



Our Cardiologists

Adelaide Cardiology provides an extensive range of cardiac services and subspecialties ensuring that patients have access to the complete range of cardiac care within our Practice.

John Sangster
Echocardiography

Robert Waltham
Echocardiography

Peter Steele
Interventional

Joseph Montarello
Interventional

Michael Brown
Interventional, Non-invasive Cardiac
Imaging (CT, MRI)

Glenn Young
Electrophysiology

Daniel Cehic
Electrophysiology

Enzo DeAngelis
Interventional, Cardiac Transplant

Peter Sage
Interventional

Stephen Worthley
Interventional, Non-invasive Cardiac
Imaging (CT, MRI)

Patrick Disney
Echocardiography, Grown up Congenital
Heart Disease

Karen Teo
Non-invasive Cardiac Imaging (CT, MRI)

Dimitrios Lypourlis
Electrophysiology

Julie Bradley
Echocardiography



Contact us

270 Wakefield Street
Adelaide 5000
South Australia

Telephone
08 8202 6600

Facsimile
08 8232 3692

adelaidecardiology.com.au

Locations

City & Suburbs

270 Wakefield Street
Adelaide SA 5000

St Andrew's Clinic
349 South Terrace
Adelaide SA 5000

Modbury Clinic
71 Smart Road
Modbury SA 5092

Regional

Angaston Hospital
29 North Street
Angaston SA 5353

Bridge Clinic
8 Standen Street
Murray Bridge SA 5253

Broken Hill Base Hospital
Thomas Street
Broken Hill NSW 2880

Clare Medical Centre
Old North Road
Clare SA 5453

Gawler Health Services
21 Hutchinson Road
Gawler SA 5118

Maitland Health Centre
69 Robert Street
Maitland SA 5573

Mannum Medical Centre
Parker Street
Mannum SA 5238

Minlaton Medical Centre
7 South Terrace
Minlaton SA 5575

Walleroo Hospital
Ernest Terrace
Walleroo SA 5556



the beat

Welcome...

to our summer 2010 issue of "the beat", Adelaide Cardiology's quarterly publication which provides information about our Practice and cardiology topics of interest.

Diamond Anniversary!

In 2010, Adelaide Cardiology is celebrating 75 years of caring for South Australian hearts! Established in 1935, the Practice has grown and increased its service delivery across metropolitan and regional South Australia. We now have 14 cardiologists working at Adelaide Cardiology providing a wide range of sub-specialties in cardiac care.

We continue to work closely with all major hospitals and have expanded our reach into regional areas, using the latest technology to bring the best care to our patients. We are looking forward to celebrating this significant milestone in many ways this year, and hope to share more news and views with you, in this our diamond anniversary year.

Cardiac Services on the Yorke Peninsula

Adelaide Cardiology have recently extended our services on the Yorke Peninsula. We are pleased to advise that Dr Peter Sage has now joined Drs John Sangster and Michael Brown in providing consultation, ECG and treadmill exercise testing at Wallaroo Hospital. Peter joined Adelaide Cardiology in 2002 and is also a Senior Cardiology Consultant at the QEII. He is interested in all aspects of clinical cardiology but has a particular interest in cardiovascular pharmacology and interventional cardiology. Peter will be visiting Wallaroo Hospital on a monthly basis.

Adelaide Cardiology have also extended our echocardiography service to include a monthly visit to both Maitland Health Centre and Minlaton Medical Centre. This is in addition to our current service at the Wallaroo Hospital.

Cardiac Investigations

Adelaide Cardiology provide an extensive range of cardiac services, many of which can be requested without an associated cardiologist consultation. Referral forms can be downloaded from our website www.adelaidecardiology.com.au or pads are available for delivery. Requests can be made to info@adelaidecardiology.com.au. Our referral form is also available on Medical Director.

Cardiac Defibrillators go Wi-Fi!



Dr Glenn Young
Electrophysiologist

Implantable defibrillators (ICDs) have passed their Silver Jubilee with the first human implant occurring in the USA in February 1980. Initial uptake of this therapy was gradual as a number of significant problems had to be overcome.

Technological advancements and large scale clinical trials demonstrating the life saving value of ICDs in both primary and secondary prevention roles have resulted in a dramatic increase in their utilisation over the last 30 years. Currently the implantation rates in Australia are around 200 per million p/a. Modern ICDs are around 30cc in size, have longevity of approximately 8 years and incorporate very sophisticated detection algorithms and tiered therapies.

All implanted cardiac electronic devices (pacemakers, implantable defibrillators, Cardiac Resynchronisation devices and implantable monitors) require regular follow up where communication is established via a specialized radiofrequency device (programmer). Until recently the programmer wand and the ICD had to be within very close proximity (centimeters) to establish communication. Once established the device can be interrogated for information about the status of the battery and leads, the nature and extent of therapy delivered, and ECG printouts of sentinel events retrieved. In addition any programming changes required can be performed. Traditionally for pacemakers this occurs 6 to 12 monthly. Routine visits for checking ICDs are usually scheduled every three to six months, however patients are

seen between these visits if problems arise. Perhaps the most frequent reason for an unscheduled visit is the discharge of the defibrillator. In this situation the ICD is interrogated and an ECG printout of the heart rhythm leading up to and during the event retrieved, allowing assessment as to the reason for the discharge. Modern ICDs have a number of self monitoring functions. As such, the device emits an audible or vibratory alarm to alert the patient of a potential problem. Determining the reason for such an alarm would be another reason a patient may require an unscheduled visit.

Recently the ICD companies have developed the facility for telemetry links that work over a distance of metres. Teamed with this are home based monitors that can transmit the retrieved information to a remote computer for analysis. For the most sophisticated of these remote monitoring systems a small monitor is placed at the patient's bedside and at a preset time (usually early hours of the morning when the patient is likely to be in bed) the device check takes place. Any alerts or problems can then be transmitted to the remote site (Cardiology Practice) to alert the Cardiologist as to a potential issue. Patients are also able to send a transmission if they receive a shock from their device or if the device emits an alarm. This new technology obviates the need for a trip to the Cardiology Practice. In a recent case this saved one of our patients from remote SA, a 12 hour round trip as a simple problem was able to be assessed and solved via a remote transmission and a follow up phone call.

Adelaide Cardiology is one of 5 sites across Australia, and the only one in Adelaide, that was first to trial the remote monitoring technology. It has worked extremely well and many patients are very excited and relieved by the additional level of safety it offers to these individuals with complex medical problems and sophisticated implanted devices. The human face of this service is provided by our Cardiac trained Registered Nurses who are supported by the team of Electrophysiologists in our practice, Dr Glenn Young, Dr Daniel Cehic and Dr Dimitrios Lypourlis.

The introduction of a home monitoring service is an example of our endeavour to offer your patients the most up to date and comprehensive Cardiology service available.