

# HEARTBEAT

*Cardiovascular disease is still the leading cause of death in Canada – with one in three Canadian deaths due each year to these devastating diseases.*

**Chris E. Batty**

My heart story is in four parts:

- 1. Cholesterol and Transient Ischemic Attacks (TIA's)**
- 2. Pacemaker and Cardiac Tamponade**
- 3. Batteries, Generator Replacement, and Infection**
- 4. Open Heart Surgery and Valve Replacement**

## **1. Cholesterol and Transient Ischemic Attacks (TIA's)**

I had been a part time runner since my early thirties, but around 54 I began to run on a more regular basis with the Running Room. As the Millennium and my 55 birthday were approaching I decided to try to run a Marathon in celebration of the two events. Over the next five years I ran seven Marathons and about 13 Half Marathons.

In 2003 the Running Room was holding the Twilight Marathon on the weekend closest to the summer solstice, that year the 21<sup>st</sup> June was on Saturday and the start time was 5:00 PM. I finished in 4 hours and 50 minutes.

On the following Tuesday, 24<sup>th</sup> June, at about 9:30 AM I noticed sinus pain around my right eye and at the bridge of my nose with some blurred vision predominately the right eye. Further my left arm had gone numb, with some loss of control of my left hand and some muscle twitching.

On Wednesday, 25<sup>th</sup> June, at about 2:00 PM, I again noticed sinus pain at the bridge of the nose and my eye focus was poor, although the vision in each eye was OK.

On Thursday, 26<sup>th</sup> June, at about 6:30 PM, I again noticed sinus pain and had top left bottom right double vision. This was again experienced on Monday, 30<sup>th</sup> June, at about 11:50 AM.

On Tuesday, 2<sup>nd</sup> July, at about 8:00 AM the upper left quadrant of my left eye went grey and lasted about 10 minutes. This happened while I was driving, so decided to slow down, shut my left eye – understanding that my depth perception would be lost and continue cautiously to work. The condition repeated itself at 1:00 PM for about 5 minutes.

On Wednesday, 3<sup>rd</sup> July I had an appointment with my Doctor, who after reviewing the symptoms contacted the Stroke Prevention Clinic who instructed my Doctor to send me over to their Clinic.

On my arrival at the Stroke Prevention Clinic they examined me and determined that I had a partially blocked Right Carotid Artery. They then told me to go to the University Hospital Admitting and they would arrange for a bed to be made available.

So off I went down the hallway wondering how this all was going to work out. The admitting clerk told me to take a seat and wait. Some 12 to 15 minutes went by and I was on about the third page of the Edmonton Journal when my name was being paged over the loud speaker system. Shortly thereafter I was lying down and having the same tests that were given to me by the Stroke Prevention Clinic. This was followed by an interview with a surgeon, who told me I was unlucky, as being a runner and the condition I was in, the Cholesterol levels that I had, which caused the build-up of plaque in the Carotid Artery, was no doubt hereditary and that I needed an operation to remove the plaque, but he was going on a two week vacation. I was then sent home.

On the 15<sup>th</sup> July I had among other tests a Carotid Doppler Ultrasound which identified the following:

“On the right side, there is a large amount of plaque at the internal carotid artery origin causing severe stenosis (greater than 80%). There is marked elevation in the systolic and diastolic velocities at the right internal carotid artery origin with dampened wave form distally. No significant stenosis was seen at the right external carotid artery origin.

On the left side, there is minimal calcified plaque at the internal carotid artery without stenosis or flow disturbance. The velocities are normal.”

Carotid Doppler measurements are as follows:

	SYSTOLIC	DIASTOLIC
Right common	118 cm/second	16 cm/second
Right internal	367 cm/second	142 cm/second
Right external	105 cm/second	15 cm/second
RICA/RCCA RATIO	3.1	

Being a Water Resources Engineer and interested in fluid mechanics, the continuity equation, flow regimes, etc. this was all very interesting to me. I also understood that the increase in velocity of the blood as it travelled through the constriction was causing the erosion of the plaque, which was being carried to the brain and causing the Transient Ischemic Attacks or blockages in the small blood vessels

Further, that as the blood increased in velocity it would generate a noise or a whistle called a “bruié” that can be heard using a stethoscope.

I was off work “taking things easy” as the symptoms continued with periods of sinus pain, double vision, and the upper left quadrant of my left eye would go grey, when the telephone rang and the staff at the Stroke Prevention Clinic told me to go and see a surgeon on Monday morning at the Grey Nuns Hospital and if all was well he would operate on Wednesday 30<sup>th</sup> July 2003 at 9:00 AM and undertake a Carotid Endarterectomy. The operation was carried out under a local anesthetic, was successful, and I was discharged on 31<sup>st</sup> July at 9:00 AM.

Since then I have been taking Crestor rosuvastatin calcium tablets 10 mg daily, test results show that my Cholesterol and Triglyceride levels are all in acceptable ranges.