Feeling Unusual?
Listen to Your Body

Wonderful Watermelon

When Temps Are Hot
Stay Healthy in the Heat
Dear Readers,

Sometimes you just don’t feel like yourself. Maybe you get winded more quickly than usual during aerobics class, doing daily activities, or you start to sleep more because you’re feeling really tired “for some reason.” These sometimes-subtle changes in how your body reacts to regular activities might be telling you that something is going on with your health. In our lead article, cardiologist Senthil Sundaram, MD, talks to Heart to Heart about these changes and how they can be related to heart valve conditions.

Heart valve conditions are not limited to the elderly. At the WakeMed Heart Center, we often see young and middle-age adults with valve problems. Early detection is important as some valve conditions in young and middle-age adults just need to be monitored while others require surgical treatment. Our cardiology and cardiothoracic surgery specialists can help you understand how age and lifestyle factor into the decision-making process.

When it comes to diagnosing valve and other heart and lung conditions, the first technology a doctor turns to is a trusty stethoscope. In this issue’s “Diagnosing Diagnostics” feature, Cary-based cardiologist Bhavani Balaravi, MD, shares the history and importance of the age-old diagnostic tool.

Staying heart healthy during the heat of summer requires understanding the relationship of heat, blood pressure and medications for people of all ages with heart and vascular symptoms. Our WakeMed cardiology pharmacist, Jenna Huggins, Pharm D, and Dr. John Kelley, cardiologist with Carolina Cardiology, share their recommendations for “Keeping a Healthy Beat in the Heat.”

Keeping cool in late summer includes taking time for a family favorite: watermelon! Surprisingly nutritious, watermelon is also packed with water to hydrate the body.

We are pleased to welcome a new interventional cardiologist and peripheral vascular interventionalist to the Raleigh Cardiology practice team as of July – Dr. Islam “Izzy” Othman. In addition to specializing in heart and peripheral disease management and interventions, he is trained in transradial (wrist artery) access for diagnostic and interventional cardiology procedures. Dr. Othman is seeing new patients at both WakeMed Heart Center and WakeMed North Healthplex offices in Raleigh.

Cardiologist Dr. Brian Go responds to questions in our “Q & A” section about leg and foot discomfort when walking as an indication of peripheral vascular disease and shares key recommendations for treatment and management.

Keeping active with exercise is key to healthy blood vessels and blood flow throughout our body. As we move into fall, we hope you will join our WakeMed team as we “go active” in a variety of heart-healthy community events. These events are sure to be a great time for family fun and fellowship with friends while being physically active and giving support to worthy causes in our community.

Looking forward to an active and heart healthy fall,

Betsy Gaskins McClaine, RN, BSN, MSN-C
Vice President, Heart & Vascular Services,
WakeMed Health & Hospitals
Summer 2011
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The Heat Is On!
When daily activities leave you breathless and other indicators of valve problems
Heart valve conditions know no age. Just ask Senthil Sundaram, MD, MPH, a cardiologist with Raleigh Cardiology Associates and WakeMed. “When I was a medical student, I recall working with a 9-year-old who had a valve condition,” he said.

“Valve conditions are not just issues of the elderly,” said Dr. Sundaram. “There are a variety of heart-related birth defects that can result in heart valve issues later in life.”

Valves & Valve Problems

The heart’s four valves – pulmonary, tricuspid, mitral and aortic – open and close to regulate blood flow into, out of and through the chambers of the heart. Blood flow can be interrupted when valve conditions such as stenosis, insufficiency and mitral valve prolapse are present.

Stenosis – When one or more valves do not completely open, blood flow into the next chamber or artery is reduced.

Insufficiency (incompetence, regurgitation) – One or more valves do not properly close, allowing blood to leak into the previous chamber.

Mitral valve prolapse – The faulty mitral valve does not close properly or closes unevenly. Because of the uneven closure, the valve may “bulge” (prolapsed) and may allow blood to leak back into the upper chamber (atrium).

When these issues result from birth defects, symptoms can occur in teenagers and people in their 20s, 30s, 40s and 50s.

Symptoms: Sometimes You Have ‘em, Sometimes You Don’t

Shortness of breath, fatigue and heart palpitations are the most common symptoms of a valve condition. Less common symptoms include losing consciousness and chest pain. Some heart valve patients experience no symptoms at all. “Or, they simply don’t realize they are having symptoms because they come on slowly,” said Dr. Sundaram.

When Should I Go to the Doctor?

“Probably the most important symptom for an adult, particularly a busy young or middle-aged adult to watch for is a change in the way you feel when you are going about your normal activities,” said Dr. Sundaram. “Maybe you feel short of breath after your usual 30-minute run or playing with the kids. It’s that subtle change or unusual feeling you have when you are doing usual things that signals it’s time to go see your doctor.” Dr. Sundaram also notes that younger adults are more likely to put off going to the doctor than older adults. “They do not want to interrupt their busy lives with a doctor’s appointment, which is not a healthy way of thinking,” said Dr. Sundaram.

Diagnosing Heart Valve Problems

A pediatrician or primary care physician will likely be the first person to suspect a valve condition. “When valves are not working properly and cause interruptions in blood flow, a sound called a heart murmur is often produced,” said Dr. Sundaram. Further testing is required to determine the type of valve problem and the extent of damage. Heart murmurs can also indicate heart conditions other than valve problems – another reason testing is important.

“We can diagnose about 98 percent of valve disorders with echocardiograms,” said Dr. Sundaram. Echocardiography, also known as cardiac ultrasound, uses standard ultrasound technology to produce 2- and 3-dimensional images of the heart. Cardiologists at WakeMed will use advanced technology such as transesophageal echocardiography (TEE) to diagnose the harder-to-see valve disorders – those that are blocked by the chest wall. This test requires a patient to be sedated. A small flexible tube with an ultrasound at the end is advanced through the patient’s food pipe (esophagus), ultrasound waves are beamed out from the tube and images of the heart are recorded.

What Treatment Is Right for the Younger Valve Patient?

The primary treatment for valve problems is surgery. There are also procedural intervention options (to replace the valve without surgery) for select patients. “The need and timing for procedural or surgical intervention depends on the person’s severity of symptoms and severity of the valve problem itself,” said Dr. Sundaram.

Today, heart valves (depending on those involved and the severity of symptoms) can be replaced or repaired using advanced technology such as TEE or cardiac catheterization. “There are surgical and non-surgical options for almost any valve problem,” said Dr. Sundaram.

And always listen to your body. No matter what your age, if doing your normal activities leaves you short of breath or just feeling not quite right, see your doctor just to make sure all is fine.

— Senthil Sundaram, MD, MPH
Age and lifestyle are important considerations for all patients facing heart valve surgery, said Abdul Chaudhry, MD, a cardiothoracic surgeon with Capital Cardiovascular Surgery and WakeMed. “We like to do valve repairs as much as we can, but often replacement is necessary.”

Dr. Chaudhry explains that biological (made from pig, cow or human tissue) and mechanical (made of manufactured materials) valves each have benefits and drawbacks.

“A mechanical heart valve can last a lifetime,” said Dr. Chaudhry. “However, the patient will also need to take blood-thinning medication (such as warfarin) for a lifetime.” Patients who have mechanical valves run a greater risk of developing blood clots and stroke. Blood thinners significantly decrease this risk. Valve dysfunction is also prevented with the use of blood-thinning medication.

“Patients who have biological valves do not need to take warfarin, but they may face another valve surgery in several years,” said Dr. Chaudhry. Biological valves can last about 15 years and then must be replaced, which means another surgery.

“Unless other health conditions point us in a clear direction, the choice of which type of valve to choose is ultimately up to the patient,” said Dr. Chaudhry. “We can help them make the choice by looking at their lifestyles and experiences of other patients in their same age group.”

Getting Back to Your Busy Life

“In general, younger adults have more demands on them than older adults, who are often retired and have raised their families,” said Dr. Sundaram. “Younger post-surgery heart valve patients are often eager to get back to work and their children. They sometimes push their recovery too hard and suffer setbacks. That’s why cardiac rehabilitation is important.” A medically directed cardiac rehabilitation program, like the one available at WakeMed Healthworks, helps patients return to their normal activity level through monitored exercise.

After valve surgery, patients also need to follow up with their cardiologist. “Approximately four to six weeks after surgery, we perform an echo to establish a patient’s baseline heart and valve function,” said Dr. Sundaram. “If everything is normal and there are no other problems, a repeat echo isn’t necessary for another three years.” Dr. Sundaram notes that patients who receive biological valves should have echocardiograms more frequently once they hit the five-year post-surgery mark to monitor the valve’s viability.

“And always listen to your body,” said Dr. Sundaram. “No matter what your age, if doing your normal activities leaves you short of breath or just feeling not quite right, see your doctor just to make sure all is fine.”
Innovation Born from Embarrassment?

The stethoscope and its unusual origin

Since the time of Hippocrates dating back to 400 BC until the early 1800s, physicians would put their ear to a patient’s back and chest to hear heart and lung sounds. But when French physician René Théophile-Hyacinthe Laennec found himself feeling a bit sheepish when faced with listening to the chest sounds of a rather obese woman, his mind went to work on a new and better way to hear cardiovascular sounds.

His first prototype was simply a stack of paper rolled into a cylinder. By pressing one end of the cylinder to the patient’s chest and his ear to the other end, he found he could hear heart sounds much more clearly than if he put his ear directly on the patient’s chest. This led to the creation of the first stethoscope in about 1816. It was a simple wooden tube.

George Camman’s 1850 version substituted rubber for wood, creating a more comfortable device to use. Equipped with two listening devices, it is considered the forerunner of the stethoscopes used today.

These early versions of the stethoscope helped physicians better understand how blood flows through the heart and different heart rhythm issues. “Today’s stethoscopes still play an important role in diagnosing heart, lung and vascular conditions,” said Bhavani Balaravi, MD, FACC, a cardiologist with Raleigh Cardiology – Cary Office.

How does the stethoscope work?

“A stethoscope enhances body sounds and transmits those sounds to our ears,” explained Dr. Balaravi. A typical model has a flat, round chest piece covered by a thin, tightly stretched skin of plastic called a diaphragm. The diaphragm vibrates when sound occurs. These high-frequency sounds travel up the hollow plastic tubing into hollow metal earpieces and to the doctor’s ears.

What sounds does the doctor hear using a stethoscope?

A healthy adult’s heart makes two sounds called a lub (the first part of the heart beat) and a dub (the second part of the heart beat). “The lub sound is created by near simultaneous closure of the mitral and tricuspid valves located between the atria (upper chambers) and ventricle (lower chambers) of the heart,” explained Dr. Balaravi. “When the blood leaves the heart via the aorta and pulmonary arteries, the near simultaneous closure of the aortic and pulmonary valves creates the dub sound. When the valves do not completely close, a raspy or blowing noise can occur. This is a heart murmur, an extra sound produced as a result of turbulent blood flow during heart beats, which can mean a valve disorder is present.”

“We also use stethoscopes in conjunction with sphygmomanometers to determine a person’s blood pressure,” said Dr. Balaravi. Stay tuned for information on the sphygmomanometer in a future installment of Heart to Heart’s “Diagnosing Diagnostics.”

Though the stethoscope was created with modesty in mind, it continues to be a simple yet important tool to help physicians diagnose heart issues and ultimately save lives.
There is no more iconic summertime food than a slice of red, juicy watermelon. And, fortunately for those who are trying to incorporate more healthy foods into their diets, watermelon is not only a delicious treat but it is also a nutritional shining star.
Watermelon Packs a Nutritional Punch

According to Stacy Kropp, a dietitian in WakeMed’s Food and Nutrition Services department, while watermelon may seem like mostly water, it actually contains vitamin C, potassium and lycopene, which has antioxidant functions. Plus, since it is 92 percent water, watermelon is a great way to help everyone stay hydrated on those extra hot summer days.

A two-cup serving of watermelon contains 25 percent of the recommended daily intake of vitamin C, about 30 percent of your daily vitamin A needs, and about 8 percent of the daily potassium recommendation. Watermelon also contains fiber, iron, calcium and a little bit of protein.

While there is no established recommended daily value for lycopene, a range of studies correlate a high lycopene intake with reduced incidence of cancer, cardiovascular disease and macular degeneration. According to Elizabeth Somer, a registered dietitian with the National Watermelon Promotion Board, watermelon contains more lycopene than tomatoes, up to 10 milligrams per one-cup serving.

“Watermelon is also low or free of cholesterol, fat and sodium,” noted Somer. “Consumption of six cups of watermelon also increased free arginine (an amino acid), which maintains cardiovascular function.”

But there is such a thing as too much of a good thing, and Kropp recommends remaining conscious of portion sizes.

“Portion control is important for everyone. Anyone who is managing hyperglycemia (someone with diabetes or pre-diabetes) and anyone with kidney disease should take extra caution to consume watermelon in the appropriate serving size.”

A Summertime Staple

Summertime just wouldn’t be the same without the joy of biting into a slice of red, juicy watermelon. Whether it’s enjoyed while seated at a picnic table at the family reunion or with feet dangling in the neighborhood pool, watermelon is a treat that screams hot weather and relaxation.

Fortunately for North Carolinians, watermelons are abundant in our region. In fact, according to N.C. Farm Fresh (www.ncfarmfresh.com), there are more than 100 farms and roadside markets in the Piedmont region that grow or sell watermelons, with 22 of those locations in Wake County alone.

Plus, there are plenty of ways for North Carolinians to celebrate the green-and-red, seed-filled (or, more likely these days, seedless) watery fruit. Every year, the State Farmers Market in Raleigh holds a Watermelon Day, where you can pick up a free slice, buy a watermelon to take home and get free recipes as to how to incorporate watermelon into a variety of meals. It’s also an opportunity to take a gander at the winner of the largest watermelon contest and meet the N.C. Watermelon Queen, who is chosen each year at the N.C. Watermelon Festival in Fair Bluff, N.C.

In fact, the state holds three different watermelon festivals throughout the summer to celebrate the fruit’s role in North Carolina — the N.C. Watermelon Festival in Fair Bluff, the N.C. Watermelon Festival in Murfreesboro and the Winterville Watermelon Festival. The three festivals are held on different weekends throughout July and August and

Portion control is important for everyone. Anyone who is managing hyperglycemia (someone with diabetes or pre-diabetes) and anyone with kidney disease should take extra caution to consume watermelon in the appropriate serving size.

— Stacy Kropp, Dietician
WakeMed’s Food and Nutrition Services

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offer attendees opportunity to celebrate all things watermelon through a variety of pageants, parades, concerts, runs and contests — in everything from seed spitting and watermelon eating to watermelon growing and watermelon carving.


So, whether you choose to slurp down a juicy slice of watermelon all on its own, blend it up into a watermelon smoothie, or just take a big bite and spit the seeds for distance, be sure to take advantage of this healthy summertime indulgence before it's gone for the season.

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Greek Yogurt Panna Cotta with Watermelon-Raspberry Sauce

This delicate, smooth cream is so delicious you won't believe that it's almost fat free (traditional panna cotta is 69 percent fat calories) and has a third of the calories of the original version. It supplies ample calcium, is low in sodium, and of course, has all the nutrition goodness of watermelon, including a hefty dose of lycopene, the antioxidant that gives watermelon its red color.

**Panna Cotta:**

3 tablespoons water  
2 ½ teaspoons unflavored gelatin  
1 cup fat-free half & half  
4 tablespoons sugar (or Splenda)  
1 cup low-fat buttermilk  
6 oz. fat-free, plain Greek yogurt  
1 tablespoon grated orange rind  
2 teaspoons vanilla extract  
1/8 teaspoon of salt  
Cooking spray (Pam)

**Watermelon-Raspberry Sauce:**

3 tablespoons sugar  
1 tablespoon cornstarch  
Salt to taste  
1/8 teaspoon cardamom spice  
1 cup seedless watermelon puree  
1/3 cup frozen or fresh raspberries  
1 tablespoon lemon juice

**Directions:**

Sprinkle gelatin over water in a small bowl. Stir and let stand for 5 minutes.

Combine half & half and sugar in a medium saucepan. Warm over medium heat until it simmers. Remove from heat, add gelatin mixture, and stir until the gelatin is dissolved and the mixture is smooth. Set aside and cool, approximately 45 minutes.

Stir buttermilk, yogurt, grated orange rind, vanilla and salt into the cream mixture.

Pour into 6 custard cups or ramekins (spray bottom of cups with Pam). Refrigerate for at least 3 hours until panna cotta sets.

Run a thin knife around the edges and set each ramekin in hot water for 1 minute to loosen the gel. Place a plate on top of each ramekin and invert to allow the panna cotta to settle onto the plate.

**Sauce:**

Combine sugar, cornstarch, salt and cardamom into a small saucepan. Whisk to combine. Add watermelon puree, raspberries and lemon juice. Stir to combine. Heat over medium heat, whisking until thick. Do not boil. Remove from heat and let cool. You may pass liquefied berries through a fine sieve to remove seeds. Pour sauce over panna cotta and serve.

Makes 6 servings.

**Nutritional Information:** (per serving):

142 Calories; 4% fat (<1 g total, <0.3 g saturated), 80% carbohydrate (28 g), 16% protein (5.7 g), 1.94 mg cholesterol, 0.5 g fiber, 174 mg sodium.
An Unexpected Gift

“I don’t care about presents, but I LOVE Christmas,” says 80-year-old Richard Ellis with a sparkle in his eyes. Every year, Richard and Jean, his wife of 55 years, “pull out all the stops” when it comes to decorating for the holidays. “Jean starts right after Thanksgiving,” explained Richard. They have six Christmas trees and more than 300 Santa Claus decorations adorning every nook and cranny of their home. Once the finishing touches are complete, they generously welcome friends and family to visit often and enjoy the display throughout the season. “The best gift is watching the children. Their faces just light up and they get so excited,” said Richard.

Though he doesn’t really care about getting presents, Richard recently received a very special gift. Santa Claus didn’t bring it. In fact, it was delivered by a unique technology: a Zoll LifeVest®.

Four years ago, Richard developed a heart arrhythmia, which is an abnormal heart rhythm. After he received a biventricular implantable cardioverter defibrillator, all was fine until February 6, 2011. “I didn’t know it at the time, but I had pneumonia and a blood infection,” said Richard. Not feeling well, Richard went to the WakeMed Emergency Department and was quickly admitted to the hospital where he spent four weeks fighting a very serious blood infection. “If the infection spread to the device, it could cause serious complications. We had to remove it until all the infection was out of his system,” said D.N. Shah, MD, FACC an interventional cardiologist with Cary Cardiology. But Richard still needed the support of defibrillator technology. Dr. Shah decided that he was a perfect candidate for a LifeVest – a defibrillator that you wear on your body under your clothing. Like an implanted defibrillator, the LifeVest monitors a person’s heart rhythm. If it detects a potentially fatal heart rhythm, the LifeVest delivers a powerful electric shock bringing the heart back into a normal rhythm. Approximately 40,000 people have or currently use LifeVest technology. “It is bridge technology for heart patients whose conditions are changing and potentially need a defibrillator replacement but need to wait for it – like Mr. Ellis – or other procedures,” said Dr. Shah.

In Richard’s case, the LifeVest was a lifesaver. Recently, when going from a seated position to a standing position, Richard experienced sudden cardiac arrest. The LifeVest did its job. It shocked Richard back to life by restarting his heart. “It did what it was supposed to do and saved my life,” said Richard. Though the last seven months have been harrowing for Richard, he continues to look forward to his next Christmas, enjoying his grandchildren and looking forward to the arrival of his first great-grandchild. “I have been blessed more times than Carters has pills,” he said with a smile.
It has been a sizzling summer — literally! Record high temperatures are likely what we will remember about the summer of 2011. And, here in the South, temperatures will continue to cause many a brow to bead up for a couple more months.

**Keep the Beat in the Heat**

Hot weather doesn’t mean you get a free pass to become a couch potato. “Keep up your exercise routine, but use common sense,” said Dr. Kelley. Here are a few tips from Dr. Kelley:

- Exercise early in the morning when it is cool.
- Wear light clothing.
- Take frequent rest breaks.
- Stay hydrated – drink lots of water!
- If it’s above 90°F, do your walking in the mall, grocery store, discount store or go to the gym.

“Keep up your exercise routine, but use common sense.”

— John S. Kelley, MD, FACC
How can heart patients play it safe in the season’s swelter? We asked WakeMed Heart Center experts Jenna Minton Huggins, PharmD, BCPS, the WakeMed Pharmacy coordinator for cardiology patients, and John S. Kelley, MD, a cardiologist with Carolina Cardiology, for a few important things to remember about blood pressure and other heart medications as well as sticking to exercise when it’s hot outside.

**Drink Your Water**

Dr. Huggins also notes that other diuretic medications used to treat heart conditions, such as furosemide (Lasix) and bumetanide (Bumex), may increase the risk of dehydration, particularly if a patient is spending time outdoors when temperatures are in the 90s and 100s. This can put a patient at a higher risk of an adverse reaction such as heat illness, cramps and exhaustion. If you must be in the sun and heat, stay hydrated by drinking plenty of water. “If you are concerned about any of your heart medications and heat, please speak with your physician or pharmacist,” added Dr. Huggins.

“How can heart patients play it safe in the season’s swelter? We asked WakeMed Heart Center experts Jenna Minton Huggins, PharmD, BCPS, the WakeMed Pharmacy coordinator for cardiology patients, and John S. Kelley, MD, a cardiologist with Carolina Cardiology, for a few important things to remember about blood pressure and other heart medications as well as sticking to exercise when it’s hot outside.

**Wear Your Sunblock**

Hydrochlorothiazide (HCTZ) essentially is a water pill used to treat high blood pressure and to alleviate fluid retention that results from certain health conditions such as heart disease. “HCTZ can increase sun sensitivity, so a patient who takes HCTZ may sunburn a little easier,” said Dr. Huggins. If you take HCTZ, it is crucial to wear sunscreen (sun protection factor (SPF) of 30 is recommended) and other forms of sun protection (hats, long sleeves, etc.).

“If you are concerned about any of your heart medications and heat, please speak with your physician or pharmacist.”

—Jenna Minton Huggins, PharmD, BCPS

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Walk, Run & Enjoy Family Fun!
The First-ever WakeMed Scrub Run and Fun Fest

Scrub Run!
Registration is now open for the first-ever WakeMed Scrub Run, a 5K/10K event benefiting WakeMed Children’s, to be held on Saturday, October 1, in downtown Raleigh. The Scrub Run features competitive 5K and 10K races that accommodate both runners and walkers, along with a 100-Yard Kids Dash. This event will get the entire community involved.

“Events like the Scrub Run are great for so many reasons,” said John Sinden, MD, FACC, a cardiologist with Raleigh Cardiology. “They create community awareness about the benefits of being active and give runners and walkers a goal to train for and reach.” The Scrub Run also gives parents the chance to “practice what they preach.” “Parents are right out there with their kids getting their 30-plus minutes a day of cardiovascular exercise. They are setting the right example,” added Dr. Sinden.

The American Heart Association recommends that all adults should perform at least 30 minutes of exercise most days of the week. Both running and walking count as cardiovascular exercise, which is a big reason why WakeMed also welcomes walkers to register for the Scrub Run. “Running isn’t for everyone,” said Dr. Sinden. “For many people, walking is much more practical and easier on the joints.”

In addition to all the benefits of family bonding and heart-healthy activity, proceeds from the Scrub Run will be used to expand the WakeMed Children’s Level IV Neonatal Intensive Care Unit and grow needed services for area children.

Make the WakeMed Scrub Run Your Goal and Register Today
Register online at www.ncraces.com or visit www.wakemed.org to find a printable registration form as well as mailing instructions. Registered participants in all events will receive race shirts. To guarantee availability and size, please register prior to September 23.

Fun Fest!
In addition to the race, WakeMed and our community partners will host a Fun Fest from 9 a.m. to 2 p.m. in Moore Square (downtown Raleigh). Racers, families, friends and all members of the community will enjoy a variety of activities, including:
- Games for the whole family
- Live music & entertainment
- Face painting
- Arts & crafts
- Mascots, including Twinkle of WakeMed Children’s Center

“The Scrub Run gives parents the chance to ‘practice what they preach.’ Parents are right out there with their kids getting their 30-plus minutes a day of cardiovascular exercise. They are setting the right example.”
— John Sinden, MD
WakeMed Faculty Physicians – Raleigh Cardiology is pleased to welcome Islam M. Othman, MD, FACC. Dr. Othman is board certified in internal medicine and in cardiovascular diseases. He joined the practice in July and sees patients at Raleigh Cardiology’s offices at the WakeMed North Healthplex and at the WakeMed Heart Center.

Dr. Othman specializes in adult cardiovascular diseases, cardiovascular disease prevention, heart failure management, general cardiology, nuclear medicine, echocardiography and transesophageal echocardiography. His areas of expertise include transradial coronary angiography, intravascular ultrasound, balloon angioplasty, coronary interventions with stents and peripheral vascular interventions.

Dr. Othman received his medical degree from St. Matthew’s University School of Medicine. He completed his internship at Maryland General Hospital at the University of Maryland before completing his residency at Moses Cone Health System in Greensboro, N.C. He completed his cardiology fellowship and his interventional cardiology fellowship at East Carolina University.

He holds membership in the American College of Cardiology, American Medical Association, and the American College of Physicians.

To make an appointment with Dr. Othman, please call Raleigh Cardiology’s North Healthplex office at 919-847-3164 or at their WakeMed Heart Center office at 919-231-6132.

Welcome New Physician!

WakeMed Faculty Physicians – Raleigh Cardiology is pleased to welcome Islam M. Othman, MD, FACC. Dr. Othman is board certified in internal medicine and in cardiovascular diseases. He joined the practice in July and sees patients at Raleigh Cardiology’s offices at the WakeMed North Healthplex and at the WakeMed Heart Center.

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To make an appointment with Dr. Othman, please call Raleigh Cardiology’s North Healthplex office at 919-847-3164 or at their WakeMed Heart Center office at 919-231-6132.
My doctor suggests that I walk at least 30 minutes a day to improve my heart’s health; however, after I’ve walked a few minutes, I have terrible pain in my calf and thigh, and my foot feels numb and tingles. Is there anything that can be done so that I can walk as my doctor suggests?

The pain you describe is consistent with “claudication,” which occurs when the muscles in the legs are not able to get the needed increased blood flow during walking because of blockages in the arteries. The first line of therapy is usually interval walking, in which one stops walking when moderate discomfort occurs, but once the discomfort has subsided, resumes walking. If done effectively for months, this technique can allow patients to walk up to 100 percent to 150 percent farther. However, if one is unable to do this technique effectively or if limiting symptoms persist, we can offer help in alleviating the blockages with catheter-based interventions such as atherectomy, laser, ballooning and stenting. A medication called cilostazol (Pletal) may also help one walk farther but has a number of potential side effects. Regardless, you should be on an aspirin a day and ensure that your cholesterol and blood sugar (if you have diabetes) are being aggressively controlled. Smoking cessation is an absolute must. Please keep in mind that if one has a diagnosis of blockages of the leg arteries, termed peripheral artery disease (PAD), then one is at increased likelihood of having blockages in other arteries, including the heart arteries.