



Promoting better understanding, diagnosis, treatment and quality of life for individuals suffering with cardiac arrhythmia



Young IT Consultant Saved By Pioneering Electric Surgery

When Svante Hedin started becoming breathless as he climbed his stairs he put it down to a bad chest infection – in reality he was suffering from an emergency heart problem that could have cost him his life.

Svante, an IT consultant for the London banking sector, was just 28 when he began to experience problems. Unknown to him he was suffering from Ventricular Tachycardia, a condition that results in the heart failing to pump enough blood around the body and kills an estimated 120,000 people in the UK each year. The condition is very unusual in young people and Svante's case was so serious that his heart was working at just 10% capacity and left untreated it would have led to his sudden death.

In the early stages the only symptoms Svante experienced were that day-to-day tasks were starting to become a challenge.

He recalled: "It started like a bad cold and I just felt a bit washed out and tired. Working days felt longer than normal and I was generally under the weather. I was getting out of breath climbing the stairs which was something that had never happened to me before. Things continued to get worse but the decline was so slow that it never set off any alarm bells."

After nearly two months his wife Charlotte, a doctor at Newham Hospital, urged him to go to the GP to get referred for an expert opinion. The night before the appointment he visited his wife at the hospital to have some blood tests and an ECG done so he could take the results with him to the doctor. The heart rhythms from the ECG were so erratic that the nurse assumed the equipment was faulty and tried a second machine. When the worrying findings appeared a second time the informal visit took a completely different turn.

T: +44 (0) 1789 450787 P O Box 3697, Stratford Upon Avon, Warwickshire, CV37 8YL. F: +44 (0) 1789 450682

www.hearrhythmcharity.org.uk trudie@stars.org.uk

Registered Charity Number - 1107496

President: Prof A. John Camm, QHP, MD, FRCP, FACC. **Trustees:** Dr Adam P Fitzpatrick, MD, FRCP, FACC, Dr Derek Connelly, MD, FRCP, Mrs Trudie Lobban, Mr Chris Brown F.C.A., Mr Nigel Farrell LLB(Hons)
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Svante said: "It was clear from the second ECG that my heart rhythm was all over the place. This was the first time that alarm bells started ringing in my head. I was admitted to the hospital and put on the High Dependency ward. In the morning I was seen by a Cardiologist who ordered an echo test that showed the left ventricle of the heart was hardly functioning at all. The next thing I knew I was being pushed in a wheelchair to an ambulance that took me under blue-lights to Barts Hospital. I was pretty scared but couldn't really understand what was going on because I didn't feel any worse than I had done for the previous few weeks. "

On arrival he was seen by Consultant Cardiologist Dr Richard Schilling who recognised he was suffering from damage to the heart muscle because of his rhythm problems. Many heart rhythms can be treated with an ablation which involves identifying the origin of the abnormal electrical activity and then destroying it by cauterising or burning a very small area of tissue using energy passed through a catheter placed in the heart.

Dr Schilling, "I have little doubt that Svante's wife saved his life by getting him an ECG and calling him to our attention. It is very unusual for someone so young to develop this type of heart rhythm but as a specialist centre we get referrals from all over the country for these unusual rhythm problems and so see them more often than other hospitals. It was apparent that the only way his heart was going to be prevented from failing completely was to do a catheter ablation. Although this was potentially a complex and life-threatening procedure we had little choice if Svante was going to survive."

The first attempted ablation operation initially seemed successful but within 3 days his heart had returned to its sporadic irregular rhythms. "There was a heart monitor next to my hospital bed and I couldn't help myself looking at it. Although I couldn't feel it I could see my heart rate had periods of being completely erratic and this got me very stressed. It was pretty difficult mentally", said Svante.

The situation was looking bleak when a second ablation had to be aborted after Svante's heart temporarily reset itself. Svante said: "I was very down and although no one was really letting me know how life threatening my situation was people were starting to talk about pacemakers being fitted and maybe even a heart transplant. I was only 28 years old so this was a real shock to me and all my family."

Dr Schilling decided to try a rare and complicated procedure to treat Svante, "Although the source of the heart rhythm had been partially destroyed it was still active enough to cause problems. Usually catheters are passed up the veins in the legs to the heart and the energy is applied to the inside of the heart. However the heart muscle is often quite thick and sometimes the energy cannot penetrate to the outside of the heart. We believed that some of the tissue causing Svante's problems was sitting on the outside of the heart and we therefore took the radical step of trying a new technique

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Promoting better understanding, diagnosis, treatment and quality of life for individuals suffering with cardiac arrhythmia where we passed the catheter straight through the chest wall to the outside of the heart. This allowed us to avoid any incisions and the risk of a general anaesthetic associated with open heart surgery, but still gave us the chance to position the catheter directly on the source of his rhythm problem on the outside of the heart."

The third ablation operation was a success and within a few days Svante was able to return to his Wapping home. His follow up appointments have shown that his heart is now pumping seven times as much blood around his body as it was when he was admitted to hospital. Although it has taken a while to regain his strength he has since been able to go on skiing holidays and return to work without any further problems.

"The treatment I received at Barts Hospital was second to none", he said. "I can't imagine being cared for by better senior doctors than those that I came into contact during my time there. I feel very privileged. Knowing what I know now I'd recommend anyone who has any symptoms such as mine to go to their doctor and get it checked out."

Svante's condition is classified as a Cardiac Arrhythmia which kills thousands of people in the UK every year. It is consistently one of the top ten reasons for hospital admissions and Tony Blair is just one of the million people affected by heart rhythm disorders in the UK. Often people do not seek medical advice after an unexplained heart palpitation as they are sometimes transitory and put down to stress and tiredness. In many cases a simple ECG test can determine if there is a serious problem.

Dr Schilling says: "It is extremely sad how many unnecessary deaths occur each year because symptoms were ignored. Although patients may get a number of different symptoms there are some key ones that should never be ignored. If patients are having unexplained blackouts it is very important they see a heart rhythm specialist or at least a cardiologist before they see anyone else. Other symptoms are sustained continuous fast heart beats or palpitation (in the absence of exercise) and shortness of breath making it difficult for you to keep up with someone of the same age and fitness."

Notes to editors

1. Photos show a fit-again Svante Hedin near his work in the City of London.
2. Barts and The London NHS Trust is currently top of a national league table of major teaching hospitals for excellent quality of services (The Healthcare Commission's Annual Health Check). There were just under 780,000 patient attendances at the Trust's three hospitals – Barts in the City, The Royal London in Whitechapel and The London Chest in Bethnal Green – last year.

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