



Live in hope

The primary cause of death in the Western world is coronary heart disease, but advancements in treating it can help survival

Consultant cardiologist Dr Naveen Mudalagiri (pictured above) MBBS, MRCP, BSc(HONS), PGCERT HBE, FHEA, MD is also an interventionist with expertise in managing all types of heart disease. He has a further specialist interest in coronary heart disease (CHD) and angioplasty. Dr Mudalagiri completed his undergraduate and postgraduate training in London and his research interests have been focused on protecting the human heart. He has published and presented in national and international conferences. He is currently chairman for a regional educational faculty and participates in the emergency care of patients with heart attacks at a regional centre.

No other organ in the body has such a direct impact on every other organ as the heart. The heart pumps blood to all the tissues of the body, providing life-giving oxygen and nutrients. It beats an average of 72 beats per minute every minute of your life! If this pump fails, vital organs like the brain and kidneys suffer. If the heart stops working altogether death occurs within minutes.

A focus on disease

It still remains the number one cause of death in the Western world and is responsible for around 73,000 deaths in the UK each year. About one in six men and one in 10 women die from CHD. In the UK, there are an estimated 2.3 million people living with CHD and around two million people affected by angina (the most common symptom of coronary heart disease).

Disease of the arteries to the heart usually presents with chest pain or tightness. This may feel like a pressure sensation that can sometimes spread to your neck, back and/or jaw, termed angina. Angina can be stable, occurring with exercise or unstable occurring at rest or with minimal effort. The latter could be the onset of a heart attack and must be acted upon to prevent irreversible damage to the muscle of the heart and in worst case scenarios, death. Heart attacks occur with a cessation of blood flow to the heart. It is a medical emergency, so call 999.

How do I prevent heart disease?

- Try and maintain your ideal body weight.
- If you smoke – stop.
- Avoid hydrogenated oils and minimise your intake of saturated animal fats and dairy.
- Exercise regularly.
- Optimal control of your blood pressure.



The heart is the only organ that has a direct impact on every other organ in the body

NEW ADVANCES
Up-to-date heart stents can dissolve into the body over time

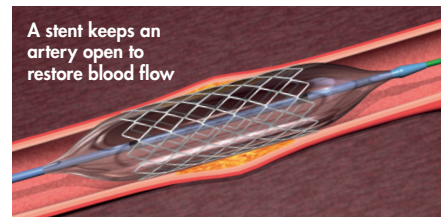
What investigations may I need?

Initially, a detailed history is obtained followed by a clinical examination of the patient. Baseline blood tests are requested along with a lipid assessment. An electrocardiogram (ECG), chest X-ray and ultrasound scan (echocardiogram) of the heart are obtained. Other tests may involve a computerised tomography (CT), magnetic resonance imaging (MRI) or a nuclear based investigation. A further direct assessment of the heart arteries may be required (coronary angiogram).

Angiography and angioplasty

During an angiogram, a small tube called a catheter is passed from the wrist (or groin) to the heart. A dye is then passed into the heart arteries and X-ray imaging is used to view the heart anatomy. The test is usually performed as an outpatient, under local anaesthetic. If a narrowing has been identified it can lead on to an angioplasty. This involves disobliterating the narrowing in the heart arteries using a mini balloon. A stent is then deployed to keep the artery open and restore blood flow to the heart.

Stents can be covered in a special medication to prevent rapid re-narrowing. Bio-absorbable stents slowly dissolve into the body over 24 months.



A stent keeps an artery open to restore blood flow

FOR MORE INFORMATION

Visit www.cardiologycare.uk
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Dr Mudalagiri also offers services at:
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