Two-hour window
The National Capital Poison Center estimates more than 3,500 people swallow button batteries each year in the United States. While the majority of these batteries pass through the body and are excreted, they can sometimes get stuck in the esophagus, especially in children age 6 and younger.

If a child swallows a button battery, “the clock is ticking. The quicker we can get the battery out, the less extensive the damage.”

“The flat shape and size of a button battery, when lodged in the esophagus or the nose, can create a circuit between the tissues and cause burning,” said James Reingold, M.D., medical director, pediatric emergency department, Banner Children’s and Cardon Children’s Medical Center in Mesa. “There is a two-hour window of time for treatment before permanent damage and scarring occurs.

Possible symptoms
Among other issues, possible symptoms of battery-swallowing include nausea, chest pain, gastrointestinal inflammation. “If it sticks back up in the esophagus, we sometimes are drilling and vomiting,” Reingold said. “When a battery gets stuck in the esophagus or one seems to be getting progressively worse, we order an X-ray.”

Emergency treatment
Medical advice should not be delayed if there is even a remote possibility that a child swallowed a button battery. “The clock is ticking,” said Gary Silver, M.D., division chief, pediatric gastro-enterology, Phoenix Children’s Hospital. “The quicker we can get the battery out the less extensive the damage.”

Silver added that children may have complications for weeks or months after surgery and will likely require dietary restrictions and additional procedures to remove scar tissue.

Resources
Banner Good Samaritan Poison Center: bannerhealth.com; 800-222-1222
National Capital Poison Center: poison.org; 202-625-3333

Emmett’s story
In 2010, a button battery nearly took the life of an 18-month-old Arizona boy named Emmett when he swallowed a button battery that burned through his esophagus. To help educate parents, grandparents and others about the danger of button batteries, the young boy’s family launched Emmett’s Fight (Emmett’sfight.com). The website contains not only Emmett’s story, but information and resources related to button battery ingestion.

New diagnosis guidelines
The CDC says up to 60 million Americans have high cholesterol, and last November, the American College of Cardiology and the American Heart Association revised their guidelines for cholesterol management.

“Now, instead of being completely off at total cholesterol levels,” said Suzanne Sero, M.D., a cardiologist in Mesa. “We’re taking a broader approach when people should be treated. It’s now recommended that all people with diabetes and everyone with any cardiovascular disease – regardless of their cholesterol levels – be prescribed a statin medication,” she said. She recommends that if your fasting total cholesterol is above 199, discuss with your doctor whether taking a statin medication is right for you.

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Medications and medical devices
For the estimated 5 million Americans who suffer from heart failure (when the heart muscle can’t pump enough blood to the body to meet the body’s needs), “there are four or more common, affordable prescription medications taken daily to let patients live with a high quality of life for another 20 to 30 years,” said Nancy Sweetman, M.D., Ph.D., chief of cardiology and director at the Sameer Heart Center at The University of Arizona in Tucson. The medications include an ACE inhibitor, a beta-blocker and a potassium blocking agent that block the effects of the natural hormone aldosterone, and a diuretic such as Lasix.

Heart failure can result from other forms of heart disease, Sweetman said, including blockages of the arteries that can cause heart attacks, valvular disease or a serious virus that affects the heart. Symptoms of heart failure may include shortness of breath, fatigue and weakness, and swelling of the legs, ankles and feet, she said.

Many heart failure patients may also need one of two medical devices to alleviate their symptoms, Sweetman said. One is an implantable defibrillator that restarts the heart if it stops beating effectively; the other is a special cardiac cyropelation prostatectomy that can “correct disordered contraction of all heart,” she added.

Subcutaneous defibrillators
Traditional implantable defibrillators for the prevention of cardiac death require the placement of “transvenous leads” which are soft wires that carry signals from the heart, and deliver shock energy to the heart.

Cardiac electrophysiologist with Banner Heart Hospital in Mesa, Dr. Andrew Kaplan recently implant a new MRI-compatible pacemaker to protect Stan Fink. Here, he shows how the pacemaker looks like. Kaplan, a principal investigator in a clinical trial evaluating the safety and efficacy of a new MRI-compatible pacemakers, said: “The leads may allow the introduction of infection into the heart, setting off and destroying the heart valves,” said Andrew Kaplan, M.D., a cardiac electrophysiologist with Banner Heart Hospital in Mesa, adding that the leads may break, requiring replacement or removal.

A new subcutaneous defibrillator for the extreme patient is a fully implantable defibrillator system that is now available. The Zoll® System eliminates transvenous leads (those that go through a vein into the heart), “so we can avoid potential complications,” Kaplan said.

MIR-compatible pacemakers
Kaplan is also a principal investigator in a clinical trial evaluating the safety and efficacy of a new MIR-compatible pacemaker. Conventional pacemakers aren’t compatible with MRI scanners because they are made of metal that interferes with the way magnetic resonance imaging operates.

“Elderly patients are twice as likely to need MRIs as younger patients. This is also the population most likely to have a condition requiring pacemaker implantation,” he said. Data from the clinical trial is expected to be submitted to the Food and Drug Administration for consideration within this year. “We hope to move forward replacing traditional pacemakers with this one if it receives FDA approval,” he said.
**HEALTH EXPERTS**

**FAMILY MEDICINE, GERIATRICS**

Shalini Singh-Karunik, MD

A graduate of Fighting Back Family Medicine School, Dr. Shalini Singh-Karunik completed her residency internship at Medical Center of Central Georgia affiliated with Mercer University. Dr. Singh-Karunik specializes in women's health, adolescent health and genetic medicine.

**GYNECOLOGY: OBSTETRICS**

Crista Johnson-Agbakwu, M.D.

Dr. Johnson-Agbakwu is an Obstetrician/Gynecologist at Maricopa Integrated Health System & Founding Director of the Refugee Women’s Health Clinic (Refugeewomenshealth.org). Dr. Johnson received her undergraduate degree from John Hopkins University, medical degree from Cornell University and completed her Obstetrics and Gynecology residency at the George Washington University Medical Center.

**HEART**

Heart conditions are more prevalent in women than men. Dr. Rodriquez is a family physician, specializing in family medicine physician, Dr. Muscha is committed to disease prevention, health maintenance and patient education.

**HEALTH CENTERS**

**NEW HOPE FOR CHILDREN WITH HEART FAILURE**

When a child is too young to suffer from heart failure, no severe that he or she requires a heart transplant, a new left ventricular assist device called HeartMate III improving the patient’s quality of life while he or she awaits a transplant. John Nigro, M.D., heart transplant program director at Phoenix Children's Hospital, recently implanted the HeartMate III for the first time in Arizona.

"This device has generally been used only in adults," he explained, "but by implanting it in a 10-year-old patient, we were able to discharge him home to walk for a new heart without his being required to be hooked up continuously to an artificial heart pump."

Dr. John Nigro discusses the heartmate III left ventricular assist device, implanted on a 10-year-old patient.

Wallick, 16, with the heart to the left of Scott, at Phoenix Children's Hospital. The device allows the patient's own 

"my third floor balcony offers a majestic view of our courtyard." Gordon Wallick, Fellowship Square resident

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**RESOURCES**

American Heart Association: heart.org;
788-474-VIVE (8483);
800-AHA-USA-1 (800-242-8721);
(602) 943-1800
or visit
National Library of Medicine:
NationalInstituteofAtherosclerosis:
advisors.org;

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