

**Dr Tim Carruthers**

Consultant Cardiologist

**Dr Greg Starmer**

Interventional Cardiologist

**Dr Shane Preston**

Interventional Cardiologist

**Dr Sam Hillier**

Imaging Cardiologist

**Dr Ben Reeves**

Paediatric Cardiologist

**PRACTISING**

Clinical Cardiology

Transoesophageal Echo-  
cardiography

Echocardiography

Stress Testing

Holter Monitoring

Event Monitoring

Ambulatory BP Moni-  
toring

Pacemaker and Defibril-  
lator Follow-up

Welcome to the first edition of "The Murmur". This newsletter will be published quarterly, or as required with the aim of providing education, information and updating you with the latest in cardiology and clinical advancements .

I am delighted to advise you of two new Cardiologists joining HeartRx. Dr Ben Reeves, Paediatric Cardiologist working with us and Dr Sam Hillier, Imaging Cardiologist who will join us in February 2014. It is anticipated that the waiting period for appointments will dramatically reduce with the introduction of a further 2 Cardiologists.

We hope you enjoy "The Murmur".

Tim Carruthers



## Cardiology Catch-up

### Murmurs

In view of the title of our newsletter, I thought the first Cardiology Catch-up should be a quick revision session on heart murmurs . Innocent murmurs are common in children of course – up to a 60% prevalence. There is a 1 in 7 chance of significant pathology being present though if the murmur is first detected at 6 months but only a 1 in 50 chance of significant pathology if the murmur is detected after 12 months of age in children. Innocent murmurs are always systolic, although a venous hum is continuous. A venous hum is typically louder with sitting up and also with turning the head away from the side of the murmur with chin extension and may be reduced or curtailed with jugular vein compression. Investigate or refer when there are any symptoms or other abnormal cardiovascular signs such as a 4<sup>th</sup> heart sound or a click, or signs of heart failure. All diastolic murmurs indicate pathology. Usually, murmurs that radiate into the neck vessels or out into the axilla are not innocent. Features that increase the likelihood of cardiac pathology are as follows:

#### Symptoms

- Family history Marfan's syndrome or sudden death in young family members
- Malformation syndrome (eg Down's syndrome)
- Increased praecordial activity
- Decreased femoral pulses
- Abnormal second heart sound
- Clicks
- Loud or harsh murmur
- Increased intensity of murmur when patient stands



### Latest news — Cholesterol controversy recent ABC TV program

Many of our patients are concerned and confused about their diet and medications following the recent Catalyst programs questioning the link between saturated fats and cholesterol, and the use of cholesterol lowering medications. Like you, we are fielding calls and questions about this constantly at the moment. Like the National Heart Foundation, we have concerns about how patients may interpret what was an oversimplified, and skewed report of a complex body of science. Statins are proven (in thoroughly scrutinised placebo controlled double blind trails of nearly a million subjects now) to significantly reduce hard clinical end points of death, stroke, and myocardial infarction in secondary prevention.

### Latest briefs

- First line therapy with sulfonylureas increases death risk in type 2 diabetes when compared with metformin, but perhaps glidclazide is safe (*UK Clinical Practice Research Datalink—presented Barcelona Sept 2013*)
- Chewing betel nut is associated with significant increases in all-cause death, diabetes, cardiovascular disease, and a range of other metabolic conditions—meta analysis. (*ref Yamada et al 2013*)
- Dabigatran—worse than warfarin for prosthetic valve patients (*Pilot study Re-Align NEJM Sept 26, 2013*)

**Cut through the waiting list with direct access stress testing**

Direct stress test clinics are held at HeartRx.

Out of pocket patient costs are \$90.

# Echo @ HeartRx

Cairns

Atherton

Yungaburra

Edmonton

Mareeba

Kuranda

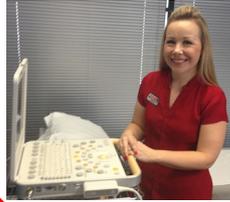
Mossman

The bulk-bill echocardiogram service at HeartRx has been given a new name "Echo @ HeartRx".

Weekly bulk-bill echocardiogram clinics are held on Tuesdays in Cairns and monthly in outlying areas of Atherton, Yungaburra, Mareeba, Edmonton, Kuranda and Mossman.

We are the only private echocardiogram service in Cairns to have local Cardiologists reporting the echocardiograms and together with an experienced Sonographer, we can offer a truly local, high quality service.

Alana Evans is an accredited Sonographer with over 15 years experience in both adult and paediatric echocardiography. She commenced her training in Adelaide and has worked at the Flinders Medical Centre as well as in private practice. Alana spent nearly a decade living and working in the United Kingdom, gaining experience in some of London's most prestigious institutions such as the National Heart Hospital, University College Hospital and St Thomas' Hospital.



All bookings are made at HeartRx and you can make referrals in your usual method or, alternatively, we can supply you with referral pads or a Medical Director template.

## Introducing

### Dr Ben Reeves

Ben is a Paediatric Cardiologist with a primary interest in echocardiography for congenital and rheumatic heart disease. He offers diagnostic echo and clinical assessment of patients from the newborn period to adolescence. Ben grew up in Townsville and Brisbane and completed his medical degree at the University of Queensland, later completing his internship at Cairns Base Hospital. The majority of his clinical training was completed in Brisbane at the Royal Children's and Mater Children's Hospitals, with further training in Paediatric Intensive Care at the Bristol Royal Hospital for Children. Subspecialty training in Paediatric Cardiology was undertaken at the Mater Children's Hospital and he has also worked as a Paediatrician and Lecturer in Paediatrics at the Fiji School of Medicine.



As well as consulting at our practice here, Ben is also employed at the Cairns Hospital as a Paediatric Cardiologist and performs a number of outreach visits to communities in the Cape and Torres Straits as well as Yarrabah and Palm Island.

### Dr Sam Hillier

Sam is an Imaging Cardiologist, with special interests in the management of acute and chronic heart failure, as well as the performance of stress and transoesophageal echocardiography and cardiac CT. Sam has a research interest in three-dimensional echocardiography, and is undertaking a M Phil project with the University of Queensland.

Originally from the UK, Sam graduated in Medicine from Oxford University, where he also obtained a Masters Degree, undertaking research in the molecular basis of atherosclerosis. After completing a House Office year in the UK, he moved to Australia, where he completed his specialist training. Whilst the majority of his clinical training was in regional Queensland, his cardiology training occurred at the Royal Brisbane and The Prince Charles Hospitals. After obtaining his FRACP in Cardiology, a further Fellowship year in Advanced Echocardiography was performed at the Prince Charles Hospital.

Sam returns to Far North Queensland (having previously worked at Cairns Hospital), to care for patients at HeartRx Cairns as well as at Cairns Private Hospital.



## Monitoring devices at HeartRx

Holter Monitors (24 hour ambulatory ECG rhythm monitoring)

24 Hour Ambulatory Blood Pressure machines

Event Recorders

The Cairns Cardiac Challenge raised \$347,577.94 for the Far North Queensland Hospital Foundation. Congratulations to everyone involved!



The HeartRx office will be closed during the Christmas period from Monday 23rd December, until Monday 6th January. Please call 1300 ANGINA for to speak to the on call Cardiologist during this time. Tim Carruthers will be on call during the Christmas week.

We wish you a happy and healthy festive season!

