adelaide cardiology

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

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)

Julie Bradley
Echocardiography

Georgy Chacko
Interventional

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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

Unley Road Clinic
313 Unley Road
Malvern SA 5061
Telephone 8202 6677

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

Wallaroo Hospital
Ernest Terrace
Wallaroo SA 5556

adelaide cardiology

caring for hearts since 1935

the beat

summer 12

Welcome...

to our Summer 2012 issue of "the beat", Adelaide Cardiology's quarterly publication which provides information about our Practice and cardiology topics of interest.

Referrals

Any of Adelaide Cardiology's doctors can review your patient and arrange for CCTA and CCS to be performed if suitable.

Adelaide Cardiology utilises Dr Jones & Partners Medical Imaging at Wakefield Street which has a market leading, high definition and low radiation dose CT Scanner. Dr Michael Brown interprets Adelaide Cardiology's CTCA and CCS cases. Michael is experienced in high-volumes of CCTA and has accreditation with the International Society of Cardiovascular Computed Tomography and the ANZ Conjoint Committee for the Recognition of Training in CCTA.

Studies are co-reported with Radiology colleagues for the identification of non-cardiac findings. This imaging technology and reporting structure combined with an experienced Cardiologists' clinical knowledge provides the best possible level of care and ongoing management for your patients.

New Faces

Dr Georgy Chacko is an interventional cardiologist who completed his physician and advanced cardiology training in Ireland. He was admitted to the MRCP in Ireland (1998) and the United Kingdom (1999), completing his advanced cardiology training in 2005.

In 2006 Georgy moved to Australia where he completed a Fellowship in interventional cardiology at the Royal Adelaide Hospital. He became a senior fellow in 2008 working in the catheterisation laboratory and participating in associated interventional clinical trials and the primary angioplasty service.

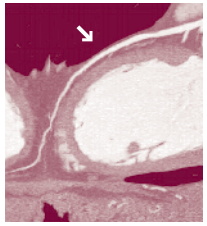
Since 2009 Georgy has worked as a consultant cardiologist at the Royal Darwin Hospital and Darwin Private Hospitals before joining Adelaide Cardiology in January 2012. Georgy has an interest in all aspects of clinical cardiology with a particular interest in interventional cardiology.

Georgy will be consulting at our Wakefield, Modbury, Gawler and Broken Hill rooms and will be performing diagnostic and interventional procedures at St Andrews and Wakefield hospitals.

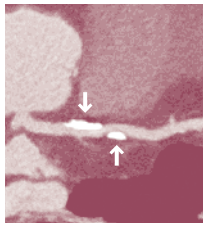
Debbie Jones joined Adelaide Cardiology in October 2011 as our new Administration Manager. With 30 years of experience in the medical administration field, Debbie leads a team of 29 administration staff, both in the metropolitan area and at our country centres. The administration team works closely with other departments and Cardiologists to ensure an efficient and seamless administration process.

Diagnosing Coronary Artery Disease

Cardiac Computed Tomographic Angiography (CCTA) and Coronary Calcium Scoring (CCS) have revolutionized the diagnosis of coronary artery disease. Evidence from large multi-centre trials has shown the clinical and economic benefits of these techniques.



Coronary CT Angiogram showing normal arteries



Coronary CT angiogram showing calcified plaque in the vessel (arrow)

Coronary Calcium Scoring (CCS) is a risk-stratification tool using a non-contrast CT scan to identify calcified coronary plaque. CCS identifies atherosclerosis, and further stratifies asymptomatic patients' risk. The Multi-Ethnic Study of Atherosclerosis (MESA) trial demonstrated that CCS was the most accurate tool for predicting long-term cardiac events, over-and-above traditional risk factors.

Calcium Scoring is a very useful tool for predicting cardiac events in otherwise asymptomatic patients. It is best used in patients with intermediate (3-10%) absolute risk according to charts, such as the Australian absolute cardiovascular risk calculator (www.cvdcheck.org.au). The MESA study indicates that CCS will reclassify 23% of intermediate patients into the high risk category, and an additional 13% reclassified to low risk. This enables changes to patient therapy, such as starting or stopping medication.

Calcium scoring is not suitable for patients with established coronary disease, previous heart attack or stents.

Coronary CT Angiography (CCTA) is a newer technology involving a venous injection of iodine-based contrast, and a "gated" CT scan which is performed in synchrony with the ECG. High resolution images of the coronary arteries are generated in 3-dimensional views.

Three large, multi-centre trials established a 98-100% negative predictive value of CCTA, ie if the scan is negative, it is highly accurate that no coronary disease is present. For patients with atypical chest pain, this result provides reliable reassurance that their pain is not due to coronary disease.

The positive accuracy of CCTA is also high, in the range of 92% in the multicentre trials, and indicates that if a significant lesion is seen on CCTA it is likely to be real. CCTA is able to image non-calcified ('soft') plaque, calcified plaque, mixed plaque, and quantify vessel stenosis. This is a major difference from calcium scoring.

Radiation dose has dramatically fallen in recent years, due to technological advances. A standard CCTA in a normal patient with a stable heart rate can be performed for less than 4 mSv (ie the same as a coronary angiogram, and a fraction of the dose of nuclearstress tests which range from 15-25 mSv). New modalities with ultra-fast CT, high definition detectors, or large-slice scanners can perform CCTA for less than 1 mSv – that's less radiation than a flight to Europe!

Edited by Dr Michael Brown.