

HEALTHWORKS

# Emerson Hospital

| Spring 2016

**A healthy  
heart rhythm**

**THANKS TO THE RIGHT  
CARDIOVASCULAR CARE**



# Living well with atrial fibrillation

Excellent care + a pacemaker = no more worry

Heart palpitations happen—sometimes because of anxiety—and, in many cases, you can forget about them. Barbara Hamerstrom says her palpitations were “on and off” for several years before becoming worse. One day last summer, the Acton resident experienced frightening symptoms that convinced her to go to the Emerson Hospital Emergency Department (ED). She soon received the treatment she needed for atrial fibrillation, a cardiac arrhythmia (abnormal heartbeat) that is common in older individuals. Mrs. Hamerstrom, 86, doesn’t worry about her heart anymore.

their heart rate under control,” she says, “or we can perform a procedure to implant a device, such as a pacemaker. We also can perform a catheter ablation, which significantly decreases the recurrence of atrial fibrillation by preventing electrical triggers from activating the heart.”

The second issue is the risk of stroke; someone with atrial fibrillation is at higher risk. “We look carefully at someone’s individual risk for having a stroke—by considering their age, gender and other medical conditions—before prescribing a blood-thinner, which is effective at preventing stroke,” Dr. Kim notes.

## **An easy procedure, followed by a steady heartbeat**

When Dr. Kim introduced herself to Mrs. Hamerstrom in the ED that day, she told her she was a candidate for a pacemaker. Her EKG indicated that her heart had gone six seconds without beating.

Mrs. Hamerstrom wasn’t surprised, because she had experienced troubling symptoms for the past two days. “My palpitations had gotten worse; there were nights when I’d be up with my heart pounding,” she says. “What brought me to Emerson was that, when I stood up, the palpitations suddenly stopped, I felt a bang on my head and saw a white flash.”

Dr. Kim says such symptoms can occur when the heart transi-

Atrial fibrillation is sometimes diagnosed in an emergency department, says Kay Lee Kim, MD, a cardiologist at Emerson Cardiovascular Associates who specializes in cardiac electrophysiology, which focuses on the heart’s electrical system. “But atrial fibrillation often is diagnosed in a physician’s office and sometimes picked up incidentally, when someone is found to have an irregular pulse, and their physician has an electrocardiogram (EKG) performed as part of a routine evaluation,” Dr. Kim explains, referring to the test that detects and records the heart’s electrical activity.

The diagnosis can come as a surprise, because the condition—the most common cardiac arrhythmia—may produce few or no symptoms. On the other hand, symptoms can vary and include a fast heartbeat, slow heartbeat or a combination of the two, as well as heart failure.

Regardless of how atrial fibrillation—often referred to as a-fib—is discovered, Dr. Kim says she tells patients that there are two main issues related to treatment. “If they have symptoms, we have medications that can get



Now symptom-free, Barbara Hamerstrom doesn't worry about her atrial fibrillation and can enjoy life again.

tions from atrial fibrillation back to a normal beat. “There was a pause in Barbara’s heartbeat, and she became lightheaded. This can happen in older people and in individuals with a-fib. It is caused by degeneration and scarring of the sinus node, which controls the heartbeat.”

Mrs. Hamerstrom was soon in an Emerson operating room, where Dr. Kim implanted a pacemaker, about the size of a man’s large watch with insulated leads going to the heart, in the upper chest under the skin below her collarbone. The procedure typically takes an hour or so, during which the patient is given a light form of anesthesia similar to that used to perform a colonoscopy.

“It was easy,” says Mrs. Hamerstrom. “And now I have a nice, steady heartbeat. The pacemaker keeps my heart going the way it should, and it won’t let the heartbeats go any slower.” Mrs. Hamerstrom also takes a blood-thinner to reduce her risk of stroke and a heart rate-lowering medication that prevents the palpitations that were once part of her life. “Dr. Kim is so nice. She explained everything to me. All the care I’ve received at Emerson has been excellent.”

She now has a user-friendly home monitor that allows her to transmit the information collected in her pacemaker to the Emerson Cardiac Device Clinic (see sidebar). “I do that from home twice a year, between my regular appointments with Dr. Kim,” she explains. She does this by holding the monitor’s wand over her pacemaker for a minute or so; the wireless unit sends the information over her phone line.

“To me, it’s security,” she says. “If I’m alone, which I am a lot,

and I think something is wrong, I know I can send my information to Emerson, and they’ll check it for me.”

Mrs. Hamerstrom, like all patients who have devices, stops in at the Cardiac Device Clinic before her appointments with Dr. Kim. Marianne Daoust, RN, checks her pacemaker and might make a necessary adjustment. “The first time I went to the device clinic, Marianne told me my heart was beating a little fast, so we knew that my medication needed to be adjusted,” Mrs. Hamerstrom recalls.

“My energy is great,” she says. “I ride my exercise bike six miles a day, I paint, and I do a lot around the house.” Mrs. Hamerstrom lives with her family and is happy to help with cooking and the laundry. “I’m up and down the stairs all day.”

To Dr. Kim, she is an example of the impressive advances made in managing cardiac arrhythmias in recent decades. Cardiac devices—pacemakers as well as other types—prolong and enhance quality of life. “Pacemakers are effective at preventing a pause in beats when the heart is going too slow,” she says, “and we add medication to control fast beats. We’ve implanted pacemakers in patients who are in their nineties.”

How long will a pacemaker, once implanted, continue to function? “We expect today’s pacemakers—both the battery and electrical circuitry—to last ten years or more,” says Dr. Kim.

“My mother lived to be 95,” notes Mrs. Hamerstrom. “I think I can last longer than my pacemaker.”

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*For more information:*  
visit [emersoncardiovascular.org](http://emersoncardiovascular.org).



**Marianne Daoust, RN,** oversees the Cardiac Device Clinic and works closely with the practice’s cardiologists.

## Cardiac Device Clinic provides efficient monitoring and reassurance

Today’s cardiac devices are small and increasingly sophisticated. They include pacemakers, ICDs (implantable cardioverter-defibrillators) and CRTs (for cardiac resynchronization therapy) that keep the heart rate under control, and loop recorders that monitor events, such as arrhythmias, in those who suffer from fainting or palpitations. Regardless of the type of device someone has, the Cardiac Device Clinic, a service of Emerson Cardiovascular Associates, is a way for patients to have their devices monitored efficiently.

“Our patients stop in for routine surveillance—to determine that their device is operating effectively—or if they are having a heart rhythm episode,” explains Marianne Daoust, RN, who oversees the clinic and works closely with the practice’s cardiologists. “If everything is stable, patients typically come for an appointment twice a year. Between appointments, they send in their information by using their wireless home monitor.”

Cardiac device technology does more than just confer peace of mind, she notes. “In someone who has had a heart attack, we know that their pumping function may not be very good,” says Ms. Daoust. “But if they have an ICD—an implanted defibrillator—it will recognize a dangerous arrhythmia, such as ventricular fibrillation, watch it for a few seconds and jolt the heart back into normal rhythm, rescuing the patient from cardiac arrest. ICDs literally save lives.”

CRTs are typically implanted in individuals who have heart failure. “We have patients who weren’t able to walk from our waiting room to our exam room,” says Ms. Daoust. “Once their CRT is implanted, their heart is pumping more efficiently, and they’re active again. The difference in their quality of life is remarkable.”

People often say they need time to get used to having a cardiac device. “It doesn’t take long before they forget they even have it,” says Ms. Daoust. “That’s the way it should be.”

