

# Cardiac Rehabilitation and Maintenance Programs C.O.A.C.H. and K.C.E.S.



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Thank you to all who participated in the **National Walk of Life** on Sat. June 1, 2019. **Once again, Jenn Taylor** and her COACH team did an awesome job hosting this successful fund raising event!

We also thank **Dr. Jordan Webber** (KGH Cardiologist) and his family for greeting the **126** participants attending. Special thanks to **Gail Lewis, Norm Grant, Linda Kenzle, & Leigh MacLeod** for an amazing effort to raise funds.

In total, **\$41,000 was raised for C.O.A.C.H. & K.C.E.S.** Monies will directly help in funding these cardiac rehabilitation programs.



**SAVE THE DATE!**  
**National Walk of Life 2020 TBA**

## C.O.A.C.H. hosted Kelowna Professional Development Day Friday, Sept 20<sup>th</sup>, 2019

This event provided an opportunity for cardiac rehabilitation health care professionals from all over the Interior of BC to come together for a day of learning, networking and fund raising. Topics included new advances in diabetes & heart disease, prostate cancer, Trans Aortic Valve Insertion, & post operative complications. The conference also reached outlying areas using videoconference technology thanks to collaboration with UBC/IHA. Here is a snippet of some of the topics discussed at this year's conference.

### PROSTATE CANCER & CARDIOVASUCLAR DISEASE: Did you know?

*JENN TAYLOR, BSc (KIN)*

Prostate cancer is the most common type of cancer in males, making up 20% of all new cancer diagnosis for men. Fortunately, it is typically a slow growing cancer, and therefore has a high 5-year survival rate (93%).(1) The leading cause of death for men with prostate cancer is actually cardiovascular disease, not prostate cancer ! (2) This is partly due to shared risk factors such as older age, obesity and cigarette smoking, however cardiovascular risk may increase due to the treatment given for prostate cancer. Androgen deprivation therapy (ADT) is a common hormonal treatment for prostate cancer. It involves either oral medication, or injections to suppress testosterone production. Side effects of ADT increase cardiovascular risk, and include increases in abdominal weight through lean muscle mass loss and fat mass gain as well as increased risk of developing metabolic syndrome. It is important for prostate cancer patients to exercise both aerobically and strength train to offset the negative side effects of some prostate cancer treatments!

#### References:

1. <http://www.cancer.ca>
2. Bhatia N, Santos M, Jones LW, et al. Cardiovascular effects of androgen deprivation therapy for the treatment of prostate cancer: ABCDE steps to reduce cardiovascular disease in patients with prostate cancer. *Circulation*. 2016;133(5):537-541.



**K.C.E.S. Annual  
Christmas Dinner  
Wed. Dec. 4, 2019**

**Mountainview  
Presbyterian Church  
271 Snowsell St. North,  
Kelowna  
Cocktails @ 5:30pm  
Dinner @ 6:00pm  
Tickets \$25/person**

**Tickets available Nov. 13<sup>th</sup>**

## TAVI...The (Less Invasive) New Kid on the Block

By Cam Towle, BN, BPE, BSc, RN Kelowna General Hospital Cardiac Cath Lab

Pulse Cardiac Health

[www.pulsecardiachealth.com](http://www.pulsecardiachealth.com)

If your Aortic Valve is no longer working the way it is supposed to, you may need to have it replaced. The Aortic Valve is the One-Way Valve between the Left Ventricle, which is the largest pumping chamber of the heart and the Aorta, which is the “stump” of the vascular “tree”. The Aorta delivers oxygen to our entire body so that every cell can have the fuel they need to do their jobs. The most common way that the Aortic Valve starts to “wear out” is called **stenosis**. This means that the leaflets of the valve become stiff and hardened usually with calcium and they no longer open very well. This can decrease the amount of blood that gets pushed out to our bodies and make our heart work harder.

Traditionally, when Aortic Stenosis becomes severe, it is time for the heart surgeons to open our chest, stop our hearts, take out our worn out valve and sew in a new valve. This is called Surgical Aortic Valve Replacement or SAVR for short.

However, since 2002, there has been an alternative to SAVR. This procedure is called Transcatheter Aortic Valve Implantation or Replacement (TAVI or TAVR). As with any new procedure, it was unknown whether the procedure would work or the whether results would last for any length of time. Well, it is now 2019 and we are doing more TAVI's than ever because they do work.

For a TAVI, the new aortic valve is delivered through a catheter or tube. This is usually done through the artery in our groin. The new valve travels up the aorta to our worn out aortic valve. The valve is then deployed. This means it is opened up inside of the old, worn out valve. Basically the new valve pushes the old valve out of the way and begins working immediately. The patient is usually awake (but sedated), the chest is not opened up and the heart is never stopped which is less invasive and makes for a quicker recovery. Often patients are discharged home one or two days after the procedure.

Of course there are some risks, the most common being bleeding, having a stroke or needing a permanent pacemaker after the procedure. Currently this is a procedure that is most commonly done for patients who are not candidates for the traditional open heart procedure because their risks are too high. However, as time goes on, the trend suggests that patients who are lower risk for open heart surgery may end up getting TAVI instead.

We have been doing TAVI's in Kelowna General Hospital since September of 2018 and will do about 50 of them in 2020. This is great news for the people of BC's Interior because they will no longer have to travel to Vancouver if they are a candidate for TAVI,...The (Less Invasive) New Kid on the Block.

### *History of KGH Cardiac Services*

K.C.E.S. (1973)  
K.C.E.S. Inc.(1982)  
Angiogram Lab(1994)  
C.O.A.C.H. (1999)  
Heart Function Clinic  
(2005)  
Angioplasty, Stenting  
(2009)  
Open Heart Surgery  
(2012)  
**TAVI (2019)**  
Electrophysiology  
(2020)

## NEWS! Physical activity guidelines encourage ANY increase in activity good for you.

Since the 1970's, research has suggested that the benefits of being physically active start at exercising 3 X week for 20 min. It has been thought that these minutes should be accumulated in at least 10 min bouts. Upon review, new research reveals that ANY duration of activity is beneficial. And the least active people benefit the most from any increase in activity.

Developed from research published over the past 70 years and peer reviewed, expert consensus confirmed that we should **SIT LESS & MOVE MORE** with a weekly recommended target of 150 minutes of moderate-intensity or 75 minutes of vigorous intensity aerobic activity to reap bone, muscle, heart and overall health benefits. The major addition to recommendations in 2018 was that activity bouts of **ANY** duration is beneficial to mortality and contributes toward a weekly goal.

2018. U.S. Department of Health and Human Services (DHHS) Physical Activity Guidelines for Americans.  
<http://health.gov/paguidelines/>

**"Start where you are. Use what you have. Do what you can."** ~ Arthur Ashe

**Ribillati soup** - This Italian Tuscan staple is a delicious hearty soup combining beans, veg and bread.



3 Tbsp olive oil  
 3 garlic cloves, chopped  
 1 red onion, chopped  
 (1) 14-oz can crushed or diced tomatoes  
 4 cups (22 oz) cooked white beans  
 8 oz. crustless loaf bread  
 zest of lemon

4 stalks celery, chopped  
 2 med. Carrots, chopped  
 ½ tsp crushed red pepper flakes  
 3 cups chopped kale or spinach  
 8 cups water  
 1 tsp salt (opt)  
 optional: chopped olives

1. Combine olive oil, celery, garlic, carrot, red onion in large pot, cook over med. Heat 10-15 min, avoid browning. Stir in tomatoes, red pepper flakes, simmer 10 min to thicken up tomatoes. Stir in kale, 3 cups cooked beans, 8 cups water. Bring to boil, reduce heat and simmer for ~ 15 min.
2. In meantime, mash or puree remaining 1 cup beans with a generous splash of water until smooth. Tear bread into bite sized chunks. Stir bean mash and bread into the soup. Simmer, stirring occasionally, until bread breaks down and soup thickens, 20 min or so. Stir in salt to taste, stir in lemon zest at end. Finish with drizzle of olive oil and chopped olives if desired.