

THE HEARTBEAT

STEPHENVILLE 2018 Annual General Meeting & Seminar

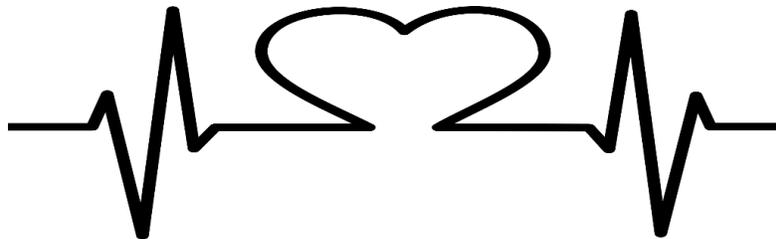
This year's annual general meeting (AGM) and seminar will be held at Sir Thomas Roddick Hospital in Stephenville on October 13, 2018. An email was sent out earlier the week requesting that all members RSVP in order to give the host site an accurate idea of how many people will be attending so the meeting can be planned accordingly. Thank you to those of you who have already emailed me with their response! For those of you who have not, the deadline is September 14, 2018.

We are still in the early stages of planning but the website has been updated to reflect what information is available right now. Updates will be

posted as they become available so make sure you check back frequently. For anyone traveling in from out of town, you can find links to accommodations on the site as well.

If you are unable to attend the meetings but there is a topic you would like to bring up for discussion, feel free to ask another member to do it for you or send it to my email (listed at the end of this section). Results from any business discussed will be made available to the entire membership through the minutes shortly after the meeting takes place.

Questions or comments can be directed to education@ctan.ca.



PRESIDENT AND PROVINCIAL DIRECTOR'S REPORT

Active Members: 45/Inactive Members: 3

Meetings of the CTAN Executive Board of Directors were held online during the summer to discuss several issues and concerns that have arisen over the past several months.

Board members voted and confirmed an increase in dues beginning in 2019. We have decided to increase dues by \$50 to aid in our quest for legislation.

(Registered \$200, \$125 students, \$115 inactive). We will also add a \$50 charge for late fees if dues are not paid by February 1st.

A legislation committee has been formed and steps to move forward with the legislation process are beginning. Our by-laws are being updated, not changed, and are being edited according to any relevant excerpts

from CSCT's by-laws. A fundraising committee has been discussed and a request has been sent out to members, but there has been minimal interest to-date. Please contact any BOD member if you are interested in joining the Legislation and/or Fundraising Committees.

A list has been created to host our AGM at alternating sites throughout the province each year. We have enough sites to host at a different location for the next 9 years. These hosts and locations are posted on our website. This will take the pressure and responsibility off the same sites hosting over and over. It will also give other sites an opportunity to experience hosting. Smaller sites with only one tech will combine and help will be provided from members across the province should it be required. The AGM will be funded by CTAN and support from medical suppliers or employers if possible. It was also discussed to have other professions attend the education portion of our AGM to generate more revenue through registration fees and provide rural areas an opportunity to obtain CEUs where that is not always an easy task.

The CCC and CSCT AGM are coming up in October. Please ensure that once you receive your

proxies that you complete them and either bring them with you to our CTAN AGM, or scan and email them to me at president@ctan.ca. This is our opportunity to have a "voice" when it comes to voting during the national meetings even if we are unable to attend. If you have any questions or concerns that you wish for me to bring forward to the national Board of Directors, please send them along in an email to me as well. These issues/concerns can be sent to director-nl@csct.ca.

Good luck to all who will be writing the CSCT exam in September and I look forward to seeing you all at the AGM in Stephenville in October.

Respectfully submitted,

Denise Tapper-Blake, RCT, CRAT
CTAN President & Provincial Director

REMINDER:

Members are responsible for ensuring all of their information is up to date. This can be done by logging onto our website (www.ctan.ca) and editing the relevant fields.

EDUCATION COORDINATOR'S REPORT

As always, I'd like to start by congratulating all candidates who challenged and passed the CSCT exam in April of 2018. All the best in your future careers as registered Cardiology Technologists!

Staying informed about changes and advancements in the medical field, especially cardiology in our case, is a very important aspect of our jobs. On a recent visit, the manager of my department here in St. John's told us about UpToDate, a reliable website that makes life a little easier on that front. Eastern Health subscribes to this site and it is made available through the intranet at all hospitals under their authority. I believe the other health

authorities around the province do the same as well. It is a useful resource for any and all healthcare workers. Through this website you can search for and find peer-reviewed studies and information on just about any topic or procedure. Whenever something is revised or new information emerges, the website updates relevant pages, telling users not only when the topic was posted but also if/when it was last updated.

Thank you to Denise and Allison for submitting content to this newsletter. I'm looking forward to seeing some of you at the AGM in October!

Megan Willette, R.C.T
Provincial Education Coordinator

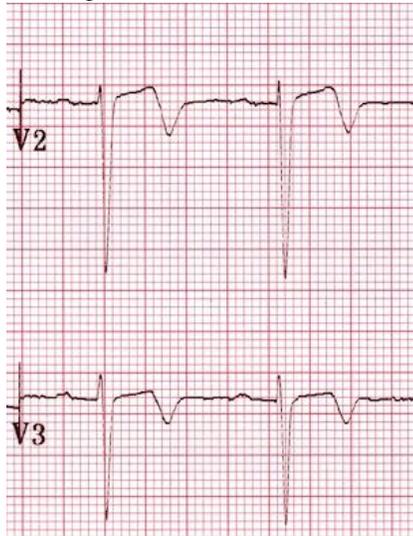
WELLENS SYNDROME & ETT

Submitted by Allison Benoit, R.C.T.

It is important to recognize Wellens Syndrome when conducting an exercise tolerance test (ETT) as it is a contraindication. Wellens Syndrome is defined as having life-threatening stenosis of the proximal left anterior descending (LAD) coronary artery. These patients have a very high risk for an extensive anterior wall myocardial infarction (AMI). Exercise tolerance tests may prove fatal to these patients as there is usually minor collateral circulation in the anterior myocardium and is highly suggested that most patients with Wellens Syndrome have a correlated lesion in the Left Main Coronary Artery (LMCA). Recognizing Wellens Syndrome before conducting an ETT could mean the difference between life and death for your patient.

ECG patterns for Wellens Syndrome:

- History of chest pain/angina
- Little to no elevated serum cardiac bio-markers.
- No pathologic precordial Q waves
- Little or no ST – segment elevation.
- Preserved R wave progression.
- Biphasic or deep inverted T waves in the Precordial leads (V2, V3) and may extend into V1 - V6.



Type A



Type B

While T-wave morphology in Wellens syndrome is frequently distinctive, there are many other conditions that can produce very similar patterns. Therefore, it is important to explore all avenues. Examples of other conditions are: Brugada Syndrome, pulmonary embolism, normal paediatric ECGs/persistent juvenile T-wave pattern, RBBB, RVH, LVH, hypokalemia, and hypertrophic cardiomyopathy.

Treatment for Wellens Syndrome is aggressive revascularization therapies, angioplasty or coronary artery bypass graft.

Sources found on: <https://lifeinthefastlane.com/ecg-library/wellens-syndrome/>

FOR MORE INFORMATION ON CTAN, VISIT OUR WEBSITE AT WWW.CTAN.CA