Cardiology Services
Bon Secours Hospital

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Staff Nurse
Cardiology
Overview

- Philosophy
- Cardiology Team
- Referral Criteria
- Electrocardiograph (ECG)
- 24/48 Hour Holter Monitor
- Event Monitors
- 24 Hour Blood Pressure Monitor
- Exercise Electrocardiogram (Stress Test)
- Echocardiogram (ECHO)
- Tilt Table Studies
- Device Checks
To Provide the best possible technological and nursing support to patients and their families, while in our care.
Cardiology Team

5 Cardiology Consultants
- Dr John Kenny
- Dr Conor O Shea
- Dr Maheshwar Pauriah
- Dr William Fennell
- Prof Carl Vaughan

Cardiac Technicians

Nurses

Clerical Support

Care Assistant
Electrocardiogram (ECG)

- An electrocardiogram - or ECG - is a simple and useful test which records the rhythm and electrical activity of your heart.

- An ECG can help detect problems with your heart rate or heart rhythm – called arrhythmias. It can help doctors tell if you’re having a heart attack or if you’ve had a heart attack in the past. Sometimes an ECG can indicate if your heart is enlarged or thickened.

- An ECG is usually one of the first heart tests you will have. It does have some limitations, so often you will have one or more other tests too. An abnormal ECG reading doesn’t always mean there is something wrong with your heart.
24/48 Hour Holter Monitor

- This involves continuously recording your heart’s electrical activity for 24 to 48 hours. This can help diagnose symptoms - such as palpitations - which don’t happen all the time.

**What happens during the test?**

- The patient will have electrodes put on their chest and leads attached.

- The patient will wear a small portable recorder on a belt around their waist which the leads will connect to.

- While the patient is wearing the ECG recorder, they can do everything they would normally do - except have a bath or shower.

- It's safe and completely painless.

- When the test is finished, the patient will return the recorder to the hospital so the results can be analysed by your doctor.
For symptoms that don’t happen frequently, the consultant might suggest using a cardiac event recorder. This can record the heart's activity for a longer period of time, or whenever symptoms occur.

The Event Monitor Operates similarly to 24/48 hour holter however patient can wear device for up to 4 weeks.

An implantable loop recorder (ILR) is implanted under the skin on your chest in a surgical procedure under local anaesthetic. An ILR can continuously monitor your heartbeat for up to 14 months and help find out what may be causing your symptoms - such as dizzy spells or blackouts.
24 Hour Blood Pressure Monitor

- Ambulatory Blood Pressure Monitoring (ABPM) is when blood pressure is being measured while the patient moves around doing normal everyday activities. It is normally carried out over a 24 hour period. It uses a small digital blood pressure machine that is attached to a belt around the waist which is connected to a cuff around the upper arm. It is small enough that you can go about your normal daily life and even sleep with it on.

Benefits of having a 24 Hour BP

- Establish whether a patients high blood pressure readings in the clinic are much higher than they are away from the clinic (called the “white coat effect”).

- They may want to see how well medicines are working, to make sure they are controlling blood pressure through the day.

- They may want to see if the patients blood pressure stays high at night. If this is the case, they may need to change or adjust your medicines.
An exercise stress test is a screening tool used to test the effect of exercise on your heart.

The Patient will walk on a treadmill. Every 3 minutes the treadmill gets faster and the gradient increases.

While you exercise, the activity of your heart is measured with an electrocardiogram (ECG), and blood pressure readings are taken.

The test continues until:

- The Patient reaches their target heart rate (220 minus Age)
- The Patient develops chest pain or a change in your blood pressure that is concerning.
- ECG changes show that your heart muscle is not getting enough oxygen.
- You are too tired or have other symptoms, such as leg pain, that keep you from continuing.
- You will be monitored for a minimum of 5 minutes after exercising, or until your heart rate returns to baseline. The total time of the test is around 30 minutes.
Indications for Exercise Electrocardiogram

- Chest pain (to check for coronary artery disease -- narrowing of the arteries that feed the heart muscle)
- Angina is becoming more severe or is happening more often.
- The Patient is post Myocardial Infarction
- The Patient is post angioplasty or heart bypass surgery
- To identify heart rhythm changes that may occur during exercise
- To further test for a heart valve problem (such as aortic valve or mitral valve stenosis)

This list is not exhaustive. There may be other reasons why your consultant asks for this test
An echocardiogram is an ultrasound scan of the heart. It is sometimes just called an 'ECHO'. The scan can give accurate pictures of the heart muscle, the heart chambers, and structures within the heart such as the valves.
A TILT TABLE TEST IS USED TO EVALUATE THE CAUSE OF UNEXPLAINED FAINTING (SYNCOPE). DURING A TILT TABLE TEST, THE PATIENT LIES ON A TABLE THAT MOVES FROM A HORIZONTAL TO A VERTICAL POSITION. THE PATIENT'S HEART RATE AND BLOOD PRESSURE ARE MONITORED THROUGHOUT THE TILT TABLE TEST.

A TILT TABLE TEST IS RECOMMENDED IF IT IS SUSPECTED THAT NEUROCARDIOGENIC SYNCOPE IS RESPONSIBLE FOR THE PATIENT FAINTING AND NEEDS ADDITIONAL TESTING TO CONFIRM THE DIAGNOSIS.

NEUROCARDIOGENIC SYNCOPE HAPPENS WHEN PART OF THE NERVOUS SYSTEM THAT CONTROLS BLOOD FLOW CHANGES YOUR HEART RATE AND LOWERS YOUR BLOOD PRESSURE FOR A SHORT TIME. THEN, LESS BLOOD FLOWS TO YOUR BRAIN AND YOU MAY FAINT. THIS KIND OF SYNCOPE IS ALSO CALLED VASOVAGAL SYNCOPE, REFLEX SYNCOPE, AND THE COMMON FAINT.

WITH NEUROCARDIOGENIC SYNCOPE, YOU MAY OR MAY NOT HAVE WARNING SIGNS, SUCH AS SKIN PALENESS, WEAKNESS, SWEATING, BLURRED VISION OR NAUSEA. NEUROCARDIOGENIC SYNCOPE OFTEN IS A RESPONSE TO SOMETHING LIKE THE SIGHT OF BLOOD OR AN UPSETTING SITUATION. BUT IT CAN HAPPEN WITH NO CLEAR TRIGGER. THIS KIND OF SYNCOPE HAPPENS WHEN YOU ARE STANDING OR SITTING.
Thank You