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

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

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Contact us

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08 8232 3692
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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

Calvary Clinic
1st Floor, Calvary Hospital
89 Strangways Terrace
North Adelaide SA 5006

Regional

Angaston Hospital
29 North Street
Angaston 5353

Bridge Clinic
8 Standen Street
Murray Bridge 5253

Broken Hill Base Hospital
Thomas Street
Broken Hill 2880

Clare Medical Centre
Old North Road
Clare 5453

Victoria Road Medical Centre
16 Victoria Road
Clare 5453

Gawler Health Services
21 Hutchinson Road
Gawler 5118

Mannum Medical Centre
Parker Street
Mannum 5238

Wallaroo Hospital
Ernest Terrace
Wallaroo 5556

adelaide cardiology

the beat

winter 09

Welcome....

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

SMS Messaging

Adelaide Cardiology has recently implemented an appointment reminder system for patients who have provided us with a mobile phone number. An SMS reminder is sent out 24 hours prior to their appointment advising them of the date, time and location. We believe this is a valuable service to patients which will assist them in managing their personal appointments.

Paint the Town Red

Adelaide Cardiology is proud to be a Silver Sponsor of the Heart Foundation's **Paint the Town Red Ball**, which is held in June each year. This is a great event which celebrates all things red, and most importantly raises money for Australia's biggest killer – cardiovascular disease. The Heart Foundation celebrates 50 years in 2009, and the ball highlighted the many achievements the Heart Foundation has made over five decades. Adelaide Cardiology enjoys the partnership with the Heart Foundation for this event, and looks forward to supporting the Heart Foundation for another 50 years!

Argus

Many practices are moving towards a paperless office and in doing so, are utilising secure messaging options. This enables clinical documents to be exchanged between practices. Adelaide Cardiology is able send letters securely via Argus Connect. If your practice would like to receive letters from Adelaide Cardiology in this manner please advise us of your Argus email address by forwarding it to info@adelaidecardiology.com.au

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

Diastolic Heart Failure

Heart failure continues to be a major cause of morbidity and mortality in our population.

Dr Patrick Disney, Director Echocardiography Department at Adelaide Cardiology.

Diastolic heart failure accounts for up to 40% of heart failure cases, particularly in the elderly and in women. Hypertension, hypertrophic cardiomyopathy, diabetes and myocardial fibrosis from aging are common causes. A simplified definition is a clinical syndrome of typical heart failure symptoms (dyspnoea, orthopnoea, oedema) with evidence of normal or mildly impaired systolic function (Ejection Fraction >40%) but increased left ventricular filling pressures. Impaired left ventricular diastolic filling leads to pulmonary congestion and peripheral oedema.

Transthoracic echo is the most common method of assessing diastolic function, based around assessment of diastolic flow into the left ventricle and left atrium, but can be difficult to assess in patients with atrial fibrillation and valvular regurgitation. Dysfunction is graded from mild through to severe as left ventricular filling pressures increase. Mild degrees of diastolic dysfunction are usually asymptomatic as filling pressures are usually normal. While measurement of serum natriuretic peptides (eg BNP) can help detect the presence of raised ventricular filling pressures, echo can also assess for structural heart disease – eg left ventricular hypertrophy and left atrial dilatation.

There is very little evidence from clinical trials or observational studies as to how to treat diastolic dysfunction.

Principles of treatment include:

- Fluid and salt restriction.
- Tachyarrhythmias should be corrected and sinus rhythm restored where possible.
- Beta blockers and Ca channel blockers (Verapamil/Diltiazem) can be tried to lower heart rate and increase the diastolic period for left ventricular filling.
- Nitrates can be used when ischaemia is suspected, but care should be taken not to reduce preload excessively.
- Diuretics should be used cautiously so as not to reduce preload excessively and thereby reduce stroke volume and cardiac output.
- ACE inhibitors and A II receptor blockers may cause regression of ventricular hypertrophy, but large trials have been disappointing in terms of prognostic benefit.
- Digoxin is probably contraindicated as it may further decrease cardiac compliance.

In general the annual mortality is about half that of systolic dysfunction, but varies depending on aetiology. When diastolic dysfunction coexists with systolic impairments, the prognosis is worse.

In summary, diastolic dysfunction is common and although treatment options are limited, diagnosis is important for prognostication.