Setting the pace in cardiovascular care.

Memorial Hermann treats the most hearts in Houston, with our affiliated physicians performing more than 50,000 procedures last year alone. This award-winning, innovative care includes nine accredited Chest Pain Centers that offer expedited diagnosis and treatment in a heart emergency. And technologically advanced cardiac catheterization labs provide precise imagery that can be seen by your physician from anywhere in the world. So for true strength in cardiovascular care, turn to the experts at Memorial Hermann.

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**Fixing Irregular Heartbeats**

It is often said that when you fall in love, your heart “skips a beat.” But what if it’s just an ordinary day and you feel your heart beating erratically?

The most common type of erratic heartbeat, atrial fibrillation, affects between 2.7 and 6.1 million Americans, reports the American College of Cardiology. An erratic heartbeat can be life-threatening if untreated. Atrial fibrillation (AFib) earns its name from its traits and location: Chaotic rhythm and low blood pressure. It is often said that when you fall in love, your heart “skips a beat.” But what if it’s just an ordinary day and you feel your heart beating erratically?

A heart rate between 60 and 100 beats per minute is considered normal. However, people can experience AFib without even realizing it because it usually produces no symptoms or only minor symptoms such as a fluttering sensation in the chest, shortness of breath, or dizziness.

Atrial fibrillation may occur rarely, sporadically or chronically. “The longer you have AFib, the less likely it is that doctors can restore a normal heart rhythm, especially if you’ve had the condition for six months or longer,” says Alexander Drtil, M.D., director of the electrophysiology laboratory at Memorial Hermann Heart & Vascular Institute-Memorial City.

HOW COMMON IS AFIB?

Not everyone with AFib knows they have it. The first clue may be a physician detecting an irregular beat while listening to the heart with a stethoscope or recording its electrical activity with an electrocardiogram (EKG/ECG) device. Others may experience rapid heart rhythms, palpitations, shortness of breath, chest pain, dizziness or swollen ankles. For some, the first sign of an erratic heartbeat is a stroke in which blood clots migrate to the brain, where they block vessels and cause damage.

“A fib increases your risk of a stroke by five times and is responsible for almost 25 percent of all strokes,” says Sohail Jalal, M.D., a cardiologist, electrophysiologist affiliated with Memorial Hermann Heart & Vascular Institute-Southwest. The condition leads to 750,000 hospitalizations and about 130,000 deaths every year, according to the Centers for Disease Control and Prevention. The incidence of AFib rises with age: From 1 percent of 50-year-olds to 6 to 8 percent of 80-year-olds. With an aging population, the U.S. Census Bureau projects that 12.1 million Americans will have the condition by 2030.

HOW IS AFIB TREATED?

Many AFib patients reduce the risk of blood clots that can lead to stroke by taking blood thinners (anticoagulants) including newer rivaroxaban and dabigatran and classics like warfarin, heparin or aspirin.

“Taking these medications is a lifelong commitment,” says Dr. Jalal, who notes some drugs have side effects including nausea, fatigue or gastrointestinal bleeding.

ADVANCES IN DEVICES

A new life-changing treatment for AFib patients who cannot tolerate anticoagulants is the Watchman Implant. Memorial Hermann Heart & Vascular Institute-Texas Medical Center is one of only two hospitals in Houston implanting the newly approved device.

“When a blood clot develops in the heart of a patient with AFib, it is most often found within the left atrial appendage (LAA), a small pouch on top of the heart,” says Suamy Sharma, M.D., a cardioelectrophysiologist and assistant professor at UTHealth Medical School. “Although it does not cure AFib, the Watchman Implant does reduce the risk of stroke by stopping LAA blood clots from entering the bloodstream and blocking a blood vessel in the brain that could result in a stroke.”

ADVANCES IN ABLATION TECHNIQUES

“Cardiologists are split into two camps: interventional cardiologists who deal with the plumbing and cardiac electrophysiologists who deal with electrical signals,” Dr. Drtil says. “The recent development of better imaging techniques has been a game-changer, thanks to computers reconstructing the left atrium visually. Physicians affiliated with Memorial Hermann use catheter radiofrequency ablation to form a fence around abnormal heart tissue and erratic firings of nerves – at the mouth of pulmonary vessels, where AFib is triggered. Doctors thread thin, flexible tubes called catheters from the groin to the heart through the patient’s blood vessels to reach the area without opening the chest. The latest ablation catheters have tips that sense the level of contact pressure. “Previously, we wouldn’t know if we were truly ablating tissue until after swallowing and bruising had occurred,” adds Dr. Drtil.

“Those advances are increasing the cure rate of a single ablation procedure from as low as 50 percent to 80 percent,” Dr. Drtil says.

CURING COMPLEX AFIB CASES

Memorial Hermann is the go-to hospital for another minimally invasive procedure for complex AFib cases. Dubbed the Wolf Mini-Maze for Randall W. Wolf, M.D., who created it in 2003, the surgery requires three small cuts made between the ribs and below the amput on either side of the chest. “We insert a flexible tube with a camera at the end to view the heart directly,” says Dr. Wolf, surgical director of atrial fibrillation at the Center for Advanced Heart Failure at UTHealth Medical School and Memorial Hermann Heart & Vascular Institute-Texas Medical Center. “After isolating pulmonary veins and testing nerves, we can suture a barrier, much as with ablation.”

Then doctors remove the left atrial appendage (LAA). The LAA alone may be removed in patients who cannot take blood thinners. “The left atrial appendage is the source of 91 percent of blood clots that go to the brain,” Dr. Drtil says.

AFib-free post-surgical rate is greater than 92 percent in patients with intermittent AFib with six years follow-up.

To learn more about the Wolf Mini-Maze and other Memorial Hermann AFib treatments, attend the upcoming free AFib webinars on October 24 and December 12. Call 713.704.4300 for more information.

And take heart: With the right treatment, many AFib patients live normal, active lives.

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“The first was to give him every chance to recover from the viral illness, the second was a heart transplant and the third was when he came off dialysis and was able to have full kidney function despite having been on an artificial kidney machine,” says Dr. Macris. “That is rare.”

Today, Christian has regular doctor appointments, and his goals are simple: finish high school and learn to drive. After his experience, he hopes to be able to provide access to counseling and education regarding a healthy lifestyle,” says Dr. Bujak. “For those who’ve had heart disease, a coronary stent or other surgery, many of our hospitals have cardiac rehabilitation programs they can join to make sure exercise is appropriate for their heart condition.”

FORGE PERFECTION.

“Give yourself a cheat day every once in a while, but not too often,” Vallone advises. “Thanks to medications that now exist for blood pressure and cholesterol, you don’t have to go to extremes.”

“Let your body be your guide,” Dr. Hermann adds. “If you have chest pains, lightheadedness or breathing trouble, those are signs you need to back off.”

“Though the restaurant still indulges its patrons, its approach has evolved to a much more heart-healthy style of fine dining.”

“While I’d love for everyone to eat brown rice over white rice, if I tell someone from small changes over a long span make a difference.”

“Choose lots of vegetables, fruit, broiled fish, legumes, seeds and whole grains.”

“There’s no such thing as a cheat day,” says Dr. Hermann. “People with diabetes or a strong family history of heart disease need to be on statins for the rest of their lives, regardless of their cholesterol levels.”

“Some of my patients are living longer and better despite being diagnosed with heart disease,” says Dr. Hermann. “People with diabetes or a strong family history of heart disease need to be on statins for the rest of their lives, regardless of their cholesterol levels.”

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