



BOURNEMOUTH AREA DEFIBRILLATOR GROUP

Affiliated to the Arrhythmia Alliance
(The Heart Rhythm Charity)
www.heartrhythmcharity.org.uk



DATES FOR DIARY:

MONDAY 8TH MAY 13.00-16.30

BAD GROUP MEETING
HAMWORTHY CLUB

MONDAY 30TH OCT 13.00-16.30

BAD GROUP MEETING
HAMWORTHY CLUB

ARRHYTHMIA TEAM CHANGES

Yet again the Arrhythmia nurse team has seen some changes since the last newsletter. **Pete Uren** is not returning from his secondment to the Advanced Nurse Practitioner Team and we wish him well in this new career direction. **Sharon Morris** has now been made a permanent member of the team. **Welcome Sharon!**

Ali Parish is currently off on maternity leave having had a beautiful baby girl named **Connie**. In her place we have **Jo Robb** seconded to our team who has been a valued addition having already gained much experience in cardiology. There are soon to be further changes to the team as **Jess Atkins** is due to go on maternity leave in July and is expecting twins. On a sadder note we will be losing **Claire Noble** at the end of March to the cardiac rehabilitation team. She will be sorely missed but we wish her well in her new venture.

DONATION OF A FURTHER AED

As many of you already know, last year we donated an Automated External Defibrillator (AED) to Iford Golf Club last year. Upon the back of this, as it was thought to be a worthy and much needed community facility the BAD committee have decided to donate a further AED to **Hengistbury Head Visitors Centre**. The staff at the centre are delighted to be receiving the AED and are very enthusiastic about the donation. One of their members will be attending the May meeting at Hamworthy Club where we will be presenting the AED, and hearing a talk on what is done at the centre.

THE DIFFERENCE BETWEEN HEART ATTACK & CARDIAC ARREST

A question we are asked frequently in clinic is "What is the difference between a heart attack and cardiac arrest?" Some of you may have experienced one or both of these and some neither.

It's a common misconception that **Sudden Cardiac Arrest (SCA)** and **heart attack** are the same thing.

In reality, they are quite different. Understanding the difference could save your life or the life of someone ELSE.

A heart attack occurs when one or more of the arteries that supply the heart with oxygenated blood become blocked (*so a problem with the plumbing of the heart*). This in turn causes damage to the heart muscle that the artery supplies, leading to symptoms such as chest pain, left arm pain (sometimes radiating to the jaw) and shortness of breath. Symptoms of heart attack can differ between men and women, with women sometimes complaining of back pain. Whilst a heart attack doesn't usually cause cardiac arrest, this is not always the case.

SCA is where the heart stops suddenly without warning. It occurs due to a malfunction of the electric cells in the bottom chambers of the heart, causing them to stop pumping blood around the body - specifically to the brain, lungs and other organs. If no treatment is given in cardiac arrest then death will occur quickly.

These two different heart problems are sometimes linked, as a large heart attack can sometimes lead to SCA. Also a heart attack can lead to long term damage to the heart or heart failure which can make people more prone to electrical problems in the bottom chambers of the heart. Other causes of SCA can be cardiomyopathy, arrhythmias and genetic disorders.

When SCA occurs, it is important that whoever is near the victim calls 999 immediately, checks for signs of life, and if there are none, gives cardiopulmonary resuscitation (CPR) and uses the nearest automated external defibrillator (AED). This is lifesaving care that a layperson can provide. It is best to be trained in CPR and the use of AEDs, but even without formal training, you can follow the directions on the AED, while waiting for emergency services to arrive.

When someone experiences a heart attack, he or she is awake and the heart is beating. There is no need to give CPR or to use

an AED. Instead, the correct action is to call 999 immediately to get emergency services on the way to help. The sooner the person is treated, the better the outcome.

Report from Gaynor Richards



The Heart Rhythm Conference is the largest heart rhythm meeting in the UK. The conference provides the opportunity for health care professionals interested in arrhythmias (*abnormal heart rhythms*) to share practice, learn about new developments and meet national and international colleagues. This conference is unique in that it includes "Patient day" meetings rather than just focusing on the needs of health care professionals. I was asked to present on the "psychological impact of having an ICD" to a group of patients on the patient day. The presentation covered the positive aspects of ICDs, risk factors for people who may have psychological issues, the impact of shock therapy,

strategies for living with an ICD, access to support studies and concluded with some case studies of patients I have been involved with.

The talk sparked a discussion, with those in the group talking about the ways in which the ICD had impacted on their life and the ways they had been supported. I really enjoyed hearing other peoples' experiences and spending time with the group for the rest of the day.

On the second day of the conference I gave a talk on "ICD Deactivation" to health care professionals in which I discussed the results of an audit that was done on the deactivation of ICDs, which refers to the process of "switching off" the treatment for ventricular arrhythmias so the ICD will no longer provide protection against sudden cardiac death. The main aim of the audit was to identify current practice in relation to the timing and whereabouts of ICD deactivation for a two year period and identify ways in which current practice could potentially be improved. I was asked a number of questions following this talk and, fortunately, **Dr Bala** was there to support me in the answers!

BAD Group Committee



Rather unexpectedly, I was awarded an Arrhythmia Alliance excellence in practice award for work done to improve Arrhythmia services. Although gratefully received, I see this award as a reflection of the excellent service that we offer at Bournemouth Hospital and the hard work and commitment demonstrated by my colleagues and the volunteers we use to complement our service. This includes the invaluable support offered by the BAD committee (**see above**) and by those who make the group a success, people with ICDs and their partners. It is an honour to have received

national recognition. However, this is only achievable because of our successful team approach to the care of arrhythmia patients.

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Thank you all for your continued support.

Gaynor Richards