

Treatment of heart attacks – what are we lacking?

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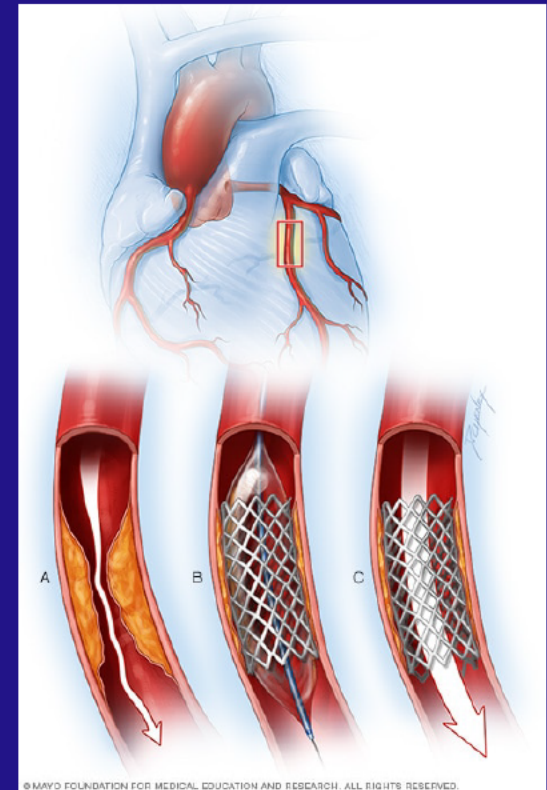
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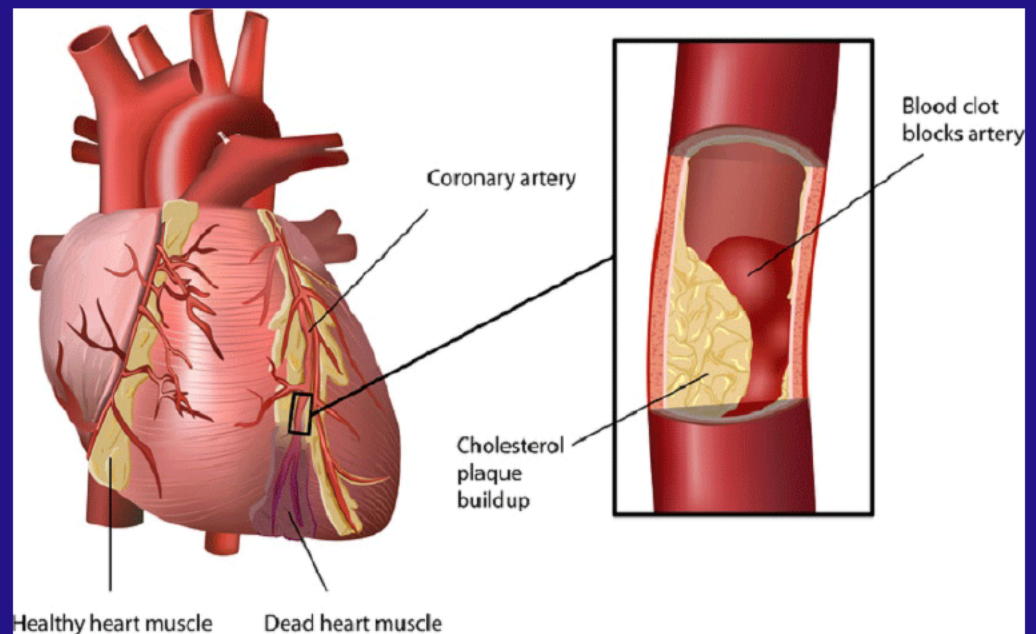
I want to emphasize on...

- CATH LAB
- PRIMARY ANGIOPLASTY



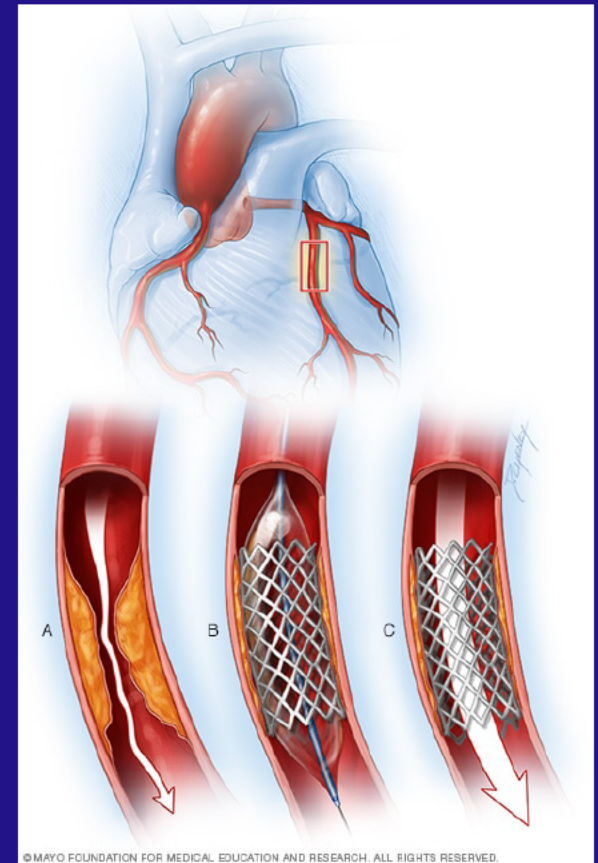
What causes heart attacks and how are they diagnosed?

- “Large” vs “small”
- Symptoms
- ECG/EKG
- Physical
- **Enzyme level**
- Echo scan

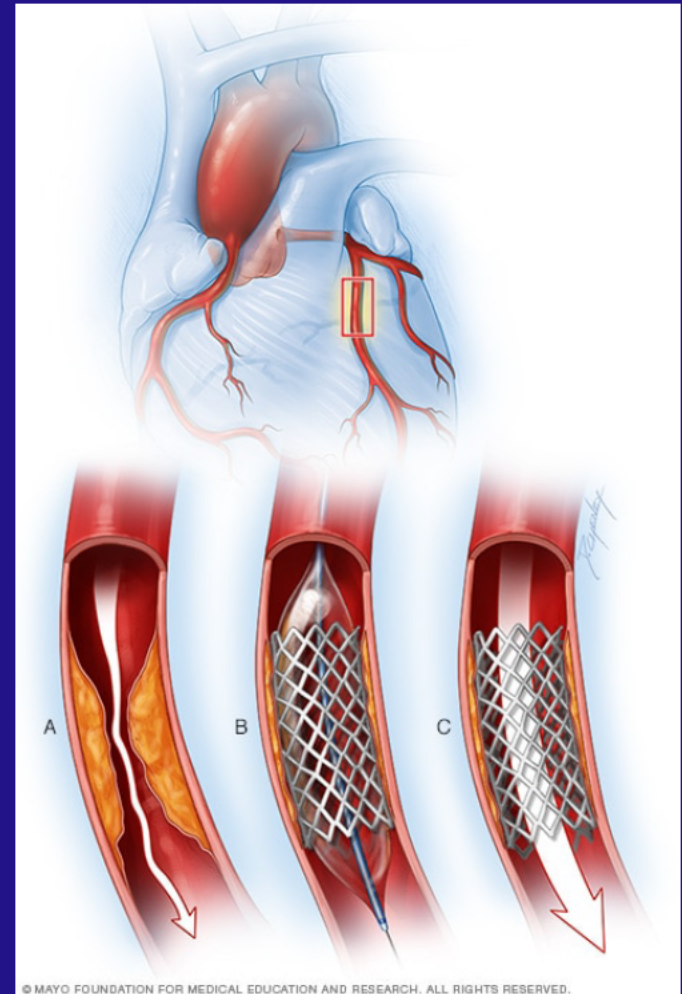
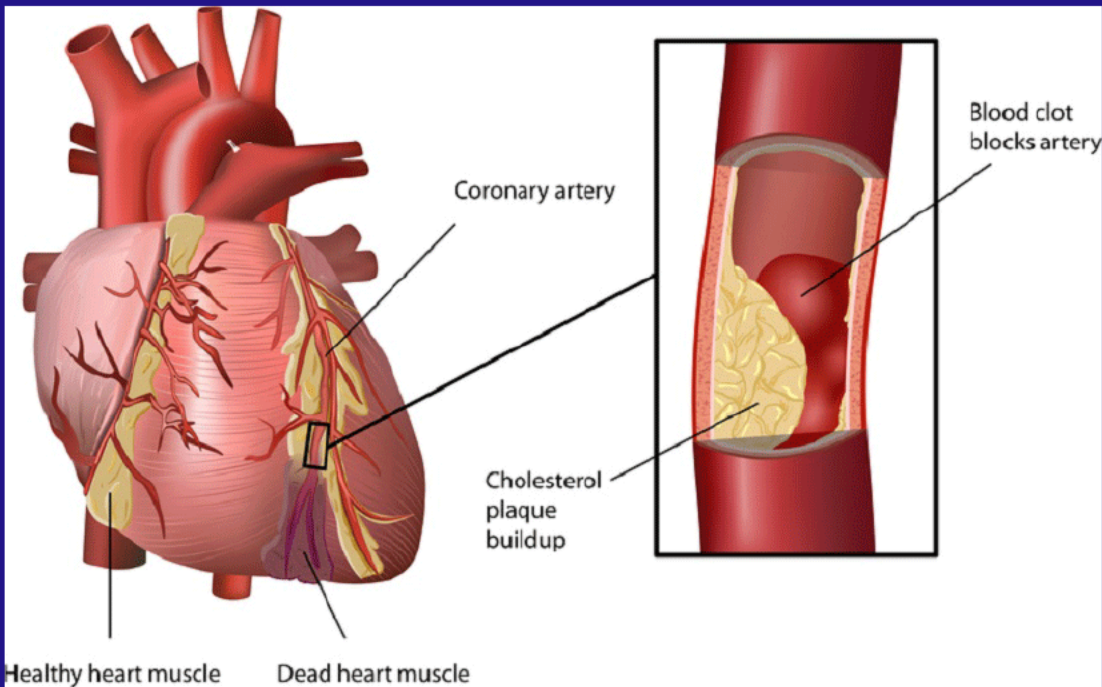


How are heart attacks treated?

- Emergency angiogram and stenting (primary angioplasty) – STANDARD OF CARE, DONE IN VICTORIA AND VANCOUVER (and most of the regions in the G7 countries)
- Clot buster drug and deferred stenting – DONE IN NANAIMO
- Time sensitive – 2 HOURS



Heart attacks, blocked arteries and stents



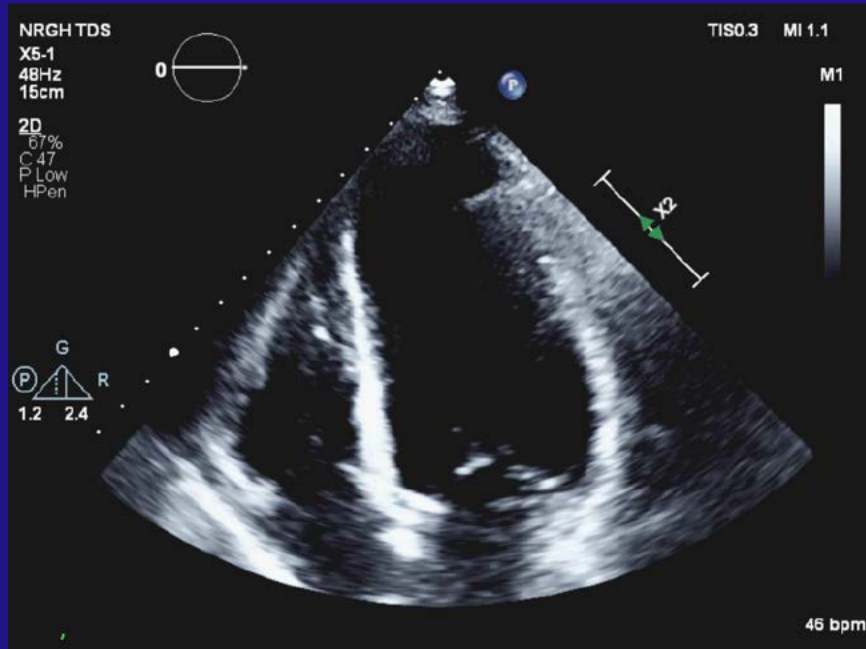
Primary angioplasty is better

- Stenting and unblocking artery straightaway is better than using clot busters
- More likely to unblock artery
- Better survival in the long term
- Accepted standard of care – lots of infrastructural and logistical changes made in
- North America, W. Europe and many parts of Asia

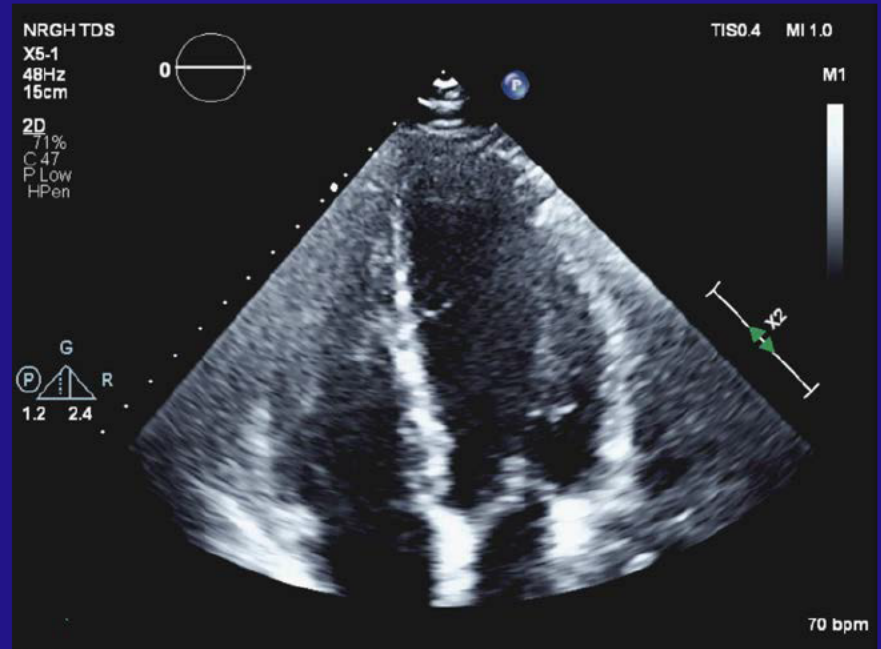
Angiogram showing blocked artery



Damage to heart pump (left ventricle)



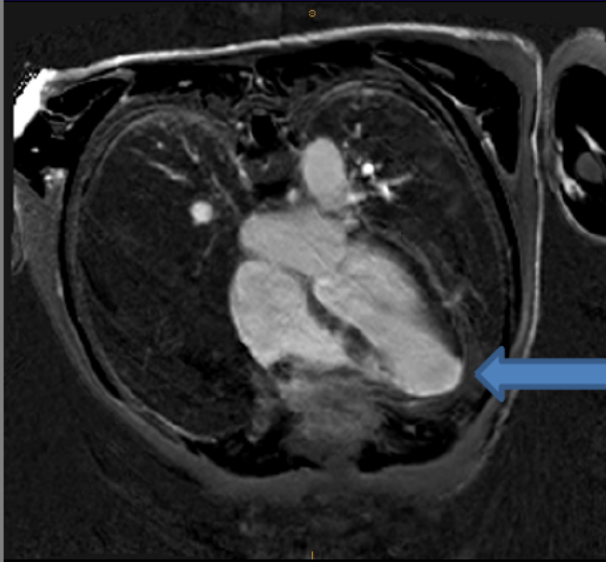
Heart attack



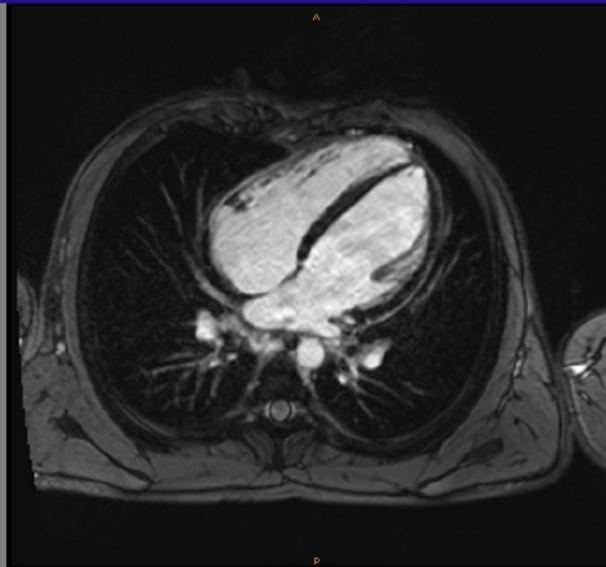
Normal

Cardiac MRI showing scar

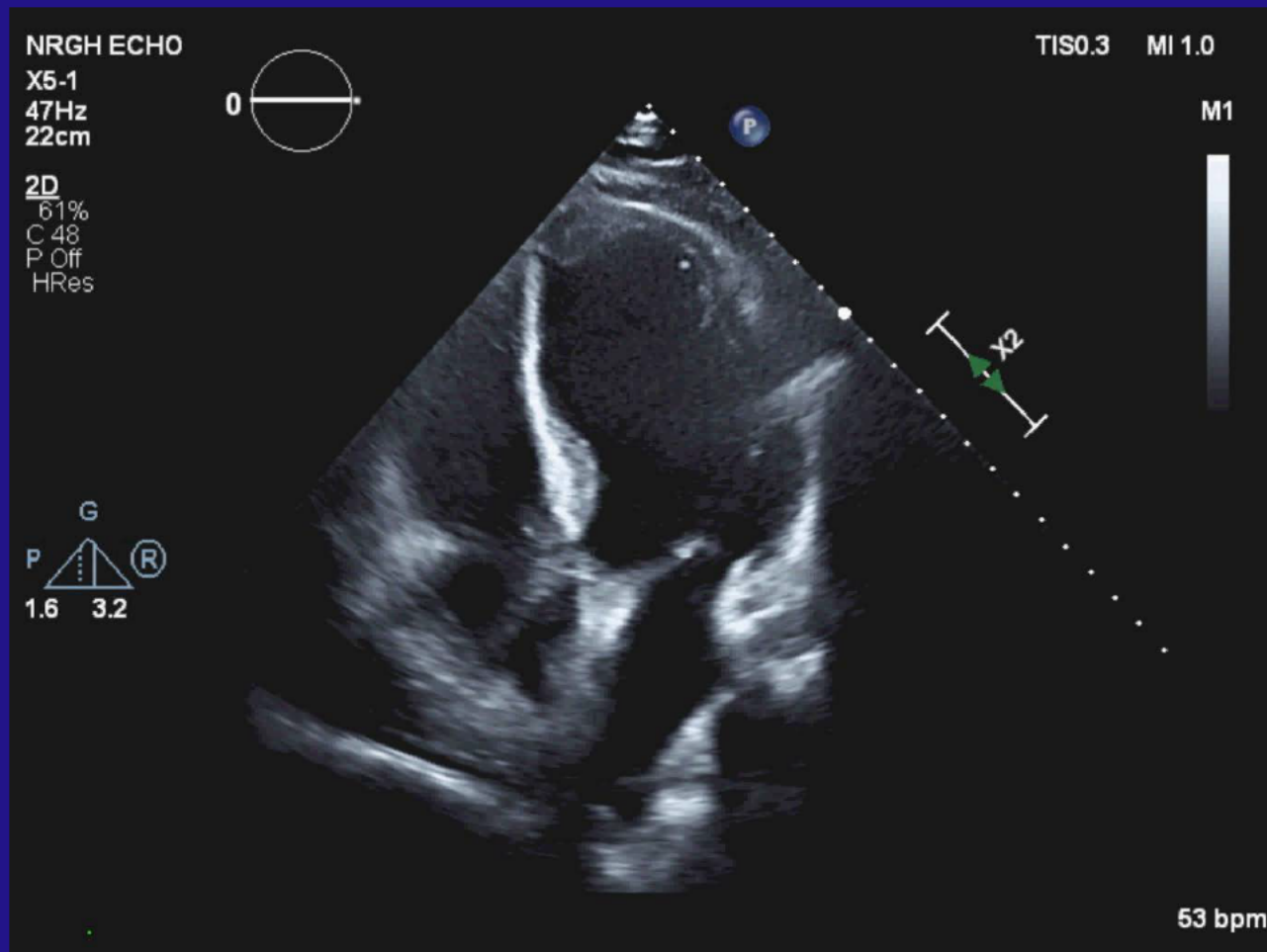
Scar



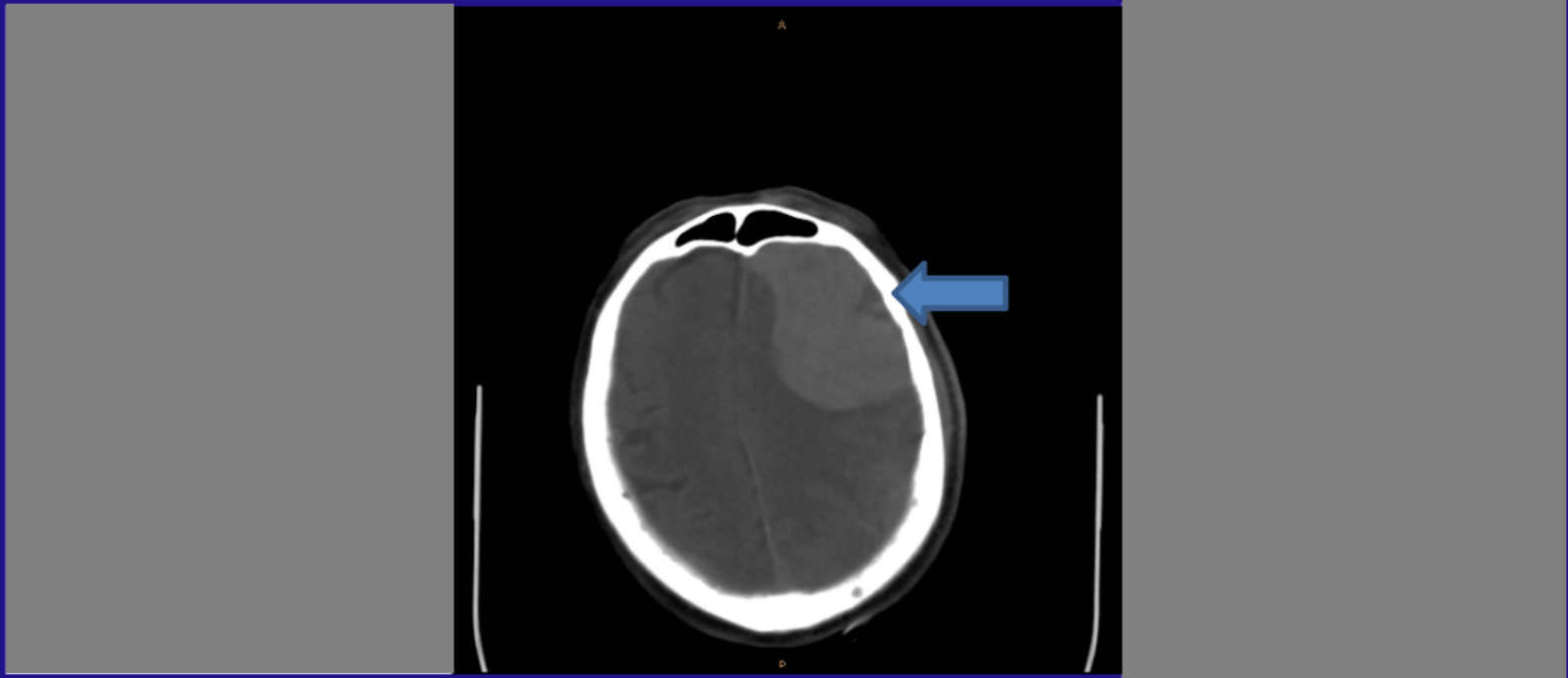
Normal



Clot in the heart



Things can go sideways with clot busters....big time



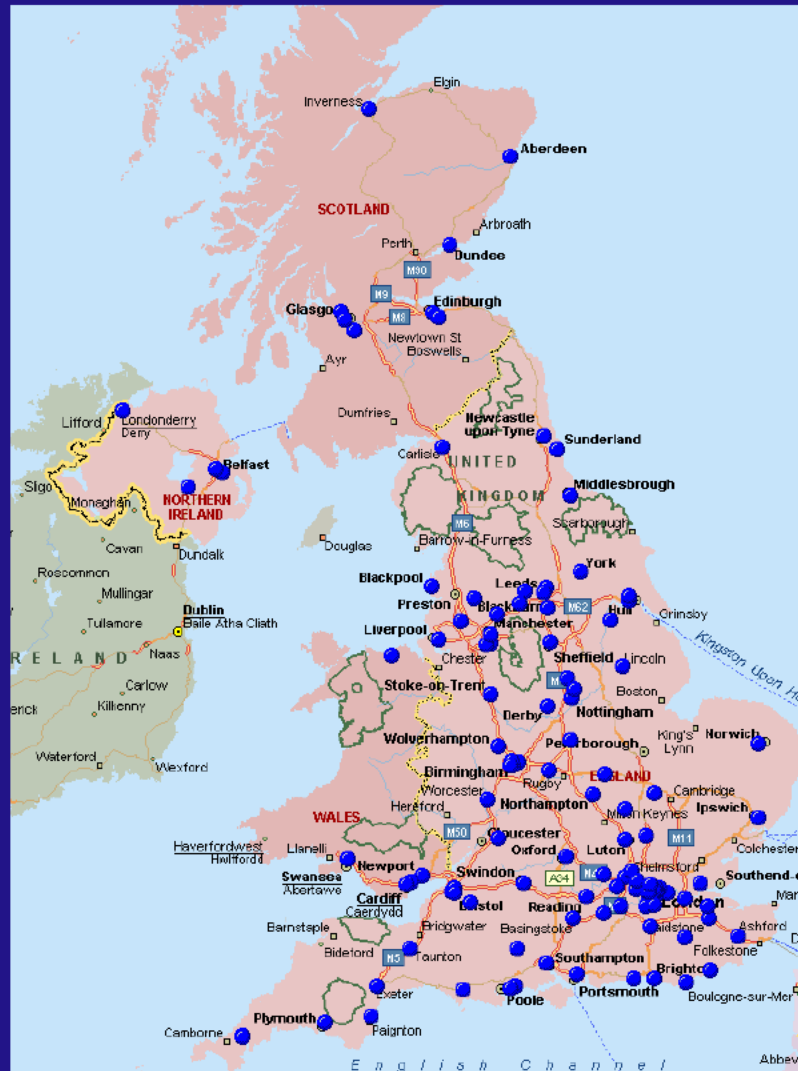
CATH LAB

cardiac catheterization laboratory



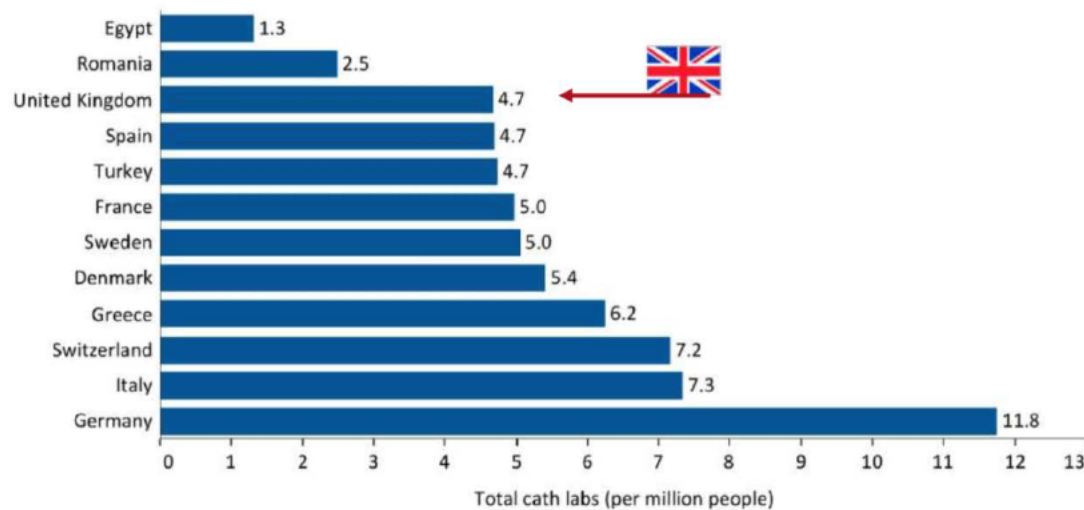
98 Cath labs in the UK

population 65 million



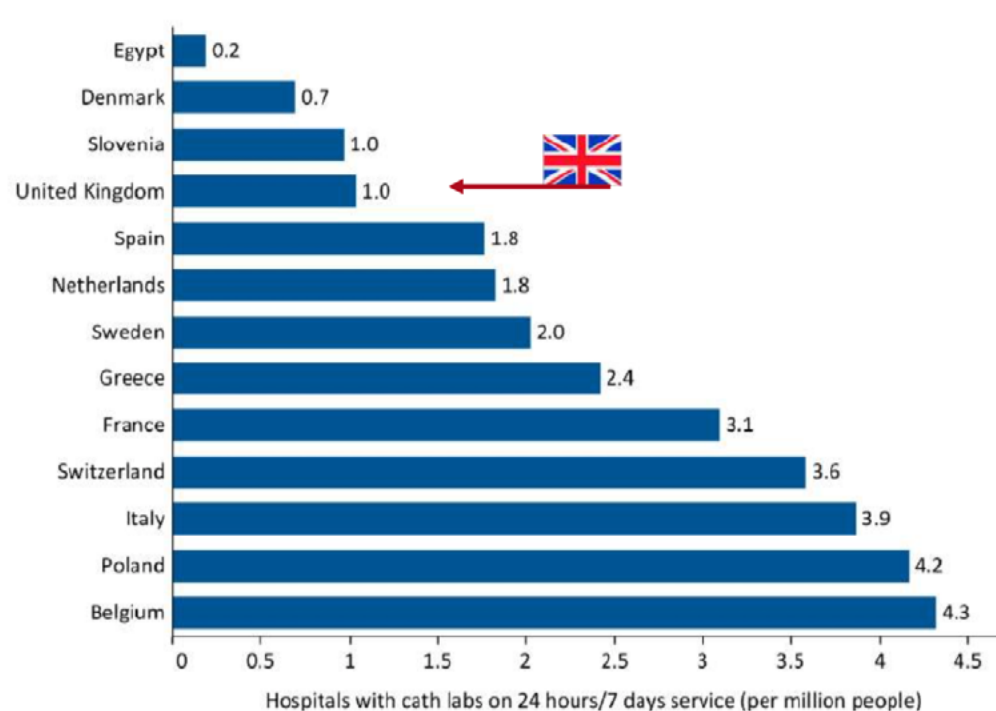
It's better in W. Europe!

Total cath lab tables (per million people), 2016 or latest year



Source: Data on total cath lab tables are from the EAPCI White Book database, 2016 (except Turkey: 2017), data on file. Data unavailable: Belgium, Netherlands, Poland, Slovenia. Notes: Germany: The numbers of cath lab tables may be higher. For hospitals providing interventional cardiology we counted 1 cath lab table for each

Hospitals with cath labs on 24 hours/7 days service (per million people), 2016



Source: Data on hospitals with cath labs on 24 hours/7 days service are from EAPCI White Book database, 2016, data on file. Data unavailable: Romania, Turkey, Germany. Notes: United Kingdom: Defined as labs that are the destination for paramedics diagnosing STEMI in the community.

Access to primary angioplasty in Canada

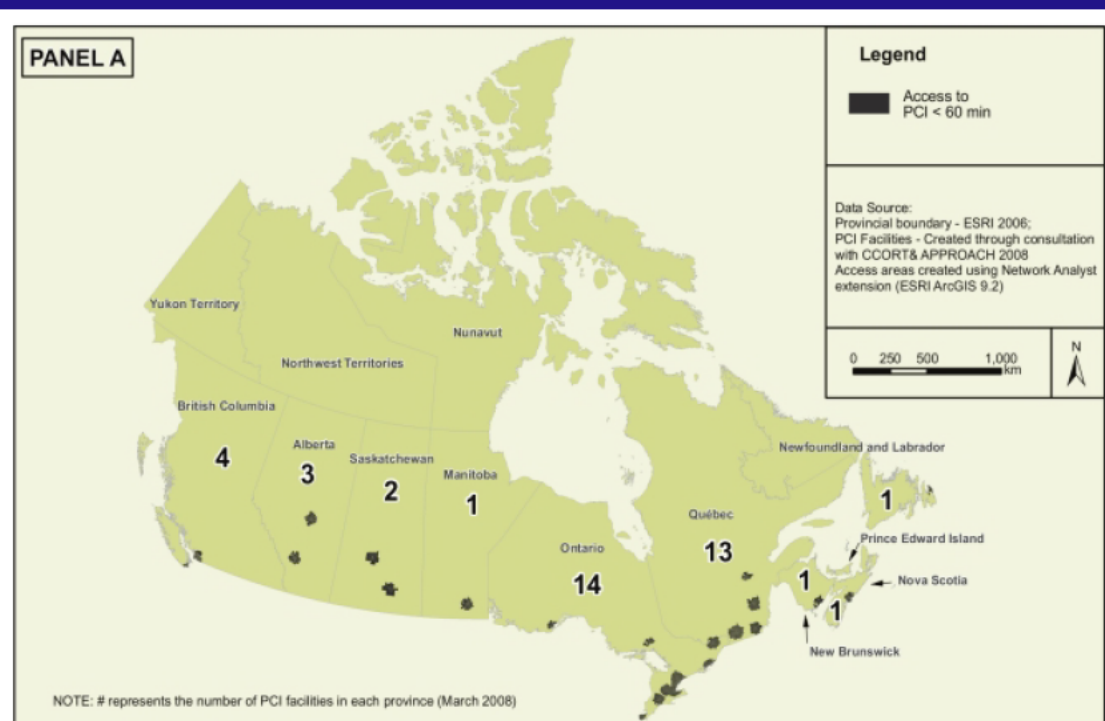


Table 1: Proportion of Canadians aged 40 years and older with access to a percutaneous coronary intervention (PCI) facility within 60, 90 and 120 minutes

Province	Total population aged ≥ 40 yr	Time to PCI facility; % of population with access		
		60 min	90 min	120 min
British Columbia	2 084 315	58.2	63.0	64.2
Alberta	1 449 305	63.3	67.7	71.9
Saskatchewan	466 305	42.0	45.3	52.9
Manitoba	546 075	63.4	68.8	73.3
Ontario	5 877 500	72.6	83.1	91.6
Quebec	3 863 045	68.9	80.2	86.7
New Brunswick	381 635	15.8	19.2	24.0
Newfoundland and Labrador	265 965	32.8	35.5	40.7
Nova Scotia	482 335	36.2	41.9	54.6
Canada	15 522 505	63.9	72.4	78.8

Having a cath lab locally

- A CATH LAB - will enable
 - Primary angioplasty for heart attacks (and not clot busters)
 - Shorter waiting times for angiograms and stents
 - Lesser number of ambulance rides back and forth
 - Lesser emergency transfers by choppers
 - Shorter hospital stay
 - Improved patient safety
 - Cost savings

Why does a centralized approach not work for us?

- The “hub” of the so called hub and spoke island located at one end of the island
- Long road trips back and forth should be kept to a minimum
- Ambulances don’t come cheap!
- Expanding services in Victoria may cut short waiting lists but primary angioplasty will still not be feasible – think, why do we have TWO ferry hubsin Nanaimo and Victoria

Are we living in the wrong post code?

- Are we getting a used car for the price of a new one?
- Become aware of the scale and urgency of the problem
- Make some noise
- Please donate - your time, efforts and monetary (hosp foundation)

**Thank you for your time and
patience!**