



### 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)

**Dimitrios Lypourlis**  
Electrophysiology

**Julie Bradley**  
Echocardiography



### Contact us

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South Australia

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Facsimile  
08 8232 3692

[adelaidecardiology.com.au](http://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

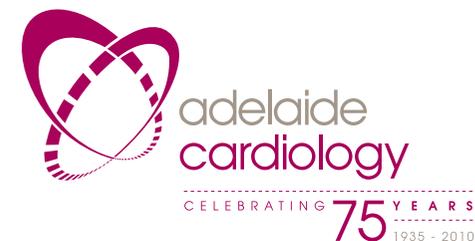
Gawler Health Services  
21 Hutchinson Road  
Gawler SA 5118

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

## 75 years young

As we celebrate Adelaide Cardiology's 75th Anniversary in 2010 it is timely to reflect on our history from humble beginnings to the large multifaceted Practice it is now.

Eric Gartrell founded the Practice in Cardiology, which was in its infancy, on North Terrace in 1935. Little could he imagine how the Practice he commenced would take root and flourish over the next 75 years!

From the city to suburban and regional areas, we continue the ideals and principles of the retired cardiologists, aiming to provide the best for our patients, their families and our referring doctors.

We invite you to read the full history of Adelaide Cardiology and its founding doctors on our website at [www.adelaidecardiology.com.au](http://www.adelaidecardiology.com.au).

## A cause close to all our hearts

Adelaide Cardiology was again a Silver Sponsor of the National Heart Foundation's gala fundraising ball, Paint the Town Red.

Now in its 10th year, the ball raises tens of thousands of dollars all of which goes directly to the National Heart Foundation and its efforts to provide Australians with the very best heart health information, and funds for cutting edge research.

Adelaide Cardiology was thrilled to support a cause that is so important to us all.

## Cardiac services in the Clare Valley

Adelaide Cardiology is pleased to advise that Dr Joseph Montarello has joined Dr Karen Teo in providing consultation, ECG and treadmill exercise testing, along with our echocardiography service at Clare Medical Centre.

Joining Adelaide Cardiology in 1990, Joe is interested in all aspects of clinical cardiology with a particular interest in interventional cardiology.

## New guidelines for the use of antiplatelet therapy

The Cardiac Society of Australia and New Zealand recently released guidelines for the use of antiplatelet therapy in patients with coronary stents undergoing non cardiac surgery. The guidelines were developed by a Committee which included representatives from the College of Surgeons, College of Anaesthetists, College of Dental Surgeons and The Society of Cardiac and Thoracic Surgeons. Dr Peter Sage, Interventional Cardiologist, reviews their recommendations.



**Dr Peter Sage**  
Interventional  
Cardiologist

Coronary stents are increasingly used in the treatment of acute coronary syndromes and angina pectoris. Hence, increasing numbers of patients require dual antiplatelet therapy with aspirin and clopidogrel following stenting.

Coronary stent thrombosis is an uncommon but potentially devastating complication following coronary stenting and has a high mortality. Approximately 40% of cases of stent thrombosis have occurred when non cardiac surgery is performed in patients with coronary stents in whom dual antiplatelet therapy or clopidogrel has been ceased.

Stent thrombosis within bare metal stents occurs most commonly in the first 4-6 weeks following the procedure. However it is recognised that continuing dual antiplatelet therapy for up to 12 months may reduce further ischaemic events. The recent change in PBS reimbursement for clopidogrel following stenting may well lead to dual antiplatelet therapy being continued for 12 months in most patients.

Late stent thrombosis (after 1 month) occurs more frequently following placement of a drug eluting stent. Hence the current guidelines recommend dual antiplatelet therapy for at least 12 months following a drug eluting stent and if tolerated many Cardiologists are recommending patients continue it long term.

The main points to come out of the guidelines are:

- Stent thrombosis/death/MI are increased if non cardiac surgery is performed within 6 weeks of bare metal stenting. Hence elective non cardiac surgery should be deferred for at least 6 weeks and there appears to be further reduction in risk if surgery can be deferred for at least 3 months following bare metal stenting.
- The risk of stent thrombosis/death/MI is at least 5% if dual antiplatelet therapy is ceased and non cardiac surgery performed within 12 months of a drug eluting stent being placed. Elective non cardiac surgery should therefore be deferred for at least 12 months following a drug eluting stent.
- Despite the observation that dual antiplatelet therapy increases the likelihood of bleeding during non cardiac surgery, the consequences of this bleeding are generally less significant than those of stent thrombosis. Therefore wherever possible continuation of antiplatelet therapy is recommended. Exceptions to this include patients undergoing spinal, intracranial, extraocular, TURP or major plastic reconstructive procedures.
- If surgery is required for a patient at risk of stent thrombosis a multidisciplinary approach including the patients' Cardiologist, Surgeon and Anaesthetist is important to reach the optimum strategy and the patient should be informed of the relative risks and consequences of both stent thrombosis and bleeding complications.
- A patient at risk of stent thrombosis in whom antiplatelet therapy is to be ceased, should have their non cardiac surgery performed at facilities with the capacity for angioplasty, and should be monitored in a high dependency area peri-operatively.
- If antiplatelet therapy is ceased prior to non cardiac surgery it should be recommenced as soon as possible following the procedure.