Cardiac care with a heart

Care at Royal Columbian Hospital puts patients first

By: Vicky Fawkes

When Johnny Ga- hir, an energetic young father of two from Surrey, began having chest pains after leaving the gym, he was reluctant to believe it was a heart attack. After all, thought Johnny, I’m a pretty fit guy. I’m young and active. There must be some mistake. But there was no mistake when he received a cardiologist stress test at his local hospital revealing a shadow on the front of his heart and the need for a referral to Royal Columbian Hospital’s cardiac team.

At RCH, Johnny received an angioplasty that showed he had an 80 per cent blockage to his main artery and so a stent was inserted to restore blood flow. However, the following Valentine’s Day, Johnny’s heart suffered another blockage in the same spot, forcing him to receive another angiogram and angioplasty at RCH. Life returned to normal until January 2012, when Johnny experienced another heart attack. As his heart condition was proving to be resistant to treatment with stents, RCH Cardiac Surgeon Dr. Daniel Wong opted to perform open-heart double bypass surgery on Johnny.

“I had an arterial bypass. Everything worked out awesome, and thankfully it’s been good since then,” says Johnny.

Today, Johnny is in good health and appreciates RCH for giving him his life back. “The staff, surgeons, and cardiologists were all so good. I was kept in the loop the whole time about what was happening and what I should expect, so the education was there,” says Johnny. “Post-operative care was great as well. The nursing staff is so positive and explains what is happening to you as best as they can. It really was the best of a bad situation,” he adds.

While Johnny’s story seems like a rare occurrence, cardiovascular disease in the South Asian population is the most common cause of premature death, and could occur up to a staggering four times more often than within the general Canadian population. South Asians, who are of any other ethnic group, are at risk of dying from a heart attack at an early age. Most startling, this statistic holds true even when South Asians appear to be at a healthy weight.

Dr. Idan Khan, a RCH Trauma Physician, has had the dual experience of being both a doctor and a patient at RCH.

In January 2013, Dr. Khan suffered a heart attack after playing a game of squash and immediately had to be taken to RCH, where doctors and staff performed life-saving medical care. “I have experienced the cardiology at Royal Columbian Hospital. I got to see the doctor-patient experience from the other side,” says Khan, who is now in good health and enjoying life.

After his recovery, Dr. Khan had a new appreciation for the staff at RCH. “It was great care, everyone was top-notch. There are multiple doctors and medical students, as well as residents managing your care. I like to think we still have that community feeling, with the resources of a complex, advanced care, provincial hospital,” says Dr. Khan.

The high prevalence of chronic diseases amongst the South Asian population has sparked a fierce commitment and interest to lower the burden of these diseases on members of the community, according to Dr. Arun Garg. Dr. Garg is Fraser Health’s Program Medical Director for Lab, Medicine and Pathology and the Medical Director for the South Asian Health Institute. He has worked in the medical field for more than 40 years and founded the Canada India Network Society to enhance the strong academic and economic links between Canada and India. The community-motivated organization focuses on the high incidence of cardiovascular disease affecting the South Asian population, and how people can take charge of their own cardiac health.

Dr. Garg notes that the exact causes for the prevalence of South Asian heart disease are largely unexplained, which results in a lack of knowledge on how to prevent it.

“We don't know the exact causes, which is one of the reasons there is so much interest. Diabetes could be part of the reason, as a result of increased glucose. Diabetes leads to a higher preponderance for other disorders, such as heart disease, coronary disease, renal disease, and hypertension,” says Dr. Garg. “I think some of it is related to genetics, but the majority of it is related to what we call environment or lifestyle factors,” he adds.

Dr. Garg stresses that heart disease awareness and life-saving information specific to the South Asian population is limited. “We know there is a problem, but we can’t say why,” notes Dr. Garg. “However, as soon as someone does suffer a heart attack, they and their family become very concerned and involved. I would say that generally speaking, there is a lack of awareness until after the fact,” he adds.

Dr. Garg, who has worked at RCH since 1970, notes the unique benefit Royal Columbian has had on the South Asian community. “It has one of the most sophisticated cardiac centres and trauma centres for the South Asian population. We are making tremendous effort to provide a culturally sensitive, multi-disciplinary, and focused approach to all of our patients as soon as they come through our doors.”

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