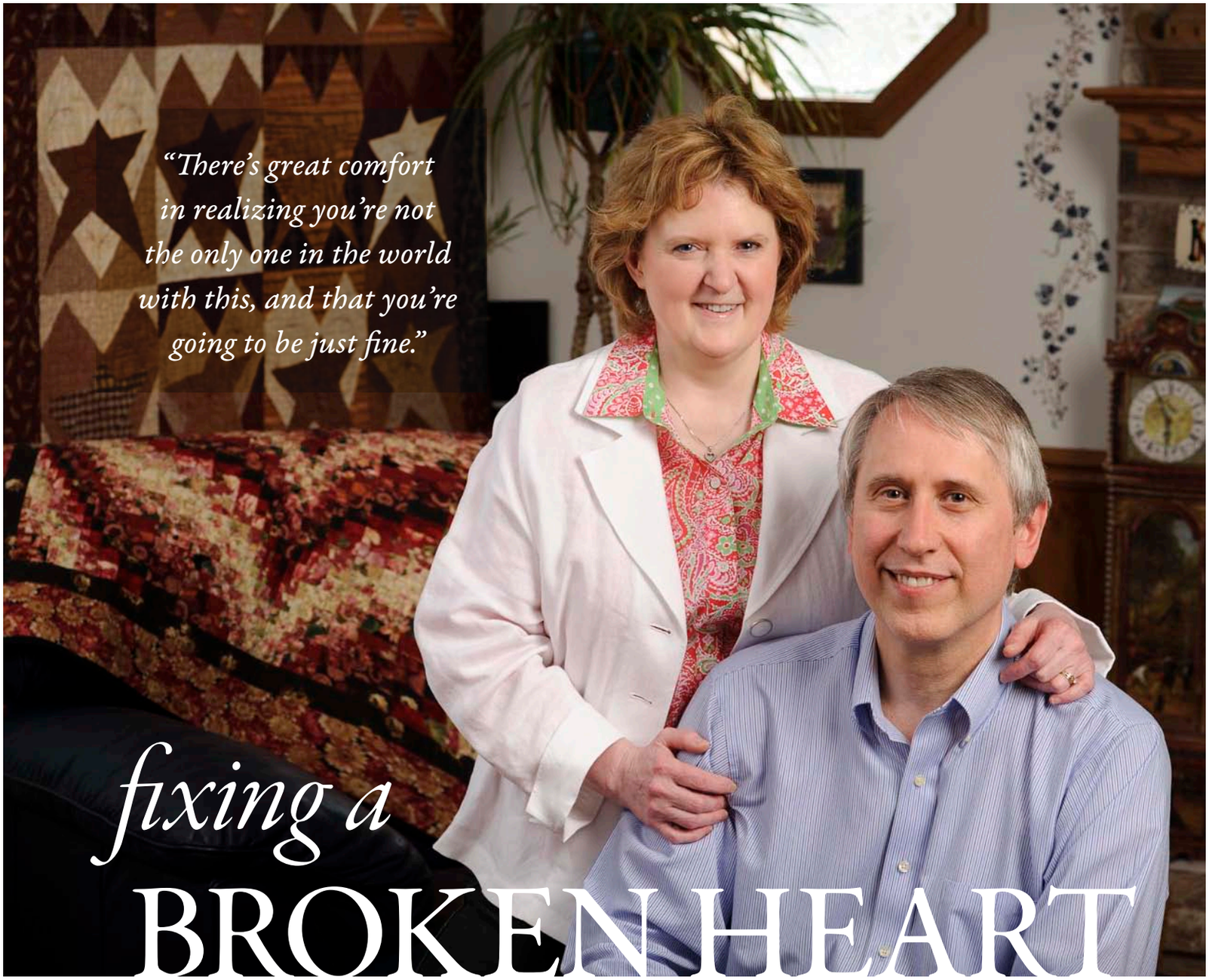

"There's great comfort in realizing you're not the only one in the world with this, and that you're going to be just fine."

fixing a BROKEN HEART

Happily married for decades, the last thing Barb Thornberry of Menomonee Falls ever expected was a problem with a broken heart. But that all changed in 2009 when she fainted while working at her job as an associate at a local department store.

"I was picking up an area in the toy department when I suddenly felt light-headed," Barb recalled. "I remember grabbing my forehead … and the next thing I know, I'm sitting on a chair on the other side of the store, talking to the store manager, and with no clue as to how I got over there," said Barb, who is now 58.

She was taken by ambulance to the Emergency Department at Community Memorial Hospital, where she complained of chest pains. "Later, I woke up and found myself in a hospital room. Most of that day is just a blank," Barb said.

Initial test results proved contradictory: a heart catheterization revealed clear arteries, but elevated heart-injury enzymes, electrocardiograms and her echocardiogram indicated a heart attack. A tilt-table test, which helps determine the cause of fainting spells, proved inconclusive.

After an electrophysiology (EP) study, in which electronic impulses are used to provoke abnormally fast heart rhythms, doctors made a diagnosis of takotsubo cardiomyopathy. More commonly called broken heart syndrome, it is often provoked by a sudden, stressful event, such as the death of a loved one. Even though Barb didn't experience an intense emotional stressor, there are always exceptions to the rule, according to Robert Panther, MD, Barb's cardiologist.

"Broken-heart patients present with heart-attack symptoms … but a heart catheterization usually reveals no blood clot. Everything is clear. Then we consider broken heart syndrome, which is most common in middle-aged, post-menopausal women. It occurs when an adrenaline surge causes small arteries in the heart muscle to spasm. This rhythm disturbance causes the heart to beat so fast that you lose blood pressure, so you faint."

Heart Needs a Jump

The good news was that Barb's heart was stunned, not scarred with muscle damage like a typical heart attack, and recovered over the next several months, explained Jule Wetherbee, MD, her physician who practices cardiac electrophysiology.

To protect Barb in the event of another rapid abnormal heartbeat episode, a heart defibrillator was implanted just under her skin, below the left collarbone. Wires threaded through blood vessels connect the heart and the defibrillator. If Barb's heart ever goes into rapid rhythm again, the defibrillator delivers an electrical charge that jolts it back into the proper rhythm.

"It's like a little paramedic that's with her at all times," Dr. Panther said of the unit, which is about the size of a 50-cent piece. "It's important to have, because another episode could happen at any time, without any red-flag warnings."

"It does take some getting used to … you leave the hospital and you have this thing in your chest that doesn't feel right," said Barb. She initially was afraid to walk into stores for fear that security monitors would set off the defibrillator and she needs to keep devices such as cell phones at least six inches away from it.

"It was an emotional roller-coaster," Barb recalled. It really helped when she and her husband, Al, met with Linda Bremberger, RN, the electrophysiology nurse. "She spent about an hour and a half with us, explained everything, and calmed so many fears," Barb said. "The more you know about what's happening, the more it helps with the healing process."

Barb said she's amazed at the defibrillator technology, which records and stores essential heart data on a daily basis. At night, it downloads the data wirelessly to a small black box Barb keeps on her nightstand. Every three months, in lieu of Barb going to a doctor's office for a check-up, the box transmits the data through the phone line to a computer in Dr. Wetherbee's office for analysis.

"If something goes wrong, the device sends information right away and someone calls you from the doctor's office," she said. "I feel like the Six-Million-Dollar Woman."

Exercise Key to Recovery

Barb started cardiac rehabilitation, and for three months, she attended three one-hour monitored exercise sessions a week.

"It was spooky for me at first, because I was afraid my heart would beat too fast and I'd get a shock," she said. "But I learned that it's set to go off only if my heartbeat goes way higher than it would during normal exercise."

Barb also started attending support-group meetings for cardiac patients at the hospital. The quarterly meetings last a couple of hours, and include presentations about new technology as well as candid discussions where attendees compare notes and concerns.

"I still attend them," Barb added, pointing out that spouses go, too. "It's to the point where I don't look at it as a support group—it's more like meeting with friends. It's good to hear about other peoples' experiences. I haven't received a shock from my defibrillator, so I'm a little freaked out about what that'll be like. But it eases my mind to hear other people talk about it—you hear that it happens, and that you feel fine afterward. There's great comfort in realizing you're not the only one in the world with this, and that you're going to be just fine, just like they are."

Barb can't say enough good things about the care she received at Community Memorial. To show gratitude she couldn't put into words, Barb—a longtime quilter—instead made a quilt that she and her husband, Al, presented to the staff who helped her through her recovery. The pattern she selected is heart bargello, which features a big heart.

"The only downside to getting better is I don't get to see everyone's smiling faces over there," Barb said. "They truly care. And because of their care and dedication, my heart is still beating."

The Heart and Vascular Center at Community Memorial is designed and staffed to be Wisconsin's finest. Our doctors, nurses and technologists have created a unified team of experts who use next-generation technology to set new standards in excellence.

To find a cardiologist or for more information, call Careconnection at 262-251-1001 or 800-246-8332.

Happy Hearts Defibrillator support group, sponsored by the Heart and Vascular Center, meets quarterly. For more information, call Linda Bremberger, 262-257-5300.

Cardiac Rehabilitation Builds Patient Confidence

Three times a week for an hour per session, heart patients like Barb undergo group cardiac rehabilitation at Community Memorial Hospital Medical Commons.

The staff looks at patients' diagnoses and any other health problems that might affect rehab, such as knee pain or arthritis, as well as their lifestyle before they were diagnosed with heart issues. Patients then start out slowly and build from there.

For Barb, that meant working out first on a recumbent bike and a seated step machine, graduating to a treadmill and eventually an elliptical machine. She also did some weight-lifting.

"The people were wonderful there. They help you emotionally as well as physically," Barb said.

According to Mary Gullickson, RN, many patients come in depressed and afraid they'll never be able to do the things they did before.

"We frankly discuss their health problems, and with the guided exercises, they build the confidence to exercise and realize they won't fall apart," Mary said. "I draw on 22 years of cardiac experience and tell them I've seen many people with the similar problems return to a normal lifestyle.

"Barb was a real go-getter. She was always asking if she could do a little more , and she did. She really wanted to get back to her normal life."