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## Jefferson Cardiology Association Happenings

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### **European Society Cardiology Congress 2015**

Each year the European Society of Cardiology has its annual Congress in late August with meeting sites rotating between major European cities. This year the meeting was held in London and as always, news from this meeting is relevant to our patient's interests. The meeting is similar in size and scope to the American meetings and includes presentations from Europe as well as the rest of the world. A few of the relevant studies are described in this newsletter.

#### **Leadless Cardiac Pacemaker**

Since the inception of cardiac pacemakers, the pacing system included a battery implanted under the skin that is attached to a pacing wire or lead passed through a vein into a heart chamber. At the meeting there was a study presented that was simultaneously published in the *New England Journal of Medicine* reporting leadless pacing. This technique would remove the chance of wire infection or fracture. This novel technique involved a small device implanted in the right ventricle by a catheter-based technique. This device would act as a functioning pacemaker without a large battery implanted under the skin and a pacing wire.

This device was implanted in 504 patients who needed only single chamber pacing. The device was successfully implanted in 95.8% of patients and was effective in 90% of patients while safe in 93.3%. These patients were then followed for 6 months. When the battery is depleted, the device can be removed and replaced.

This technique is still investigational and to date can only be used in patients requiring single chamber pacing. Technically, it appears likely that this type of device can be adapted to meet the needs of patients requiring pacing of more than one chamber.

#### **One-Hour Rule-Out**

Patients are often concerned about time spent in emergency rooms for results of testing and decisions about treatment. There is now a test available in Europe that can determine in one hour whether a patient with chest pain has a threatening coronary problem and needs to be admitted to the hospital.

Patients with chest pain constitute one of the larger groups of patients going to emergency rooms. Currently, only about 10% of these people have active cardiac problems. Typically these patients may spend hours in the emergency room if initial EKG and bedside labs are normal. Many may be brought into the hospital to be observed and have stress testing and additional lab tests.

In Europe there is now a blood test available that can indicate in one hour if there is a threatening heart problem. U.S. hospitals check blood troponin values to check if damaged heart muscle releases these proteins. In Europe, there is an assay using highly sensitive troponin that can provide much more rapid information.

A study from Germany compared the high sensitivity troponin results at one hour to standard troponin testing at three hours. The investigators were able to tell which patients could safely be sent home after only one hour of obser-

vation and found the more sensitive assay to be more accurate and safer.

### **Statin Use Before NonCardiac Surgery**

A study from Brazil looked at the questions whether using statins prior to noncardiac surgery reduced mortality, heart attacks and stroke. This was a multicenter study involving 15,478 patients above age 45 undergoing non cardiac surgery in 8 countries around the world. Complication rates were compared for those given statins before surgery and those not receiving preop statins.

Results demonstrated a 17% reduction in cardiovascular complications in those taking statins. Also, preop statin use was associated with a 43% reduction in all cause mortality, a 52% reduction in cardiovascular mortality and a 14% reduction in heart muscle damage and stroke in the 30-day period following surgery.

This large study suggested the benefit for preop statin prior to surgery

in people over 45. More studies will be needed to verify these findings and determine whether preop statin therapy needs to be broadly adopted.

### **Staff Birthdays**

We would like to extend a very Happy Birthday to Dave Ryckman, office manager and Dr. Gennady Geskin. Hope you had a great day!!



### ***Fish with Honey-Dijon Glaze***

2 tablespoons honey

2 tablespoons Dijon mustard

½ teaspoon dried thyme, crumbled

1/8 teaspoon cayenne (scant)

4 halibut, salmon, or swordfish fillets

2 teaspoons canola or corn oil

In a shallow dish, stir together the honey, mustard, thyme and cayenne. Dip one piece of fish in the mixture, turning to coat. Transfer to a large plate. Repeat with remaining fish.

In a large nonstick skillet, heat the oil over medium heat, swirling to coat the bottom. Cook the fish for 3 to 4 minutes on each side, or until it flakes easily when tested with a fork.

Calories: 166, Total Fat 4.5g, Sat Fat 0.5g, Cholesterol 56mg, Sodium 231mg, Carbs 10g, Sugars 9g, Protein 22g

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