

SUMMER 2016

LIVE

YOUNGER | LONGER

An iron-willed
athlete reclaims
her heart rhythm

Heroic heart.
What happens when a
lifesaver needs saving.

When heart
valves leak.
What should you do?

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Live Younger Longer is published as a community service for the friends and patrons of St. Helena Hospital, 10 Woodland Road, St. Helena, CA 94574, telephone 707.963.3611, website www.sthelenahospitals.org.

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ST. HELENA HOSPITAL
NAPA VALLEY
Adventist Health



From our heart to yours



The days are growing longer, and we hope your heart will be warmed by the many stories of renewed health you'll find in this heart-themed issue.

Our patients mean the world to us.

People like Claude Sterling, who had been struggling with heart problems for years until an innovative procedure at St. Helena Hospital gave him a new lease on life.

Or Jenni Blendu, who shaved 27 minutes off her Half Ironman time after her heart surgery—finally free of the atrial fibrillation that had held her back.

And then there's Keith Olson, a former firefighter whose own life needed saving when a routine checkup turned up a heart murmur.

Stories like these are the reason we continue to look for ways to reach out and help more people.

And they're why we're excited to introduce our new hybrid OR. This combined catheterization lab and operating room will help our patients experience less invasive procedures and faster recovery times.

We are committed to providing the highest standard of care—with the most heart. Thank you for allowing us to help you Live Younger Longer™.

Steven Herber, MD

STEVEN HERBER, MD
President & CEO | St. Helena Hospital

When heart valves leak



A leaky valve could pose serious health problems

The sound of a leaky faucet may keep you up at night—and raise your water bill.

But there's another type of leak that is a bigger concern: a leaky heart valve. That kind of leak, over time, can harm your health.

Heart valves leak when the tissue flaps that open and close with each heartbeat don't seal tightly. As a result, blood flows back into the heart chamber instead of forward through your arteries.

In such cases, the heart must work harder and may not pump as well. As a result, the risks for heart failure, stroke and cardiac arrest all increase.

This is why it's so important to detect and treat leaks early. And doing that means getting regular checkups.

What are the symptoms?



Gan Dunnington, MD

At a checkup, a doctor will listen for a heart murmur, the main sign of a leaky valve. Other signs can include unusual tiredness, shortness of breath, and swollen ankles or feet. "A lot of times, the symptoms will creep up on you over time," says Gan Dunnington, MD, a cardiothoracic surgeon at the Adventist Heart Institute. "You'll convince yourself you're doing OK—or think you're just getting older." But in reality, your heart may be trying to tell you it's in trouble.

How is it treated?

If a leaky valve causes serious health risks, a surgeon can either repair or replace it. Your doctor will help determine which option is best for you.



Andreas Sakopoulos, MD, FACS

Sometimes valve problems increase the risk for an irregular heartbeat, called atrial fibrillation (A-Fib). In that case, "it's really important that if you're going to have heart

surgery, your doctor is going to take care of the A-Fib at the same time," says Andreas Sakopoulos, MD, a cardiothoracic surgeon at the Adventist Heart Institute. Not all surgeons do that, though. At St. Helena Hospital, "we can fix the valve and the A-Fib at the same time," says Dr. Dunnington.

To learn more about our cardiologists and surgeons, call 888.529.9018 or visit www.adventistheart.org.

Heroic Heart

What happens when a lifesaver needs saving

To risk your life as a firefighter takes a generous spirit—plus a healthy heart. And throughout his 22 years as a professional firefighter in Eureka, Keith Olson assumed his heart would always be as fit for the job as his spirit was eager. But during a routine firefighter's physical in 2012, Olson was shocked to learn he had a potentially life-threatening heart defect.

"When the doctor listened to my heart, his eyes got real big," Olson recalls. "He said, 'How long have you had a heart murmur?'" Olson was told to go home, avoid anything stressful—and see a cardiologist.

A career-ending diagnosis



David Ploss, MD, FACC

Cardiologist David Ploss, MD, determined that Olson had what's called a bicuspid aortic valve. And he delivered this difficult news: No more fighting fires.

"Every firefighter's goal is to have that last day on the engine, to walk out with your head up and your body intact," Olson says. "I never had that. It was over—poof."

It was a blow, but the risk simply wasn't worth taking.

The aortic valve controls blood flow from the lower left chamber of the heart to the aorta—the large artery that carries blood away from the heart. A normal aortic valve is made up of three cusps, which resemble upside-down parachutes. They open and close to keep blood flowing in the right direction. But a bicuspid aortic valve like Olson's has only two cusps.

"Bicuspid aortic valves tend to degenerate sooner than regular valves," says Andreas Sakopoulos, MD, FACS, a cardiothoracic surgeon with Adventist Heart Institute. "They can become leaky, or they can become narrow."

Tests showed Olson's valve was severely leaky, forcing his heart to work harder. But that wasn't the only problem. "In addition, his aorta was twice its normal size, creating an aneurysm that could rupture," Dr. Sakopoulos says. That would end more than his career—it could end his life.

By late 2014, it was no longer enough to monitor Olson's heart condition. To fix

both problems, he needed a complex surgery to replace both the leaky valve and his ascending aorta, which is about 3 inches long.

"From the moment we arrived, we felt informed and welcomed—there was a strong sense of confidence."

—Keith Olson

A hospital worth the commute

Olson and his wife, Monica, a registered nurse, investigated the options. "In talking to Dr. Ploss," he says, "it was clear that there were some hospitals that really stood out in his mind." St. Helena Hospital had experts like Dr. Sakopoulos who could handle everything from minimally invasive valve replacement surgeries to more complex open surgeries like Olson's.

Though commuting to St. Helena meant a nearly five-hour drive, the couple knew they were in the right place. And extra



touches like the valet parking and the on-campus housing for family made them feel cared for.

As Olson waited on a gurney to go into surgery, a woman who worked at the hospital offered to massage his forehead and temples. In a few minutes, he says, “She made tons of stress go away.”

In a February 2015 open-heart surgery, Dr. Sakopoulos replaced Olson’s aortic valve and ascending aorta. Olson received a tissue valve from a pig and an artificial



Andreas Sakopoulos,
MD, FACS

aorta made of a sturdy synthetic fabric. Although recovery from surgery was painful at times, Olson now feels great—and grateful. The sound of a fire truck will always fill his heart with longing, of course. But he knows he’s been lucky.

aorta made of a sturdy synthetic fabric.

Although recovery from surgery was painful at times, Olson now feels great—and grateful. The sound of a fire

“The care I received was just terrific,” he says. “I really didn’t realize how sick I was before until I started feeling better. In hindsight, getting out when I did was a real blessing.”

He has more energy now and a better mental outlook, he says. He’s ready for his second act—whatever it may hold.

What are the symptoms?

People with mild aortic valve disease may not have noticeable symptoms. But untreated, it can lead to:

CHEST PAIN.
SHORTNESS OF BREATH.
FAINTING.
FATIGUE.

A new valve: tissue vs. mechanical

When considering valve replacement, patients have two options to discuss with their surgeons:

	TISSUE	MECHANICAL
Source	A pig or cow.	Manufactured from carbon and titanium.
Pros	Usually doesn’t require taking a blood thinner.	Extremely durable—the chance it will need to be replaced is small.
Cons	May need to be replaced after 10 to 20 years.	Requires taking a blood thinner to prevent blood clots.

To learn more about our highly skilled cardiologists and surgeons, visit www.adventistheart.org. Or call 888.529.9018 to speak with a client services advisor.



An iron-willed athlete reclaims her rhythm

Jenni Blendu finished her first marathon in the fall of 2014—a major triumph for any athlete. But even more remarkable, Blendu, 42, did it just a few months after heart surgery.

It was one of many determined steps Blendu has taken in a journey from Boise, Idaho, to the Adventist Heart Institute in Napa Valley—and across new finish lines.

Outrunning A-Fib

Blendu was in her late 20s when her heart began to race and skip beats. The problem was atrial fibrillation (A-Fib), which runs in her family and led to her father's fatal stroke, she says.

At first, her heart rate would correct itself. But over time, it wasn't able to anymore. On several occasions, Blendu needed a procedure that shocks the heart to restore a normal rhythm.

Despite her A-Fib—and largely because of it—Blendu took up fitness to keep her heart in shape. “The choice I made was to be as physically fit as I could,” she says. In 2008, she entered her first Half Ironman, a 70.3-mile swim-bike-run race. “It’s a huge sense of accomplishment” to compete, she says.

But her A-Fib—and moreover the medicines needed to tame her wild heart rate—made her feel like an underdog. “It was like I didn’t have a fifth gear,” she says. She’d tell herself, “If you can just finish, that’s pretty good.”

Blendu tried to enjoy a normal life. And she trained when she could. But at times her symptoms and medication interfered too much.

“There were periods when the beta-blockers would slow my heart rate to the point where I could not physically exercise,” she says.

So she decided to take action. She had

a conventional ablation procedure, which destroys tissue inside the heart that may be interfering with the electrical signals that make the heart beat. But a month later, her A-Fib returned.

A better solution

When her Boise cardiologist mentioned the hybrid maze procedure, Blendu was hopeful. “He did some research and referred me to Dr. Dunnington, who was fantastic to work with,” Blendu says.

That’s cardiothoracic surgeon Gan H. Dunnington, MD. He’s among a small number of U.S. doctors who perform the hybrid maze procedure, which has up to a 95 percent success rate, he says.

It’s called a “maze” because it involves creating a maze-like pattern of scar lines on the heart. The maze pattern gives the electrical signals that make the heart beat a single, clear path to follow. So they’re less likely to get jumbled and trigger the abnormal rhythm of A-Fib.



Dr. Dunnington says the hybrid maze procedure may be a good option for people who, like Blendu, have tried other treatments without success. But often they and their doctors aren't aware a next-step treatment exists.

"We can take people who've been in A-Fib for decades and get them back into normal rhythm, and they just feel phenomenally better," Dr. Dunnington says.

Finishing fast without A-Fib

Not long after her hybrid maze, Blendu was literally up and running. Not only did she run her first marathon, but in June she finished her fastest Half Ironman yet—shaving 27 minutes off her personal best.

And for the first time in years, Blendu is living free of her limiting A-Fib regimen.

She only wishes her father, who lived with A-Fib for 40 years, had known about the procedure. With her A-Fib under control, Blendu can put all of her heart into her sport and her life.

"It's been amazing. I have been off of heart medications for a year. I never would have thought that was possible."

—Jenni Blendu

"I have not been in A-Fib at all," she says, the emotion in her voice clear. "I cannot tell you how happy I am."

How a hybrid maze works

A HYBRID MAZE IS A TWO-STEP PROCEDURE:

STEP 1

Using several small incisions for cameras and tools, a surgeon uses radio wave energy to create scar lines on the surface of the heart. This forces the heart's electrical signals to follow a path that will create a normal heart rhythm.

STEP 2

Several weeks later, an electrophysiologist inserts a catheter into a small incision in the groin and threads it up to the heart. Then radio waves are used to create more scar lines, this time inside the heart. This reinforces the path created by the first procedure.

"Basically, we're trying to keep the heart from short-circuiting," Dr. Dunnington says. "You want the natural electrical pathway to be maintained so that the current cannot circle on itself. You force it in the correct direction."

Because both procedures are minimally invasive, there is less pain and usually a much faster recovery than traditional open-heart surgery.



Gan Dunnington, MD

For help getting A-Fib under control, call 855.222.2342 or visit www.adventistheart.org.

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