



### 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

**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



### Contact us

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

### Locations

#### City & Suburbs

270 Wakefield Street  
Adelaide SA 5000

St Andrew's Hospital  
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

Gumeracha Hospital  
2 Albert Street  
Gumeracha SA 5233

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

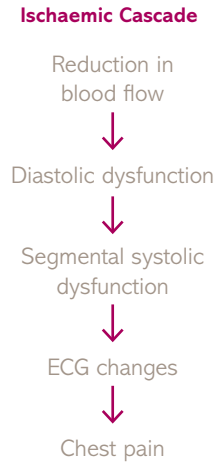
## Cardiac Services

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.

Locations	Consultation	ECG	Echocardiography	Exercise Treadmill	Exercise Stress Echo	Holter Monitor	Event (Loop Monitor)	BP Monitor
Wakefield Clinic	✓	✓	✓	✓	✓	✓	✓	✓
St Andrew's Hospital	✓	✓	✓	✓				
Modbury Clinic	✓	✓	✓	✓		✓	✓	✓
Unley Road Clinic	✓	✓	✓	✓		✓	✓	✓
Angaston Hospital	✓	✓	✓	✓				
Bridge Clinic	✓	✓	✓	✓			✓	
Broken Hill Base Hospital	✓	✓	✓	✓				
Clare Medical Centre	✓	✓	✓	✓				
Gawler Health Service	✓	✓	✓	✓		✓	✓	
Gumeracha			✓					
Maitland Health Centre			✓					
Mannum Medical Centre	✓	✓	✓	✓				
Minlaton Medical Centre			✓					
Walleroo Hospital	✓	✓	✓	✓				

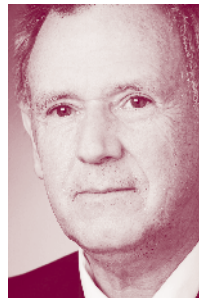
## Stress Echocardiography – How When and Why?

Stress echocardiography is a well validated investigation in the evaluation of coronary artery disease and some forms of valvular heart disease.



Exercise stress echocardiography (ESE) involves combining some form of physical stress (either a treadmill or exercise bike) with both pre and post echocardiographic assessments of various aspects of cardiac function. It has proven itself to be extremely useful in the assessment not only for the diagnosis and prognosis of ischaemic heart disease, but also in other cardiac conditions such as valvular heart disease and pulmonary hypertension.

The attractions of ESE include the avoidance of ionizing radiation (compared with nuclear stress testing), its portability and cost compared with MRI, and the ability to assess for structural heart disease at the same time.



Dr Robert Waltham

**After 32 years working with Adelaide Cardiology, Dr Robert Waltham retired in March this year.**

Robert graduated from the University of Adelaide in 1969. He commenced his cardiology training initially at the Royal Adelaide Hospital and later completed a cardiology fellowship at the University of Michigan.

Normal exercise stress testing (EST) relies on interpretation of ST segment changes, but this occurs late in the ischaemic cascade (see diagram). The accuracy of EST varies greatly depending on factors such as age and sex, with an average sensitivity of 65% and specificity of 75% for detection of coronary artery disease. Left ventricular hypertrophy, digoxin use and female sex all increase the chance of a false positive EST.

ESE has a higher accuracy for detection of ischaemia than normal EST. ESE and nuclear perfusion testing have similar sensitivity (80% v 84%) but ESE has a higher specificity (86% v 77%). An adequate negative ESE predicts a low risk of cardiac events (<1% over next 12 months). Failure to reach a target heart rate such as with B-blocker use is one of the main causes of a false negative ESE, so it is preferable to hold such medications for at least 24 hours prior to testing. Chronic airways disease and obesity also can reduce the echo image quality which complicates assessment of wall motion defects. Patients must be able to walk on a treadmill at least to a brisk walk, otherwise alternative pharmacological stress testing should be considered.

### Key points

- Exercise stress echo is more accurate than standard exercise stress testing, especially in women and those with structural heart disease.
- Patients must have reasonable mobility to walk on the treadmill. B-blockers and calcium channel blockers (verapamil/diltiazem) should preferably be held for at least 24 hours.
- A negative ESE predicts a low rate of cardiac events over the next 1 year.

Dr Patrick Disney

Robert had a special interest in interventional cardiology which he began in 1979 at the University of Michigan and with Dr Leo Mahar performed the first coronary angioplasty in South Australia in 1982.

Robert joined Adelaide Cardiology in 1980 and was appointed to a number of roles outside of private practice throughout his career.

We would like to take this opportunity to acknowledge Robert's work and his contribution to Adelaide Cardiology and wish him all the best in his retirement.