

Welcome to our 9th North Devon Defib Newsletter.

Summer Issue: 2019

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:

- ◇ Next ICD support group meeting: (see below)
- ◇ Meet the Arrhythmia & Heart Failure teams
- ◇ Physical activity and exercise advice for patients with an ICD

ICD Patient Support Group: Thank you to everyone who attended the last meeting in October 2018. Anita Griggs, Exercise Specialist gave an interesting and informative presentation on suitable exercises for patients with heart conditions. As always the meeting was well attended and feedback confirms how valuable you find the advice and support from each other.

North Devon Defib Support Group Meeting

Speaker: Jonathan Allen - Medtronic Representative

Date & Time: Wednesday 31st July 2019 10.30 - 12.30

Venue: Christchurch, 8 Bear St, Barnstaple, EX32 7BU

Please let us know if you are able to attend by contacting:

Sarah Bryant or Angie Tithecott Tel: 01271 311633

Meet the Arrhythmia & Heart Failure Teams

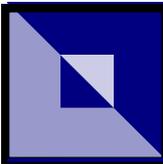
ARRHYTHMIA TEAM — Since the last newsletter the Arrhythmia team has recruited a second Arrhythmia Care Co-ordinator, Gemma Baker, to join Sarah Bryant. Gemma is a Registered nurse having completed her training in 2011 at Worcester University. She then moved to North Devon where she initially worked in the Emergency department before training as a Cardiology support nurse working alongside the Heart Failure and Cardiac rehabilitation teams. The Arrhythmia Service is led by Sarah Bryant who has extensive cardiac physiologist experience and specialised cardiac skills which alongside Gemma's broad nursing knowledge and skill set makes the team complete. This service provides care for people who have been diagnosed with having an abnormal heart rhythm (arrhythmia), which are a group of conditions in which the heart beat is irregular, too fast or too slow. Arrhythmias are caused by changes within the electrical conduction system of the heart.

HEART FAILURE TEAM — This is led by Angela Tithecott, who is supported by 2 other specialist nurses, Rebecca Nicholls and Poppy Brooks. They have extensive nursing experience and specialised cardiac skills. They care for patients who have been diagnosed with heart Failure (Left Ventricular Systolic Dysfunction).

Heart Failure is a condition where the heart is unable to pump strongly enough to meet the body's demands for blood and oxygen. The main cause of heart failure are:

- Damage to the muscle caused by a heart attack
- High blood pressure
- Heart valve disease
- Inherited heart muscle disease
- Other modifiable risk factors





The likelihood of an arrhythmia is no greater during moderate intensity aerobic exercise than when resting but there are certain types of exercise that increase the risk of arrhythmias. If you exercise hard, from rest, without a warm-up and immediately cease exercise, without a cool down, you increase the likelihood of an arrhythmia.

You should not undertake any contact sports. Although the ICD itself is very tough, bruising or breaking the skin over the site where the device is implanted may lead to infection, which can then become very troublesome to treat. You should also recognise that you are unlikely to be able to obtain insurance for winter sports such as skiing where the effects of a shock may put you or others at risk.

Swimming can be undertaken once your wound has healed fully (although you should be accompanied at all times should your ICD go off or in case you lose consciousness).

Some ICDs are implanted for arrhythmias which may be triggered specifically by swimming (some Long QT syndromes - check with your cardiologist) but snorkelling and SCUBA diving should not be undertaken.



Research has shown that physical activity and exercise are beneficial for people fitted with an ICD. Aerobic, muscular endurance and flexibility should dominate the exercise and physical activity sessions. Such activities are very well tolerated, effective and lead to optimal carry-over into your daily life. An exercise intensity of between 60 to 75% of target heart rate (220 minus age) is sufficient to bring about significant health benefits and improve fitness and endurance. If you are taking beta-blocker medication you may not be able to reach these heart rate levels. Instead you should look to increase your exercise heart rate by 30 to 40 beats above your resting heart rate.

All exercise sessions should start with a warm-up and finish with a cool-down period, both of which should last for 10 minutes, so that the cardiovascular system has time to adjust to the alteration in demand. The sequence of exercise should vary from arm work to trunk and legwork, with flexibility and co-ordination exercises following the more strenuous exercises.



Moderate physical activity are known to benefit health and where possible, these should be pursued most days of the week. Continuous physical activity of 30 minutes or more is considered most effective, though multiple activity sessions of 10 to 15 minutes duration on the same day, have also demonstrated significant health improvement.

Further information can be found at:-
www.heartrhythmcharity.org.uk.

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Arrhythmia Service

Sarah Bryant & Gemma Baker
01271 311633

Heart Failure Service

Angie Tithecott, Rebecca Nicholls &
Poppy Brooks
01271 311633

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>