

Dr Tim Carruthers

Consultant Cardiologist

Dr Greg Starmer

Interventional Cardiologist

Dr Shane Preston

Interventional Cardiologist

Dr Sam Hillier

Imaging & Consulting Cardiologist

Dr Ben Reeves

Paediatric Cardiologist

PRACTISING

Clinical Cardiology

Transoesophageal Echocardiography

Echocardiography

Stress Echocardiography

Contrast Echocardiography

Dobutamine Stress Echocardiography

Stress Testing

Holter Monitoring

Event Monitoring

Ambulatory BP Monitoring

Pacemaker and Defibrillator Follow-up

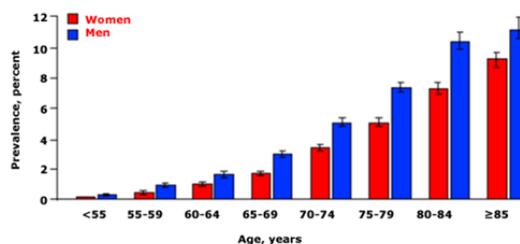
I am excited to announce that we are hosting the first HeartRx GP Symposium on May 2nd at the Sea Temple, Palm Cove. We aim to work with our GP's to offer the best standard in heart care for our patients and our Cardiologists are keen to provide informative education in their area of speciality in a relaxed setting. Details of the Symposium are included in this newsletter and invitations have been sent in the post. We look forward to seeing you there and please contact us if you have not received your invitation.

Dr Tim Carruthers



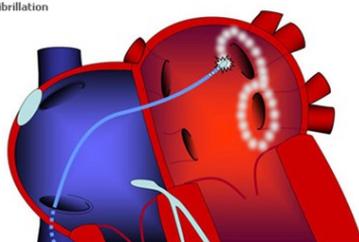
AF Ablation

Atrial fibrillation (AF) is the most common sustained cardiac arrhythmia. AF prevalence increases with age, male sex and with the presence of underlying heart disease. It is associated with increased mortality and morbidity. Younger patients in particular are frequently troubled by significant symptoms, even if satisfactory ventricular rate-control can be achieved. Antiarrhythmic medications have poor efficacy in the maintenance of sinus rhythm long-term (30-40%) and/or potential side effects of such treatments are a significant concern.



AF catheter ablation is an option for patients with inadequate symptom control, intolerance to antiarrhythmic medications and or a desire to avoid long-term exposure to such agents. The procedure is typically performed via a femoral vein and involves a controlled, atrial trans-septal puncture to gain access to the left atrium. The pulmonary vein ostia are a frequent source of atrial ectopy that trigger AF recurrences. These are the primary targets of most operators and are electrically isolated using radiofrequency energy following 3-dimensional mapping. Various other structures or locations within the left (and rarely right) atrium may also be intervened upon. Overall long-term maintenance of sinus rhythm is expected in at least 50-60% of patients following a single session, with repeat procedures and centres performing more complex initial ablations reporting higher success rates. Serious complications (particularly stroke and tamponade) occur in less than 1%. Trials of AF ablation show a clear advantage over standard therapy in terms of reduced AF burden. Results of ongoing research into the potential 'hard end-point' benefits of the procedure, such as impact on mortality, heart failure and stroke, are eagerly awaited.

Left Atrial Ablation for Atrial Fibrillation



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Dr Shane Preston





Fish Oil/Fish Oil Supplements

by Margaret Joels Practice Nurse

The National Heart Foundation of Australia recommends healthy adults consume ∞ 500mg of n-3 PUFAs (omega 3 - DHA & EPA) from marine sources per day to lower CHD risk. In the presence of documented CVD, the daily omega-3 recommendation is 1000mg. Fish oil supplements (average omega-3 combination 300mg per capsule) or krill oil supplements (average 120mg) are dietary preferences these days, rather than incorporating healthy marine-sourced omega-3 in the diet.

Recent research by scientists at the Universities of Auckland, Newcastle and New South Wales, has established that many fish oil capsules contain just over 50% (TGA guidelines >90%) of the amount of DHA and EPA claimed on their labels. In addition, 80% of fish oil products analysed contained rancid, oxidised lipids which further \downarrow concentrations of EPA & DHA & may be detrimental to health.

To ensure adequate levels of omega-3 -

- Eat fatty fish – either fresh or canned (NB: marked differences in EPA/DHA content between brands of canned fish)
- Consider bioavailability in supplements - Fish oil in natural triglyceride (TG) molecular form has increased absorption & bioavailability compared to ethylester (EE) form. Oxidation is decreased in TG form. Oxidation is decreased in gel capsules compared with liquid formulations due to air-tight form.
- Store supplements away from heat & light – keep in fridge/freezer
- For enhanced absorption, take supplements with or just after fatty meal

To establish Fish Oil supplement molecular form (as not indicated on packaging) – Place eg 20mls of supplement fish oil in polystyrene cup. EE form will leak through cup after 10 minutes - TG form will take 2-3 hours

Krill Oil

- More expensive than fish oil
- Packaged in form of a phospholipid-derived fatty acid (mixes with water) – may be more bioavailable
- Contains astaxanthin (antioxidant) + Vit A & E
- Insufficient scientific data that Krill Oil has >benefits than proven therapeutic benefits of Fish Oil
- Is a good source of omega-3 fatty acids/ EPA & DHA at ∞ 80-100mg - although it has less than Fish Oil

HeartRx Symposium

Saturday 2nd May 2015

Pullman - Sea Temple >> Triton Street >> Palm Cove

Program

**Allocated a total of 2 CPD points (Category 2) in the RACGP QI&CPD program

**The opportunity to receive a further 40 Category 1 points in RACGP QI&CPD program and 30 ACCRM points.

- 11.00-11.30am Registration
- 11.30 - 11.35 Welcome/Introduction, Dr Tim Carruthers
- 11.35 - 12.30pm **Structural Heart Disease in Children**
Dr Ben Reeves, MBBS (Qld) FRACP
Paediatric Cardiologist
- 12.30 - 1.00pm Lunch
- 1.00 - 1.45pm **Atrial Fibrillation**
Dr Sam Hillier, BM BCh MA (Oxon) FRACP
Imaging Cardiologist
- 1.45 - 2.45pm **Tackle targets today - BP Audit****
Dr Tim Carruthers, MBBS FRACP FCSANZ
Consultant Cardiologist
- 2.45 - 3.30pm **Management of Acute Coronary Syndrome 2015**
Dr Greg Starmer, BSc MBBS FRACP FCSANZ
Interventional Cardiologist
- 3.30 - 4.15pm **The Modern Cardiac Catheterisation Laboratory**
Dr Shane Preston, BS MBBS FRACP
Interventional Cardiologist
- 4.15 - 5.00pm **Round table discussion**
Dr Shane Preston, Dr Greg Starmer, Dr Tim Carruthers,
Dr Sam Hillier, Dr Ben Reeves
- 5.00pm Meeting Close

For further information contact:
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Deanne Burch: 0411 429 324

Cardiology Gems

♥ In symptomatic patients with suspected CAD who required non-invasive testing, a strategy of initial CT coronary angiography, as compared with functional testing (stress test/stress echo/nuclear stress), did not improve clinical outcomes over a median follow-up of 2 years. - *NEJM March 14 2015.*

♥ A new cholesterol drug looks promising.....During approximately 1 year of therapy, the use of evolocumab (monoclonal antibody that inhibits proprotein convertase subtilisin-kexin type 9) plus standard therapy, as compared with standard therapy alone, significantly reduced LDL cholesterol levels and reduced the incidence of cardiovascular events in a prespecified but exploratory analysis. - *NEJM March 15 2015.*

♥ Five years after patients with left main coronary stenosis either underwent PCI with a sirolimus-eluting stent or had CABG, there was no difference in major adverse cardiac or cerebrovascular events (MACCE) in the two groups, in the [Premier of Randomized Comparison of Bypass Surgery versus Angioplasty Using Sirolimus-Eluting Stent in Patients With Left Main Coronary Artery Disease \(PRECOMBAT\) trial](#) - *J Am Coll Cardiol 2015; DOI:10.1016/j.jacc.2015.03.033.*