently blocking some of the misfiring electrical signals of the heart and restoring it to its normal beat.

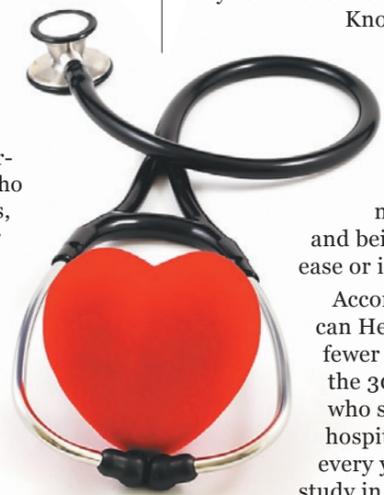
"We have a 95 to 98 percent success rate with CryoMAZE," says Dr. Harville, who has done more than 100 of the procedures at Fort Sanders. "It enables people to come off their medications and restores

their normal heartbeat. We do more here at Fort Sanders Regional than anywhere else in the area."

Harville says surgeons are also seeing more complicated by-pass surgeries involving patients who have previously had stents, need multiple bypasses or need a valve replacement combined with CryoMAZE at the same time they're getting bypass surgery. Using a device called a transesophageal echocardiogram (TEE), surgeons can diagnose a heart valve problem better than ever. The TEE is an ultrasound wand fed down the esophagus, typically during heart bypass surgery.

"We're not looking for extra work, but when you get in there during bypass, you want to get everything done at once, and we're able to diagnose valve problems while we're in there," says Dr. Harville. "We do tests on the heart before we close. We don't accept anything that's less than perfect."

**For more information about the cardiac procedures performed at Fort Sanders Regional Medical Center, call (865) 673-FORT (3678).**



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