



South African Society of Cardiovascular Intervention

## SASCI Visiting Professor Program 2018 – 4<sup>th</sup> Report Prof David R Holmes Jr 20 March 2018

The end of the SASCI VPP 2018 is closing in with the SASCI Annual Fellows Workshop and AfricaPCR around the corner. Prof Holmes will participate at both programs as a faculty member providing South Africa with world-class lectures and discussions.

His journey in Cape Town kicked off with a week at Tygerberg Academic Hospital:

Another part of this incredible experience this week at Tygerberg. Each place I have been at has been unique with wonderful opportunities as well. We have done complex hemodynamic cases in patients with combined structural defects including mitral regurgitation, diastolic dysfunction and ASD all in one patient. A failing ASD patch in a young patient and treated recurrent coarctation in two who presented on the same day when they were both about 20 weeks in their pregnancy. That, plus a left atrial appendage occlusion and multiple interventions post infarction. The consultants are terrific teachers, incredibly well rounded and the fellows benefit greatly.

Rounds have been amazing, wonderfully rich. The ECG teaching rounds have been incredible, chaired by Prof Doubell and the other consultants – Hellmuth Weich, Philip Herbst, Charles Kyriakakis, Fonnie Pecoraro and today Jane Moses.

As a young staff person at Rochester doing pacing and EP, we were expected to go to the legendary course of Advanced Electrocardiography at Michel Reese Hospital in Chicago put on and directed by Dr's Alfred Pick and Richard Langendorf. You had to be recommended to go to that course. During the course, the participants would be "invited" by the course directors to come up individually to the white board in front of the entire group to discuss the specifics of the specific ECG which had been projected there, things such as concealed conduction, supernormal conduction etc. We were handed the long wooden calipers to measure intervals. It was a marvelous course, but it was rather intimidating to be called on to put your ignorance on show for the entire audience.

Today Anton, Philip, Hellmuth and Jane put on the ECG teaching rounds. It was a wonderful scientific discussion of the intricacy of Wellen's T waves, the specific features of typical versus atypical RBBB, and concealed His extrasystoles, how to measure axis, the difference in an ECG of a proximal LAD lesion before the first septal and one that involved the diagonal. The fellows were "invited" as we had been years ago for the Pick and Langendorf course to render their opinions. I was greatly pleased to have already graduated from fellowship long ago so that Anton, Philip, Hellmuth and Jane did not call on me for an interpretation. It was an extra-ordinary session.

A wonderful week, superb teaching by the consultants, great cases, wonderful patients and staff all of whom made it special for me.





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Prof David R Holmes with the Tygerberg Academic Hospital Interventional Cardiology unit

We had a splendid evening last on the 8<sup>th</sup> of March with the wonderful wrap-up meeting for the SASCI VPP Evening Lecture series on Antiplatelet and Antithrombotic Therapy for PCI in the setting of Non-Valvular Atrial Fibrillation. A large turnout and the resultant interchange was superb, with multiple opinions addressing how to interpret the new data which continues to accumulate in the field. How to introduce the new data and practically implement it in the clinical arena. The questions were sustained indicated the incredible interest in this "staple" area of great interest. Dave Kettles, President of SASCI had multiple questions to spear head the issues. It was a wonderful evening in which much information was shared.

Prof Holmes then continued to the last Medical School – Groote Schuur Academic Hospital – for a week of lectures, proctorship and robust discussion sessions.

Groote Schuur Hospital sports a new coat of finery. The catheterization laboratory is freshly painted and spruced up as it readies itself to showcase its patient care, its catheterization laboratory staff, its physicians, and their art and science as it will transmit live cases to Africa PCR. A wonderful opportunity to educate and inform on the issues that we all face in providing the best possible care in taking care of our patients who form the center, the focus of our efforts. Arrived on the 5<sup>th</sup> March to join the Monday morning journal club where we reviewed the array of issues and new developments in the field of fibrosis and inflammation in the widely disparate fields of cardiovascular disease as well as cancer of the lung. We then moved on to an important discussion of HOCM and





pregnancy, and reviews of the concept and data from global pieces of evidence about the survival patterns between different types of malignancies and heart failure. All of this as one arrives to work after a busy weekend experiencing the Cape Town cycle event which brings about 40,000 cyclists dressed in their finest to the cape peninsula ride. An amazing narrative of sights and colours and sounds.

Here at Groote Schuur, the panoply of cases continues to be robust, each of which case poses unique challenges and opportunities. In our noon meetings for the whole group Professor Mpiko Ntsekhe directs an orchestra of wide opinions with the consultants, fellows and registrars with multiple wonderful questions and great insight into a wide range of cases. The surgical board of planned surgical consultations/procedures includes two cases of constrictive pericarditis, two of severe Aortic Regurgitation, a Bentall procedure, and two very extensive CAD patients with severe LV dysfunction who are scheduled for CABG. Extensive complex disease for PCI and then finally severe mitral stenosis in a young woman with a huge mobile left atrial thrombus was also presented. An amazing line up. It is a multimodality conference with Echo, CT, and coronary angiographic images, but these are all overlaid on the expert clinical presentation of symptoms, and the expert clinical description of the physical findings and ECG's. **It is an extra-ordinary experience**.



Prof David R Holmes with the team on his last day at Groote Schuur Hospital

Working in the Catheterization Laboratory here at Groote Schuur, I have been struck by the prominent sign board in the center of the Laboratory. There are multiple messages on it, however I am struck with several of them. I will summarize them because they are at the heart of everything we do and should be doing, everything that we are and everything that we should be.

These are some of the statements which are featured prominently





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## 1. SERVAMUS—We serve

- 2. Batho Pele— Putting people first
- 3. A visual picture of three parts

Hands held together - A statement that we are all part of a team

Cupped hands — A picture of caring for the people we serve

Hands held up in supplication—we severe beyond ourselves for a higher cause

- 7. The Mission Statement I will respect you and you will respect me
- 8. Patients Right's To be taken care of with respect in accordance with my needs and wishes as a unique individual who presents myself to you to care for me
- 9. Patient Responsibilities— To take care of their own health, To care for the environment, To respect the ` rights of others and the rights of the providers, To comply with recommendations and continue with medications prescribed, To provide the health care providers with the most up-to date information on the patients care and medications and history, To utilize the health care system properly and not abuse it, To be responsible to the needs of themselves and others and respect my own body and health.

This is obviously my attempt at remembering the messages that I saw there. They were however very powerful and remind me of the unbelievable privilege of being in the field of health care and taking care of people in their time of great need.

The first line: SERVAMUS – "We Serve" perhaps is the best summary of who we should be, how we should act and what our privilege is.

SASCI would once again like to thank our sponsors, **Medtronic** and **Pharma Dynamics** for their support with this program and their investment in the education and training in South African Cardiology.