

Vital Flow

News from the
Dignity Health
Heart and Vascular
Institute of Greater
Sacramento

SUMMER 2019 | FOR THE COMMUNITY

dignityhealth.org/heartandvascular

Vital Flow

SUMMER 2019 | FOR THE COMMUNITY

dignityhealth.org/heartandvascular

Welcome to New Physician and Staff

Cardiovascular surgeon **Zachary Brewer, MD**, has joined Mercy Medical Group. Dr. Brewer graduated from Massachusetts Institute of Technology and Vanderbilt University School of Medicine. He completed his internship and residency at Stanford University Medical Center.



Classes for Your Health

Cardiac Education Forum & Support Group

Call 916-453-4514 for dates and location (free)

Cardiac and PAD Rehabilitation

Mercy General 916.453.4521
Mercy San Juan 916.537.5296
Sierra Nevada Memorial 530.274.6103
Woodland Memorial 530.662.3961 ext. 4531

CHAMP® Telephone-based education and medication management program to treat heart failure. Call 916.564.2880 for more information

Diabetes Management & Nutrition

Call 916.453.4514 for monthly class (free)
Call 916-851-2793 for 6-week series (free)

Healthier Living with Chronic Disease

Call 916-851-2793 for 6-week series (free)

Heart Healthy Diet Class

Call 916.453.4514 for monthly class (free)

Smoking Cessation Class Help for those committed to quitting for good. Cost of class is \$70. Call 916.453.4521 (MGH) or 916.537.5299 (MSJ) to register

Anticoagulation and Ablation: Evolving Recommendations

Atrial Fibrillation (AF) – the most common type of irregular heartbeat – affects an estimated five million Americans. People with AF are at five times greater risk of stroke, the leading cause of adult disability worldwide. In fact, 15-20% of all strokes are AF-related. Research also shows that AF-related strokes tend to be even more debilitating and deadly than non-AF strokes.

CHA₂DS₂-VASc Scoring for Atrial Fibrillation (AF)

Risk factor	Points
C – Congestive heart failure	1
H – Hypertension	1
A – Age >75 years	2
D – Diabetes Mellitus	1
S – Prior Stroke or TIA	2
V – Vascular Disease	1
A – Age 65-74 years	1
Sc – Sex category (female)	1

Because of this fact, patients with AF are often placed on anticoagulation medications, both before and after procedures to treat the condition.

Understanding Stroke Risk

In AF, the top chambers of the heart begin to ‘fibrillate,’ which leads to increased pooling of blood within the heart. This can form a clot which can travel to the brain, resulting in a debilitating stroke. That is the danger of living with AF that is unmanaged and not being properly treated.

When formulating a treatment plan for patients living with AF, we reference the CHA₂DS₂-VASc score.

(Continued on page 3)

Mission Trip

Cardiac electrophysiologist Mark Bowers, MD, will travel to Kenya on a medical mission trip with the group My Heart Your Heart, an organization that recycles pacemakers and defibrillators for use in low income countries.



My Heart Your Heart estimates that 1-2 million individuals worldwide die every year due to a lack of access to pacemakers and defibrillators.

Dr. Bowers will implant about 20 pacemakers and also teach local physicians how to do the procedure themselves.

Dr. Bowers learned of the My Heart Your Heart organization from a friend.

“He told me stories of people who had been in complete heart block for months and would become a new person when a pacemaker was placed,” says Dr. Bowers.

“I want to go to be reminded how tremendous it is to be born an American, as well as be given this amazing gift of being a physician.”

Build a Better Salad

When trying to eat healthier, a common menu staple is the salad – especially during this time of year when fresh produce is plentiful. But beware – just because it’s a salad, doesn’t mean it’s healthy! The American Heart Association offers some great tips to help ensure that our salads are tasty and heart healthy.

Greens: Look for dark, leafy lettuces like romaine, spinach or arugula. If you have access to fresh herbs like basil, thyme, oregano or mint, they add zest and extra nutrients to your salad bowl.

Proteins: Try skinless poultry or fish with omega-3 fatty acids, such as salmon, trout and herring. Mix in a chopped hard-boiled egg, a small amount cheese, or canned and rinsed chickpeas, kidney, navy or black beans. Unsalted nuts (peanuts, almonds and walnuts) give extra crunch and a dose of healthy fat.

Fruits: Fruit can help to increase the colors – and nutrients – in your salad.

Veggies: Raw vegetables like carrots, cucumbers, broccoli and cauliflower add great crunch and color. Roasted veggies like beets, potatoes or squash add flavor and a bit of sweetness.

Grains: Whole wheat couscous, barley, quinoa, bulgur or wild rice add bulk and texture and can be used warm or cold.

Dressings: Oil (olive, avocado or canola), vinegar and spices are the building blocks for a variety of salad dressings. Use the oil sparingly and incorporate fresh herbs when possible. Onions, mustard, garlic, and citrus juice or zest are great add-ins.



LVAD: One Patient’s Story

Sacramento resident Kishore Mahabir began experiencing symptoms of advanced heart failure last February. He was told he would need a heart transplant.

Munir Janmohamed, MD, and the team at Dignity Health Heart and Vascular Institute’s Advanced Heart Disease Clinic developed a plan to reduce Mahabir’s symptoms and improve his quality of life while he awaited transplant. That plan began with the placement of a left ventricular assist device (LVAD), which does pumps for the heart when it the heart muscle is too weak to do so itself.

“For patients like Mr. Mahabir, we are able to provide support [before transplant] with the LVAD,” explains Dr. Janmohamed, Medical Director of Heart Failure and LVAD Program, Mercy General Hospital. “He is able to be at home with his family, get stronger, go to cardiac rehab, while he waits on the transplant list.”

The collaborative, multi-disciplinary team at Dignity Health has helped Mahabir to manage not only his health but also his diet, his activity level and even his mental state – all with the goal of improving his condition and his quality of life.

“Mr. Mahabir is one example of a very good outcome from a very complex operation supported by a very complex team,” explains Frank Slachman, MD, FACS, Cardiac Surgeon.



LVAD patient Kishore Mahabir works with Ken Rogawski in the Mercy General Hospital Cardiac Rehab Center.

Anticoagulation Therapy and Ablation (continued from first page)

This scoring system provides clinical prediction rules for estimate the risk of stroke in patients with AF and can be used to determine the appropriateness of anticoagulation therapy to prevent stroke due to AF.

Generally speaking, a score of 0 (male) or 1 (female) is considered low risk and would not necessitate anticoagulant therapy. A score of 1 for males is moderate and anticoagulant therapy may be considered. A score of 2 or higher for either gender is considered high and anticoagulant therapy is recommended.

Anticoagulation Therapy and Ablation

Patients with persistent AF whose symptoms are not alleviated through medication or other interventions may be recommended for catheter ablation. Research has found ablations to be successful at alleviating up to 70% of AF cases.

For the AF patient who undergoes catheter ablation, their anticoagulation therapy will likely change.

For patients with a CHA2DS2-VASc less than 2, anticoagulation therapy prior to ablation is generally not recommended, however for those with a score higher than 2, it is standard.

“For patients with a CHA2DS2-VASc score of 2 or higher, anticoagulation therapy is used prior to the procedure,” says Arash Aryana, MD, FACC, Cardiac Electrophysiologist. “This is necessary to reduce the risk of cardioembolic [stroke] events.”

Anticoagulation therapy is standard for three months post-ablation due to elevated risk for stroke and AF immediately following the procedure.

Following the first three months post-procedure, the patient is re-evaluated and if the AF symptoms are resolved and the CHA2DS2-VASc is low, therapy may be discontinued in some cases.

The patient’s electrophysiology team will continue to monitor him or her for a year following ablation and will continue to monitor the use or discontinuation of anticoagulation therapy.

The Atrial Fibrillation Program at Dignity Health Heart and Vascular Institute evaluates and treats patients with persistent or permanent AF who continue to be symptomatic by offering advanced specialized treatment options. Through the program, patients receive a multidisciplinary consultation and evaluation by electrophysiologists, cardiologists and surgeons, who work together with the patient to determine the best therapy option to enhance their quality of life. In addition, an RN Program Coordinator assists patients with assessments, procedure planning, wellness coaching, monitoring and long-term follow up.

Check it out: New videos

Dignity Health Heart and Vascular Institute is expanding the ways in which it shares vital messages of heart health. We are now using online videos to highlight patient stories and tips for heart healthy living.

Patient testimonials can be found on our website at dignityhealth.org/heartandvascular and on the Dignity Health Sacramento channel on YouTube.

The heart healthy living tips will be shared on social media (Facebook and Instagram) and physician profile pages in the coming months.

Dignity Health at the Heart & Stroke Walk



Mark your calendars and make plans to join the Dignity Health Heart and Vascular Institute team at the 29th annual Heart & Stroke Walk on Saturday, Sept. 28 at Sacramento’s William Land Park. It promises to be a morning of fun and activities for the whole family.

You can register today to join a Dignity Health team by visiting sacramentoheartwalk.org/dignityhealth. Last year we had more than 1500 walkers join us for what was a spectacular day! Don’t miss out this year!