

Defibber News

WINTER 2020



Dr Neil Davidson (left) with Fabrice Muamba and Dr Simon Williams (right) at a packed meeting organised by Wythenshawe ICD Patient Support Group on July 31st 2013

Remembering Dr Neil Davidson

Hi everyone. As always, we hope you are all safe and well. We have some sad news about one of our colleagues and Consultant Cardiologists, Neil Davidson. In August this year he died suddenly and unexpectedly. Some of you may already be aware. We are all very shocked and upset by this and we are sure that those of you who were his patients share our sadness.

He joined Wythenshawe hospital around 20 years ago and had a keen interest in sports medicine and cardiac rehabilitation. He was a great supporter of the ICD Support Group from the beginning and believed in the vision that the group held: to support those in need of advice, information and guidance following a new diagnosis which needed an ICD or CRT-D.

The CRM team have been speaking to the patients who have had a clinic telephone consultation since he died, and everyone has expressed their sympathy and sadness. Many of you will have known Dr Davidson

for many years. Some of you may have met him when he was on call when you were an inpatient. Some of you may have had your device implanted by him or he may have looked after you.

Dr Davidson had a wealth of experience, knowledge, skill and compassion. His bedside manner was exceptional, and the team have listened to so many of you talking about your memories. It has been heart-warming to hear them! He was very highly regarded as a Consultant and we know he made a great difference to many patients' lives. He showed dedication, commitment and kindness to each and every one of his patients and colleagues.

Our thoughts and sympathy go out to his wife, children and family and we have sent them a letter of condolence.

At the time of writing this, the staff at Wythenshawe hospital are thinking about doing something to recognise Dr Davidson's contribution to cardiology at Wythenshawe, but we are not sure what this will be. We will let you know as soon as the decision has been made.

He is greatly missed by the Wythenshawe ICD Support Group, his colleagues and patients. I know he will be for a long time to come. There are big shoes to fill for the Consultant who replaces him but many of you will have your care transferred to Dr Mark Ainslie, who trained at Wythenshawe. He worked as a Consultant at Blackpool before coming back home to Wythenshawe a few months ago.

So, with that, as always, we hope you stay safe and healthy. We will be posting some new information on the website soon.

The Wythenshawe ICD Patient Support Group committee and the CRM Team at Wythenshawe hospital

Remote Monitoring for Patients with an Implanted ICD or CRT-D

HOW DOES IT WORK?

Hi everyone, we hope you are safe and well. We have had a few enquiries about remote monitors recently so I thought I would give you a refresher course on remote monitors. Let's call it home schooling!

So, a remote monitor is equipment we give to you when your ICD or CRT-D is implanted. This is completely free to you and you should never be asked to pay for remote monitor insurance, upgrades or new remote monitors. There were rumours of a scam a few years ago about some patients being asked to upgrade their monitors as there was a fault on their current monitor. To avoid future payments, patients could get "insurance" for a fee. As far as I am aware, this wasn't happening at Wythenshawe and we have no plans to make you pay for any part of your device.

We may give you a new remote monitor when you have a box change. This will also be free to you. It is an important part of your device care. If you get a new remote monitor, you need to dispose of the old one. Check with your local refuse collectors on the safe way to do this.

A remote monitor has advantages and disadvantages. Have a look at the table below. We hope you find it useful!

CRM team on: 0161 291 5998 / 5443 / 5076

ADVANTAGES OF A REMOTE MONITOR	DISADVANTAGES OF A REMOTE MONITOR
It can tell us if you have had a shock or fast pacing (ATP) to get you out of a dangerous heart rhythm. This is life-saving treatment.	It may need to be taken with you if you go away from your home for more than 1 month. If you need to fly, this should be stored in your hold luggage.
It can tell us how much battery you have left in your device. If your battery has run down quicker than we had anticipated, we can bring you in promptly for a box change.	It may not be able to receive signals from your home. This usually occurs in very remote areas and would mean you would have to come to the hospital for all device checks.
It can tell us if your lead(s) is/are failing, breaking or broken.	The lights displayed on your monitor could wake you up in the night if a scheduled download is being performed.
It avoids you coming into hospital to have your device check, which is handy if you live far away, have difficulty in getting time off work for your appointment, if you are unable to walk or you have difficulty walking.	We cannot alter any settings on your device through the remote monitor. All changes must be made in the hospital.

Downloads are performed during sleep time to minimise interruption to your life.	It could be mislaid if you move house (this has happened on a few occasions!), or broken if it is accidentally stepped on or something heavy drops onto it (this too has happened on a few occasions!).
You can do a download if you think you have had a shock or ATP from your device. We can look at the download (it can take up to an hour for us to receive this, then we need time to analyse it) and call you back to advise you. Remember to call our cardiac physiologists on (0161 291 4615 or 4640) if you do an unscheduled download!	If you are overly anxious about your heart, you may feel the need to do frequent remote downloads. We encourage you not to do this, as it can drain your battery quicker. Try to do other things to take your mind off your heart. The device will do its job if it needs to!
It can come with you if you are going away from home for more than 1 month.	Some people will not keep their remote monitor plugged in. If you do this, you increase the risk of not receiving medical intervention promptly.
It can release clinic appointments for people who need to be seen face to face in clinic. Since COVID 19 the way we run clinics has had to change to avoid unnecessary exposure to COVID 19 and trips to the hospital.	Having a remote monitor does not replace a clinical examination by a medical professional. If we think we need to bring you to the hospital, we will contact you and make the necessary arrangements.

It can feel reassuring that we can get important information about what your device has done in a prompt manner.	You should only use the electrical power supply which comes with your remote monitor.
It can identify if there is a problem with your device quickly, although it is rare to have major problems. For example, a battery that has run down quicker than we anticipated, a lead that has failed or broken unexpectedly. We can then get a plan organised to bring you in to correct the problem.	You may prefer a hospital device check. However, due to the increasing number of people needing one of these devices, it is now not possible for every patient to have this. Due to the COVID 19 pandemic, we have had to look at ways to reduce the risk of you being exposed to this virus. Using remote downloads is one of the ways we are doing this. This is happening all over the country, not just at Wythenshawe hospital.
It can tell us if you have developed another heart rhythm abnormality (a non- life-threatening heart rhythm such as atrial fibrillation or atrial flutter). We can then see if you need further medication (blood thinning medicines) to reduce your risk of stroke which is associated with these types of arrhythmias.	Some people will be anxious about using this kind of technology. The device companies have made using the remote monitor as easy as possible.

Some remote monitors can tell us if you are carrying extra fluid in your circulatory system. This is very handy if you have heart failure. Not all of the devices have this technology. This is called OptiVol levels. This is like having 1 piece of a 10 piece jigsaw puzzle and helps us to see if you are becoming fluid overloaded. Knowing this information may help us to avoid you being admitted to hospital with uncontrolled heart failure.

You may accidentally perform a remote download (or a young child may “push the button” due to being curious about your new toy!). This can happen occasionally, but we won’t be cross with you if it does happen. Just teach youngsters not to touch it. How you teach them is up to you!

If your device alarms from inside you, this is telling you that the computer of the device has detected a potential fault. You can do a download and call us promptly so we can see what the problem is.

It has to be kept in the room where you sleep, within 3 metres or 10 feet of you.

It is completely free!



Hearing an alarm or vibration from inside of you can be frightening. You may think the noise is coming from elsewhere and you ignore it. These alarms or vibrations will occur regularly – once a day if it is not a serious problem, several times a day if it is more serious. Call us for advice if you hear an alarm.

THE KINDNESS OF STRANGERS (with apologies to Kate Adie)



Firstly, let me say that I am a very, very lucky person. Secondly, were it not for the kindness of strangers, I would be dead – but for certain. Near the end of November 2019, early on a Friday morning, my wife and I had driven from our home in South Cheshire to our daughter's home in Bramhall, near Stockport (Manchester). Our daughter took our grandson to the

nearby primary school, about 150 yards away while we went into the house to look after the younger child, our granddaughter. I realised that I had left my mobile phone in the car, parked across the street, and went to retrieve it. I do not drive as a stroke in 2002 damaged my sight. Also, I have an irregular heartbeat.

I reached into the glove department to retrieve my phone and that is the last thing I remember. I had collapsed with acute cardiac failure. My heart had simply stopped beating! My collapse was witnessed by several parents who were delivering their children to the school. Several of these good people came to my assistance immediately. They included, fortuitously, a general practitioner, a nurse and a fire brigade officer, all of who were parents of primary school pupils delivering their children to the school.

The three instantly commenced giving me CPR in shifts while another parent ran to the school to fetch a defibrillator which the GP and her husband had gifted to the school some nine years earlier. It had never been used but was swiftly pressed into service. Someone else had phoned for an ambulance and others, including the school's head and staff, comforted and

shielded my shocked wife and daughter. I understand that the defibrillator was used to shock my heart three times in between bouts of CPR being given.

By this time, a First Responder's vehicle followed by an ambulance arrived and the crew took over from the team of parents. My heart was restarted though I had two broken ribs.

I was taken, under blue lights and siren, to Stepping Hill Hospital in Stockport Emergency Department where I was treated with all necessary medication and therapy.

On the journey to the hospital, I constantly roared and, in the hospital ED, I became aware of my surroundings. My wife, Linda, had travelled in the ambulance with me and was amazed at the skill of the paramedics who maintained their balance while treating me in the speeding vehicle. I was transferred to Stepping Hill's Cardiac Care Unit where I was treated for the next four weeks. I had an angiogram and have had an Implantable Cardioverter Defibrillator (ICD) fitted to address any recurrence in the future. (See Heart Matters Winter 2019-2020 Pages 10 and 11).

I am home, still bruised, a bit sore, but otherwise fully recovered. The statistics are not good. Studies show a 6% survival rate for

people who experience what happened to me outside hospital and only 21% if hospitalised.

I cannot heap enough praise on the wonderful residents of Bramhall who saved my life nor can I thank the fabulous ambulance crew and staff at Stepping Hill and Wythenshawe Hospitals who cared for me. They are all true heroes. With eternal gratitude to one and all.

Robert Ian Richardson (age 69)



GREETINGS FROM THE CHAIRMAN



A very warm welcome to everyone reading this edition of the newsletter. I do hope you are all managing to stay safe and well. It's hard to believe it's almost 12 months since we last had an open meeting and with the current situation not improving, goodness knows when we can meet. I don't think anyone could imagine how the world has changed in such a short time. The experts around

the world are working on a vaccine & we can only hope this will come sooner rather than later. I am hoping this will offer a level of protection for many.

As a support group our main aim is to offer help and support for patients. I want to reassure each and everyone of you we are still available to offer support – just phone Adrienne first (0161- 291- 5998/5443/5076) and she can arrange contact during these very difficult times. I do find it terribly frustrating we can't hold meetings as you can't

beat face to face communication, but please ask for support if you need it. We all need support at some time, myself included.

I am trying to keep this article as positive as possible as there is too much doom and gloom out there, but I have to mention how saddened we all were to hear of the awful loss of Dr Neil

Davidson, a timely reminder of how precious life is. The committee have sent a letter of condolence to his family on behalf of the support group and patients, and have also included a tribute to him in this Newsletter.

I would like to thank the NHS for all they continue to do for us, working in these very difficult times, especially all the wonderful staff at Wythenshawe Hospital.

I do urge everyone if possible, to check our website from time to time to check for any new information. The website address is at the bottom of this article along with contact details. There is some great information, advice, past newsletters and contact details on there. As a Plumber and winter creeping in the back door, please locate your stop tap and check it works. I have lost count of how many customers do not know where the stop tap is and how many fail to work. Don't be caught out get your torch out.

As a poor comedian who is dyslexic (true I am) I went on a dyslexic awareness rally. I carried two banners,

one read Dyslexics of the world untie. My other read Dyslexics lives mattress. Also check your gas and electric meters as they need to be two meters apart. I will get my coat.

As the Chairman please stay well, safe, warm and look after yourselves.

Kind regards, Paul

<https://wythenshaweicd.wixsite.com/icdsup> port

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From time to time, members of our Support Group have asked if they could make a donation to help finance the Newsletter and assist in the cost of organizing our Groups Meetings.

Members, if they so wish, can now make a donation direct to the Support Groups Bank, the details of which are



If you would like to make a donation to the ICD support group, the bank account details are:

**WYTHENSHAW ICD
PATIENT SUPPORT GROUP**

Sort Code: 30-91-91

Account Number: 30781868

Emma Maiden: Treasurer,
12 The Willows, Cranwell
Village, Lincolnshire, NG34
8XG



If you wish to share your experiences with others who are going through the same kinds of things.

Why not write your story for the Newsletter and send it to

George S Davies

Georgedavies48@sky.com

KNOCK AT THE DOOR

“Can I leave Bomber?”

Emily asks

Wafting a black flimsy bag.

“He’s pooed in the lane

And I must pick it up”.

“No problem,” says Bomb,

His tail all a wag.

Straight to the “Treats Box” –

Never forgets!

He’s always quite happy to stay.

A drink, as he’s panting,

The fella is tired;

No time to settle

While Emily’s away,

She’s here at the door

Swinging her bag.

She has cleaned up in no time at all.

Bin it or swing it!

Bomb’s back on his lead.

In this tedious lockdown

We love them to call

P.A.K. 13.05.20



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