

North Devon Defib Newsletter Winter Issue: February 2015

Welcome to our second North Devon Defib Newsletter.

We hope that this twice-yearly publication will provide an important link for patients in North Devon who have an Implantable Cardioverter Defibrillator (ICD).

The newsletter aims to provide support and information about how an ICD works and give advice enabling you to lead a full and active life.

In this issue we will:

- ◇ Give feedback from the defib support group meetings
- ◇ Focus on travel
- ◇ Provide contact details for the support teams



Above: Sarah Bryant and
Angie Tithecott
Support Group Facilitators

ICD Support Group

It is well recognised that having an ICD can be a stressful experience and meeting other people in similar circumstances can be reassuring. This was clearly reflected in the feedback kindly provided from the support group. In 2014, there were presentations from Dr Gibbs, Consultant Cardiologist, Dr Candy Hayward, Clinical Psychologist and Christine Pope, Cardiac Physiologist. All the meetings have been well attended and feedback has been greatly appreciated, thank you. Details of the next meeting are below and further details are also enclosed.

How does the defibrillator know when to fire?

The defibrillator is able to detect the difference between a non life threatening rhythm, such as atrial fibrillation, and a possible life threatening rhythm, such as ventricular tachycardia.

It uses 'discriminators' which:

- Detect the difference between your 'normal' and an abnormal heart beat.
- Recognise if the heart rate is gradually increasing (as with exercise) or increasing suddenly (as with an abnormal rhythm)
- Detect if the rhythm starts from the top chamber (atrium) or the bottom chamber (ventricle)
- Detect if the heart beat is regular or irregular.

Using this information it will know what treatment, if any, is required.

If treatment is required, the defibrillator will either perform anti-tachycardia pacing (ATP) and / or will deliver a shock.

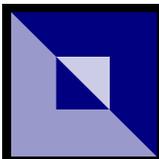
ATP is always the first line of treatment, where the defibrillator emits small calculated impulses. The paced rate is slightly faster than the abnormal rhythm rate and in 90% of cases this stops the abnormal rhythm.

The number of attempts at ATP vary depending on the individual. If the abnormal rhythm is not stopped by ATP, then the defibrillator will emit a single shock to cardiovert the heart back into normal rhythm. The shock may be surprising or briefly painful but it is intended to save your life.

DATE FOR YOUR DIARY

**The next ICD support group meeting will take place on
Tuesday 17th March 2015 from 1:30 - 3:30pm.**

**The guest speaker will be Hayley Carr, Pharmacist.
This will be held at Grosvenor Church, Old Station Road,
Barnstaple, EX32 8PB**

**North Devon Defib Newsletter Winter Issue: February 2015****FOCUS ON TRAVEL****HOLIDAY INSURANCE**

Members have kindly given us details of insurance companies that have offered holiday and sometimes, life insurance. While we are unable to endorse these companies, we are happy to make other people aware of their details:

Worldwide Travel Insurance — www.worldwideinsure.com

Good to go insurance — www.goodtogoinsurance.com

Able2travel — www.able2travel.com

Sun-life insurance — www.sunlifedirect.co.uk

Other cardiac websites also mention the following companies:

All Clear Travel — www.allcleartravel.co.uk

Freedom Travel Insurance— www.freedominsure.co.uk

JD Travel Consultants — www.jdtravelinsurance.co.uk

Chris Knott Insurance— www.chrisknott.co.uk

Free Spirit Insurance — www.freespirittravelinsurance.com

Direct Travel — www.direct-travel.co.uk

World First Insurance — www.world-first.co.uk

HEART RHYTHM CONGRESS 2015

Patient Day

Sunday 4th October 2015

For more information contact:
info@heartrhythmcharity.org.uk
 Or Tel: 01789 867501

It always pays to shop around. Sometimes, every day companies such as Tesco and M&S prove cheaper for some people with cardiac conditions.

VENOUS THROMBOEMBOLISM (VTE) - PREVENTION FOR TRAVELLERS

VTE has been known to occur following long haul air travel and has also been reported following car and train journeys.

There are a number of measures that can be taken to reduce the risk of travel related VTE. All travellers intending to take long haul flights or other forms of travel where they will be seated or immobile for >4 hours should:

- avoid excessive consumption of alcohol and drink fluids to avoid dehydration
- not wear constrictive clothing around the waist or lower extremities.
- walk around the cabin as much as is practical at regular intervals during the flight
- regularly flex and extend the ankles to encourage blood flow from the lower legs
- take regular deep breaths
- avoid stowing hand luggage under the seat in front, as it restricts movement
- consider wearing properly fitted below knee graduated compression stockings

Useful links:

British Heart Foundation Tel: 020 7935 0185 - Website: www.bhf.org.uk

Arrhythmia Alliance Tel: 01789 450 787 - Website: <http://heartrhythmcharity.org.uk>

Cardiomyopathy Association Tel: 01923 249977 - Website: www.cardiomyopathy.org

Arrhythmia Service

Sarah Bryant
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Heart Failure Service

Angie Tithecott and
Lisa Bullard
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Cardiac Rehabilitation

01271 311838

Cardiologist Secretaries

Dr Tim Roberts 01271 322418

Dr Chris Gibbs 01271 314131

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Above: Dr Chris Gibbs, Dr Tim Roberts,
Dr Dushen Tharmaratnam

ICD Clinic**Cardio-Respiratory Dept**

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