



Dear Friends,

The new year is a time for new beginnings. This latest issue of Straight from the Heart comes to you just in time for resolutions and American Heart Month in February.

Heart health is a 365-day concern, but February is a good time to make yourself more aware of heart disease and the ways we are fighting back.

Today we enjoy more options for cardiac care than ever. Throughout this newsletter, you will read about leading-edge treatments available right here in central Pennsylvania through UPMC Pinnacle. In this issue, we highlight some of the latest ablation options for patients with atrial fibrillation, to a personal story on a life-changing, minimally invasive procedure.

This is also a good time to make sure you know the signs of a heart attack. Sometimes it's not easy, but you need to be prepared to act fast if you see them. When a heart attack does strike, our fast-acting emergency room teams are saving lives.

Of course, prevention is the best cure. It's never too late to start eating a heart-healthy diet and keeping active. And you'll be happy to find out you don't have to eat seaweed to stay healthy. Read this issue to get some heart-healthy tips, and learn about a screening that will help you know your cardiovascular risk.

As the patients featured in this issue would tell you, every day is a gift. Take the time to savor this gift, and take heart-healthy steps to ensure you have many more to come. We invite you to join us for heart-health seminars in your area to help you in your efforts. On the back page, you will find details on our free community seminars.

Yours in good health,

Todd Bokelman, MD

Chairman, Department of Cardiovascular Services
UPMC Pinnacle

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DO YOU HAVE HIGH BLOOD PRESSURE?

You're invited to take part in a study near you that is evaluating an **investigational device for its ability to lower high blood pressure.**

You may qualify if you're between **20 and 80 years old** and have high blood pressure or are taking medications to manage your high blood pressure.

To learn more about this study and to see if you're eligible, visit **UPMCPinnacle.com/BloodPressure** or call **717-920-4400 ext. 4279.**

CAUTION: Investigational device. Limited by federal (U.S.) law to investigational use.

MORE ABLATION OPTIONS FOR A-FIB PATIENTS

ABLATIONS DONE WITH HEAT OR ICE

A-Fib is a type of heart arrhythmia affecting nearly five million Americans. And as the nation ages, that number is expected to grow. Untreated, patients with A-Fib have five times greater risk of stroke.

"With A-Fib, the atria (the top of the heart) loses all organized electrical activity, and it gives patients a very irregular pulse, either slow or rapid," explains Michael Link, MD, electrophysiologist, PinnacleHealth CardioVascular Institute. "Most of the time it's caused by a combination of genetics and age."

Many patients can treat this condition with medication. "We try medication therapy first to see if that returns them to a normal rhythm," Dr. Link says. "If a patient experiences a recurrence on the medication, they may be a candidate for an ablation."

An ablation is a minimally invasive procedure performed by a cardiologist with advanced training called an electrophysiologist. It only requires a tiny incision where a thin flexible tube, called a catheter, is inserted into a vein and guided to the heart. Because it is minimally invasive, it results in less blood loss, less pain, and a quicker recovery for patients.

Once the catheter is guided to the heart, the electrophysiologist disables the tissue in the heart causing the abnormal electrical signal, using either heat or ice. This prevents the tissue from sending the unwanted electrical signals that cause irregular pulse.

"Ablation is best for patients with intermittent A-Fib who are generally younger, under 65 years old," says Chinmay Patel, MD, FACC, medical director of electrophysiology at PinnacleHealth CardioVascular Institute. "Patients with intermittent A-Fib may feel symptoms for a while, then go back to a normal rhythm. Over time, this pattern becomes more frequent."

Heat or Ice

UPMC Pinnacle offers patients two types of ablations: radiofrequency ablation and cryoablation. Basically, it is the difference between heat and ice.

Radiofrequency ablation is the most widely used form of ablation. It uses an electric current to heat up a small area of tissue to disable the electrical signals.

Growing more common, cryoablation uses ice to disable the electrical charges.

When the catheter gets to the heart, a small balloon is inflated and put into position at the troubled tissue. The balloon is then filled with a refrigerant, which freezes the tissue and disables the unwanted electrical signals.

"We've been doing this for a while with good results," notes Nicholas Mandalakas, MD, electrophysiologist with UPMC Pinnacle's Cardiac Consultants. "More data is coming out, and it has been shown to be a good procedure."

Cryoablation offers several benefits. It is typically a shorter procedure, meaning patients need less anesthesia, which in turn makes their recovery faster.

"One can freeze or cauterize unwanted electrical signals depending on what is best for a particular patient. It is becoming clear that catheter ablation using either approach is a very useful procedure to keep a patient in normal rhythm," says Dr. Patel.

The ablation technique used for you will depend on your situation and needs. Your UPMC Pinnacle cardiologist will go over the benefits of each option to help you decide which is right for you.

"We're glad to offer both and tailor the procedure to each patient," says Dr. Mandalakas.

If you have A-Fib and want to learn more about ablation options, visit us online at UPMCPinnacle.com/Afibablation.



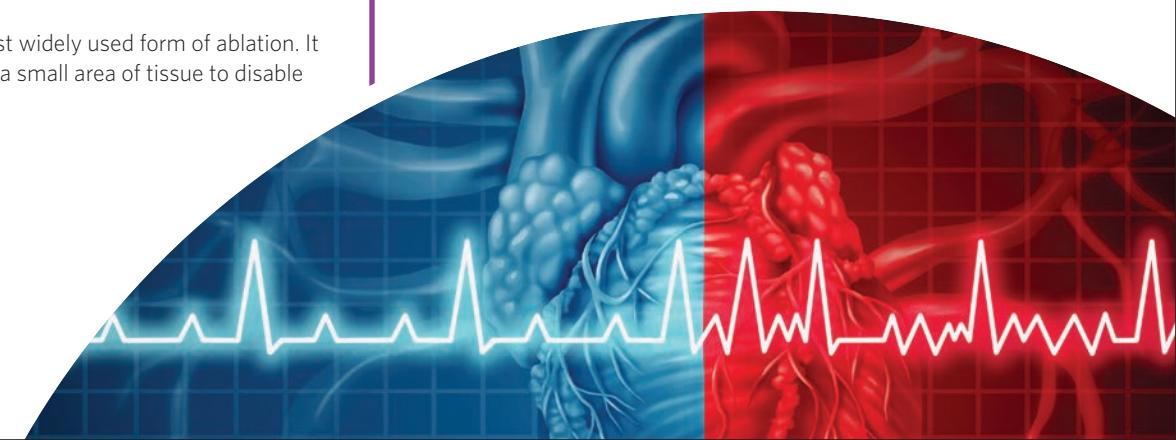
Chinmay Patel, MD, FACC
Electrophysiologist



Michael Link, MD
Electrophysiologist



Nicholas Mandalakas, MD
Electrophysiologist



LISTEN TO YOUR HEART

STEVE BOSTON THOUGHT IT WAS INDIGESTION, BUT IT WAS A HEART ATTACK.



Steve Boston

"I have a faint recollection of my hands feeling tingly and a little damp."

"Dr. Bosak was awesome," says Jill. "I was in shock, and I didn't know what to ask. He went through what to tell the kids, and he walked me through the entire process."

Fortunately for Steve, Dr. Bosak doesn't expect any long-term harm from this heart attack.

As part of his recovery, Steve takes medicines daily, goes to cardiac rehab three times a week, and is taking walks two or three times a day. Each day he feels stronger.

"In cardiology, we always talk about time is muscle," says Dr. Bosak. "And the longer it takes you to get to the hospital and to get the artery opened, the more damage there could be to the heart. So don't delay."

For more information on heart attack care at UPMC Pinnacle, visit us online at UPMCPinnacle.com/HeartAttack.



Michael Bosak, MD
Interventional cardiologist

HEARTBURN OR HEART ATTACK?

IF SOMETHING FEELS DRASTICALLY WRONG, SEEK HELP.

It's not always easy to know if what you're feeling is indigestion or a heart attack.

"Only about 50 percent of people have the classic heavy chest discomfort with pain radiating down their left arm," explains Michael Bosak, MD, interventional cardiologist with PinnacleHealth CardioVascular Institute.

"The rest have some variation on that theme. I know people who thought they just ate something bad at lunch, but it was a heart attack."

The reason for the confusion, explains Dr. Bosak, is that the nerves from the heart, stomach, and esophagus run back to the brain in a bundle. That makes it easy to confuse the signals.

He offers this advice: "I tell patients two things: first, if you sense that something has gone drastically wrong, you should see someone about it. And second, always call 911. Don't try to drive yourself or have your spouse drive you to the emergency room (ER)."

When you call 911, Dr. Bosak says, the ambulance team will come and provide CPR if needed. They'll also do an EKG right in your home and send it to the ER. The ER will know if it is a heart attack before you get there. If so, they will have a specialized care team waiting for you when you arrive.

Time is critical. The faster the blood flow can be restored, the less damage is done to the heart.

The national goal is to have 90 minutes or less pass from the first medical contact with the patient until the artery is open. "All UPMC Pinnacle hospitals constantly refine how we care for heart attack patients, improving our process to help save your heart muscle," says Dr. Bosak. "Even 15 minutes less time reduces damage to the heart."

Heart attack signs and symptoms you should watch for:

- Chest pain or discomfort
- Pain or discomfort in your jaw, neck, stomach, or one or both arms
- Shortness of breath
- Cold sweats
- Nausea
- Lightheadedness

CALL 911



NOT SLOWING DOWN

TAVR Helps 98-year-old Francie Romano Stay Independent and Active.

Francie Romano of Steelton doesn't like to sit around. "I'm busy all the time," she says.

Francie just got home from a visit to Nevada and she's looking forward to a trip to Atlantic City. In the meantime, she's getting ready to bake for her bingo night. Then she'll clean her house.

You wouldn't know she's 98.

"I've been like that all my life," says Francie, "and I have not changed my schedule."

But several months ago, she suddenly slowed down.

"I just didn't feel right," she explains. "My breathing was not good. I had to stop and rest a lot of times, and I definitely knew something was seriously wrong."

She thought it was pneumonia, but it was her heart. An ultrasound revealed that Francie had severe aortic stenosis. She would need a valve replacement.

If she had gone anywhere else, the prognosis for someone of Francie's age may not have been as optimistic. But at UPMC Pinnacle, Hemal Gada, MD, structural interventional cardiologist and medical director of structural heart, and Nikhil Jaik, MD, FACS, FACC, cardiovascular surgeon, thought they could help.

"Mrs. Romano is very vibrant, but she was dealing with a condition that would not only rob her of her life, but rob her of the vitality that is so precious," says Dr. Gada. "We wanted to help. And we thought Transcatheter Aortic Valve Replacement, or TAVR, would help restore her active life with an acceptable risk."

The decision was up to Francie. The more she thought about it, the more it made sense. "I knew things were going to get worse and worse. So, I thought, 'Why not go through with it? Let's see how it goes!'"



Nikhil Jaik, MD, FACS, FACC
Cardiovascular surgeon



Hemal Gada, MD
Structural interventional cardiologist



Francie Romano

TAVR PROVIDES HOPE.

Transcatheter Aortic Valve Replacement (TAVR) is a procedure for heart patients who have a serious heart condition called aortic stenosis, which limits the amount of blood flowing through a valve.

What makes TAVR special is that it is a minimally invasive procedure well-suited for patients who are not healthy enough for traditional open heart surgery.

"In Mrs. Romano's case, she would have been at a high surgical risk because of her age," said Dr. Jaik. "TAVR not only reduced the morbidity of her surgery, it also reduced her down time after the procedure."

Because of these advantages, TAVR is helping more seniors stay active.

"Surgery like this is not uncommon for people 80, 90, or 100 years old," said Dr. Gada. "Last year we performed the procedure for three people over 100 years old, and just recently two people over 90."

Find out more about the Transcatheter Aortic Valve Replacement (TAVR) available at UPMC Pinnacle by visiting us online at UPMCPinnacle.com/TAVR.

PREVENTION IS THE BEST CURE.

But it's never too late to start a heart-healthy lifestyle.



Jason Stuck, MD
Cardiologist

Jason Stuck, MD, cardiologist at PinnacleHealth CardioVascular Institute, sees hundreds of patients a year with cardiovascular problems. Many of these patients could have avoided problems altogether with a heart-healthy lifestyle.

KNOWLEDGE IS POWER.

Coronary Calcium Scoring Helps Patients and Doctors Understand Their Risk.

history of heart disease or other risk factors) but don't necessarily have symptoms. A physician prescription is required for a CCS.

When the test is completed, you get a score, called an Agatson score, which helps assess your risk of coronary artery disease. The lower the score, the lower your risk. If you get a high score, though, it doesn't mean you're sure to have a heart attack. But you should make some changes in your life such as a heart-healthy diet, exercise, and/or new medication.



If you have a moderate risk of heart disease but don't yet have symptoms, you may want to talk to your doctor about getting a Coronary Calcium Scoring (CCS).

"It's a computed tomography, or CT scan, that looks directly at the arteries of the heart," explains Dr. Stuck. "It tells your doctor the quantity of calcium in all of your heart arteries."

While calcium is good for your bones, in your arteries it can combine with fat/cholesterol to create what's called plaque, which can build up in your arteries and block blood flow. This buildup can eventually lead to a heart attack or stroke.

The test should be considered in men over 45 and women over 55 who are at intermediate risk (such as having a family

For more information about Coronary Calcium Scoring, or to schedule a screening, go to UPMCPinnacle.com/CCS.

UPMC Pinnacle

Straight from the Heart in no way seeks to serve as a substitute for professional medical care. Consult your physician before undertaking any form of medical treatment or adopting any exercise program or dietary guidelines.

 UPMC Pinnacle complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. For more information, see link on our home page at www.UPMCpinnacle.com.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-717-782-5503.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-717-782-5503.

MARK YOUR CALENDAR

Breakthrough Heart Treatments

Learn more about the latest treatments for valve diseases, such as transcatheter aortic valve replacement and MitraClip®, from Mubashir Mumtaz, MD, FACS, FACC, chief of cardiothoracic surgery; Hemal Gada, MD, MBA, medical director of the structural heart program; Roberto Hodara, MD, director of echocardiography; Atizaz Mansoor, MD, chairman, noninvasive imaging; and Amit Vora, MD, structural interventional cardiologist, PinnacleHealth CardioVascular Institute.

Tuesday, Feb. 5, 6:30 p.m.

Harrisburg: GIANT Food Stores, 2300 Linglestown Rd.

Cooking With a Cardiologist

Join Michael Bosak, MD, interventional cardiologist with PinnacleHealth CardioVascular Institute, in the kitchen at GIANT for a fun, interactive event featuring heart-healthy dishes. Space is limited. Fee: \$10 per person.

Wednesday, Feb. 6, 6 p.m.

Camp Hill: GIANT Food Stores, 3301 Trindle Rd.

Doing Your Part to Maintain a Healthy Heart

Want to avoid heart disease? Learn about the risk factors that impact heart health, how to make lifestyle modifications to improve your heart health, and the role of fitness to prevention and treatment of cardiovascular disease. Hear from Thomas Morris, DO, and Jason Stuck, MD, both noninvasive cardiologists as well as Jordan Cantando, MS, exercise physiologist and Tamara Rhodes, MS, RD, LDN, outpatient clinical dietitian. Bring your questions for them during this interactive session.

Tuesday, Feb. 12, 7 p.m.

Harrisburg: GIANT Food Stores, 2300 Linglestown Rd.

Preventing and Managing Heart Failure

We don't want you to be one of the 6.5 million that develop heart failure. Brian Corbally, DO, advanced heart failure cardiologist and medical director of the UPMC Pinnacle Heart Failure Center will discuss healthy living to prevent heart failure, the most up-to-date scientific management of heart failure, and strategies to care for those with advanced heart failure.

Tuesday, Feb. 19, 7 p.m.

Camp Hill: GIANT Food Stores, 3301 Trindle Rd.

Peripheral Artery Disease – What can your legs tell you about your heart?

Hear from vascular specialists, David Chang, MD, interventional cardiologist, and David Loran, MD, vascular surgeon, about your risk of developing peripheral artery disease (PAD), which can strike the legs, abdomen, or neck, and learn about medications, lifestyle choices, and treatments you can make to prevent or manage PAD.

Thursday, Feb. 21, 6 p.m.

Carlisle: UPMC Pinnacle Carlisle
361 Alexander Spring Rd., Education Center (within the hospital)

Keep the Beat

Join us for an in-depth look at atrial fibrillation, the most common heart rhythm disorder, along with discussion about alternative blood thinner medications and treatment options, such as WATCHMAN™. Chinmay Patel, MD, FACC, medical director of electrophysiology for PinnacleHealth CardioVascular Institute will speak.

Wednesday, Feb. 27, 7 p.m.

Camp Hill: GIANT Food Stores, 3301 Trindle Rd.

Powerful Hearts – A Cardiac Surgery Support Group

Join our active support group where patients can share ideas, thoughts, and concerns with people who understand. This is a free service, and we encourage family and friends to attend. All sessions are from 11 a.m. to noon.

Thursday, Jan. 24

"My Life after Heart Surgery" with Nan Elizabeth Morrison, RN, UPMC Pinnacle

Thursday, March 28

"Stretches for the Heart" with Richard Kepley, former cardiac surgery patient

Thursday, June 27

"How Sugar Effects your Heart" with Vanessa Snell, BSN, RN, CDE, diabetes educator, UPMC Pinnacle

Mechanicsburg: UPMC Pinnacle West Shore Campus
2025 Technology Pkwy., Ground Level, Suite G08

Advance registration is required for all events except Powerful Hearts. Light refreshments will be served. Register online at UPMCpinnacle.com/Events or by calling 717-231-8900.