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Referring DR

FAXED

TheAlfred **HEART CENTRE DISCHARGE SUMMARY**

UR: **7153100**
LOWENSTEIN, Bernie
20 Goold St. BURWOOD VIC 3125
DOB: 3/08/1952
Inpatient Dates: 27/08/2018 - 29/08/2018
Inpatient Unit: CARDIOLOGY GENERAL

DISCHARGE DIAGNOSIS: ACS - STEMI.

PRESENTING COMPLAINT:

see progress

OTHER ACTIVE PROBLEMS: 1. Hypertension 2. GORD 3. Obesity 4. Hypercholesterolaemia, untreated 5. TIIDM, diet controlled (recent Dx with GP) 6. OSA on home CPA

PROGRESS: #STEMI - Chest pain whilst riding pushbike in rural victoria - 12 lead ECG (STEMI) with MICA - Thrombolysed and then transferred to Alfred via Wangaratta - Troponin Peak 290,000 - Inferoposterior changes on ECG - Proceeded to Aniography - X1 DES to LCx - Repeat Angiogram for ongoing pain - stable CAD - LV 51% on TTE PLAN 1. D/C Home 2. DAPT 3. F/U with S. Duffy @ Heart Centre

DISCHARGE PLAN:

DESTINATION: Home **READMIT INTENTION:** 9. No intention to readmit to any other Hospital/Healthcare Facility
DISCHARGE FOLLOW UP: F/U with S Duffy @ Heart Centre

MEDICATIONS / ALLERGIES / ADR:

Rx CEASED: Nil. **Rx STARTED:** Atorvastatin 80mg daily Aspirin 100mg daily Clopidogrel 75mg daily Metoprolol 25mg BD Perindopril 2mg nocte

DISCHARGE MEDICATIONS: Atorvastatin 80mg daily Aspirin 100mg daily Clopidogrel 75mg daily Rabeprazole 10mg daily Metoprolol 25mg BD Perindopril 2mg nocte **ALLERGIES/ADR:** NKDA

INVESTIGATIONS / PROCEDURES:

CATH: 27/08/2018 66M taken back to cath lab following PCI to LCx for inferior STEMI in setting of pain and transient dynamic ECG changes (anterior STD). Pain and ECG changes had resolved on arrival to lab. Findings: Stable coronary artery disease with widely patent stent. Management. 1. Ongoing medical management of residual CAD. 2. GTN patch overnight. **CATH:** 27/08/2018 66 yo M, post successful thrombolysis for an inferior STEMI. His cardiac risk factors include T2DM, HTN, dyslipidemia, obesity and a family history of premature CAD. Findings: Severe 90% stenosis in the proximal LCx. Moderate ostial LAD stenosis. Mild irregularities elsewhere. Elevated LVEDP of 26mmHg. Recommendation: Follow on PCI to LCx. **PCI:** 27/08/2018 66 yo M, post successful thrombolysis for an inferior STEMI. His cardiac risk factors include T2DM, HTN, dyslipidemia, obesity and a family history of premature CAD. Intervention: The LCx stenosis was wired with a BMW wire. A 2.5x12mm semi-compliant balloon was used to pre-dilate the lesion. A 3.5x15mm Xience Xpedition was successfully deployed at high atmospheres with a good angiographic result. Recommendation: Dual antiplatelet therapy for 12 months. Aggressive cardiovascular risk factor modification. Inpatient TTE.

Next Cardiology Review Location
CAGE Clinic

Next Cardiology Review Time
4-6 weeks

HMO	Pager	Report Date	Registrar	Managing Consultant
Dr Jeremy Moskovitch	*4738*	*30/08/2018*	*Dr. Jason Bloom*	*Dr. S Duffy*