

## NEWS FROM FORT SANDERS REGIONAL MEDICAL CENTER

# Fort Sanders heart team saves Knox man from deadly 'widow-maker' heart attack

For most of his 73 years, Dave Matthews has been very healthy and active. The West Knoxville man walks several miles every day, has never smoked and never experienced any heart problems. That's why Matthews was surprised when he suddenly began having severe chest pains, trouble breathing and heavy sweating while running errands one day this summer.

*"I'm a blessed man. If I had gotten to the hospital 15 or 20 minutes later, I wouldn't be here today."*

– Fort Sanders heart attack survivor Dave Matthews

"It felt like an elephant sitting on my chest," remembers Matthews. "It hurt so bad and wouldn't let up. I realized I must be having a heart attack."

Matthews called his wife who called 911. An ambulance met Matthews at a parking lot in Bearden and quickly took him to the hospital.

"I told them to take me to Fort Sanders," says Matthews. "The emergency doctor and nurses there worked really fast to do an EKG and draw blood. The doc said I was having a heart attack right then!"

Within minutes of arriving at Fort Sanders, Matthews was whisked to the Cardiac Catheterization Laboratory where the Heart Team discovered his left anterior descending (LAD) heart artery was blocked completely, and his left side was damaged.

"I've never seen people moving so fast," recalls Matthews. "The doctors and nurses were running over themselves getting everything set up to work on me."

Fort Sanders Interventional Cardiologist



David Matthews (left) says he's blessed to have been given more time to spend with his family after narrowly surviving a dangerous heart attack. Pictured from left to right are wife Phyllis, son Tony, daughter Michelle and son Rick.

The American College of Cardiology and American Heart Association's recommended goal "Door to Balloon" time for hospitals nationwide is under 90 minutes. "Door to Balloon" is the amount of time from when a heart patient arrives at the ER to the opening of the blocked heart artery. **The average Door to Balloon time in 2010 for Fort Sanders Regional was 54.6 minutes.** Time IS heart muscle!

Dr. Brian Adams quickly used a device to suck the blood clot out of the blocked artery, then opened Matthew's blocked LAD artery and restored blood flow with a stent.

"Dr. Adams told me I had a "widow-maker" heart attack," says Matthews. "I'm a blessed man. If I had gotten to the hospital 15 or 20 minutes later, I wouldn't be here today."

Matthews says he'll always remember the great teamwork displayed by the ambulance crew, the Fort Sanders Emergency and Heart Department nurses, and the Fort Sanders physicians.

"Everyone was so professional and knew exactly what they needed to do," Matthews says he feels blessed to have been treated by Dr. Adams that day. "He's a wonderful young man and just a precious person. God's hand was on him and me. I feel so blessed to be alive!"

### Fort Sanders receives GWTG Gold Performance Achievement Award

Fort Sanders Regional Medical Center has received the American College of Cardiology Foundation's NCDR ACTION Registry-GWTG Gold Performance Achievement Award for 2011.



Fort Sanders Regional consistently followed the treatment guidelines in ACTION Registry®-GWTG™ for eight consecutive quarters and met a performance standard of 85% for specific performance measures to receive this 2011 award.

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

To receive the ACTION Registry-GWTG Performance Achievement Award, Fort Sanders consistently followed the treatment guidelines in ACTION Registry-GWTG for eight consecutive quarters and met a performance standard of 85 percent for specific performance measures.

Fort Sanders is one of only 167 hospitals in the U.S. to receive the 2011 GWTG Gold Performance Achievement Award.

## Are YOU at risk of a "widow-maker" heart attack?

Every 34 seconds, someone in the United States has a heart attack. According to the Centers for Disease Control and Prevention, that's a total of about 1.2 million Americans having heart attacks each year. One-third of all heart attacks occur suddenly, with no significant previous symptoms. About half of all heart attacks are fatal.

The most dangerous type of heart attack is called STEMI (ST-segment elevation myocardial infarction). And, in this type of cardiac event, quick treatment is a matter of life or death.

"In cardiology, we say that 'time is muscle.' The longer you

wait after heart attack symptoms begin before seeking treatment, the more heart muscle damage there will be," explains Dr. Brian Adams, an Interventional Cardiologist at Fort Sanders Regional Medical Center.

There are different types of heart attacks, but a STEMI occurs when a coronary artery is suddenly completely blocked by a clot, stopping blood flow (and oxygen delivery) to the heart muscle. If the vessel is not opened quickly, there will be irreversible damage to the heart muscle. That's why immediate treatment is essential.

"There are three major coronary arteries," says Dr. Adams. "While STEMI heart attacks of any coronary artery can be fatal, the LAD (Left Anterior Descending) artery supplies blood to 50 percent of the heart muscle. A complete blockage of this artery can be catastrophic. Occlusion of the initial part of this artery is often called "the widow-



Dr. Adams shows the tiny clot of blood he removed from Mr. Matthews' artery during his heart attack.

maker" because it causes a massive heart attack and can lead to sudden death."

Symptoms of STEMI can vary and not everyone realizes they're having a heart attack. "The hard part is, patients have different kinds of symptoms – particularly women and diabetics," says Dr. Adams.

Those symptoms might include the traditional pain or pressure in the chest, sometimes radiating down the left arm. But it can also include cold sweats, nausea or pain between shoulder blades. Risk factors like family history, smoking, high blood pressure and high blood cholesterol levels can all increase the risk of STEMI and other heart diseases.

"The important thing is, if you have any symptoms, call 911 immediately and don't wait to come in," stresses Dr. Adams. About 47 percent of sudden cardiac deaths in 1999 occurred outside a hospital, according to the CDC, suggesting that many people don't act on early symptoms.

"They should definitely not try to drive themselves to the hospital," Dr. Adams adds. "That's putting not only you at risk, but other people on the road. In an ambulance, emergency personnel can administer aspirin and other medications, do an EKG and, if a STEMI is identified, take you directly to a hospital that can perform life-saving angioplasty. Those EKG readings are also transmit-

ted to the emergency department at Fort Sanders Regional, where physicians activate the 24/7 Angioplasty Team to get your artery open as soon as possible."

Suspected heart attack patients are taken straight to the cardiac catheterization laboratory to evaluate the type of heart attack and amount of heart damage. The standard treatment for STEMI is angioplasty, which uses a balloon-like catheter threaded through the patient's groin or wrist and into the heart artery to open a blockage.

Tracking a hospital's door-to-balloon time is a measure of quality cardiac care.

Fort Sanders' average time is under 60 minutes, according to Adams, well under the 90-minute guideline recommended by the American College of Cardiology and the American Heart Association. It is much faster than the national average time of 142 minutes.

**For more information about the Heart Center at Fort Sanders Regional, call (865) 673-FORT (3678) or go to [fsregional.com](http://fsregional.com).**

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