



IN TOUCH

Newsletter of the Lutheran Nurses Association of Australia

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Living with a PPM (Permanent Pacemaker)

Megan Materne works in a cardiovascular investigation suite. She was presenter at LNAA's February meeting. Following is a summary of what she said.

People living with symptomatic arrhythmias need a permanent pacemaker. Arrhythmias are faults in the heart's electrical system that affect the heart's pumping rhythm. Abnormal electrical activity can make the heart muscle beat too fast, too slow, or in an irregular manner.

Common Symptoms are, shortness of breath, weakness, dizziness, light headedness, fainting, syncope, racing heart, palpitations, chest pain and discomfort.

www.youtube.com/watch?v=RYZ4daFwMa8 shows a diagram of the heart where the electrical impulse spreads from Sinus Node throughout Left and Right Atria, through to the Atrioventricular Node and His Bundle so that the electrical impulse spreads from the bundle branches throughout the Left and Right Ventricles.

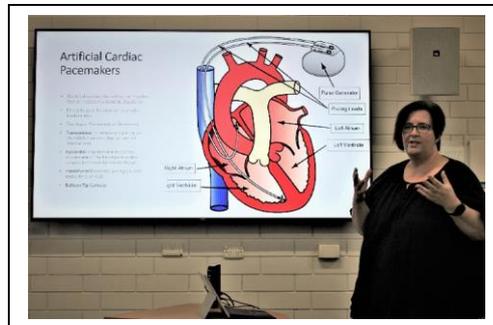
Types of Arrhythmias are: Atrial Fibrillation (most common); Atrial Flutter; Heart blocks and Bundle Branch Blocks; Long QT, Brugada and Wolff-Parkinson-White syndromes; Supraventricular Tachycardia (SVT); Tachybrady Syndrome (sick sinus); Ventricular Tachycardia (VT) and Ventricular Fibrillation (VF) erratic, can be life threatening.

Heart Blocks will be shown on ECG readings and range from First Degree Heart Block, Second degree heart block type 1, Second degree heart block type 2, and Third degree heart block.

Artificial Cardiac Pacemakers are electrical devices that deliver an impulse that stimulates the heart to depolarise. They are primarily used for slow symptomatic bradycardias. There are two types – Permanent or Temporary.

They are placed by **Transvenous** for temporary pacing via the sub-clavian vein, jugular vein or femoral vein; or

Epi-cardial, attached directly to the epicardium of the heart post cardiac surgery and removed before discharge; or **Transthoracic** -- external pacing via pads and a defib or AED; or by a **Balloon Tip Catheter**.



Bipolar Pacing. The current flows to a negative pole at the tip of the lead to stimulate the heart and returns to the positive pole. The impulse travels a short distance between the poles, producing a small potential difference and small pacing spikes. These are most commonly used in PPMs. The tip of the lead has either a corkscrew end or small fins that scar tissue forms around them to stabilise the lead in the correct position. The external end of lead is then secured into the generator, and the generator secured with sutures to a muscle, in a pocket made under the skin, usually left upper chest.

Single Chamber Pacing: A single lead is placed in either the Atrium or Ventricle, depending on the chamber to be paced. **Or** the Atrial lead is used on slow heart rates due to sinoatrial node disease, where conduction between atria and ventricles is intact. **Or** (more common) the Ventricular is used to pace a slow heart rate where conduction between atria and ventricles is impaired.

Dual chamber Pacing, where one lead is in the atria and one lead is in the ventricle. This helps maintain cardiac output by augmenting

ventricular filling and may protect the patient from developing heart failure.

Biventricular Pacing: For Cardiac resynchronisation therapy (CRT) and used to treat patients with heart failure with long PR, ventricular conduction delay (usually LBBB). The third lead to the left ventricle via the coronary sinus vein stimulates both ventricles simultaneously to improve cardiac output.

Micra Pacemaker: About the size of a paper clip, this is a lead-less, single chamber pacemaker, placed directly into the patient's ventricle via femoral venous access. There is no chest incision or bumpy generator in the chest, so less risk of infection or chance of lead displacement. The generator cannot be removed, so at the end of its life a second micra pacemaker has to be inserted.

Recovery: Patients usually go home the same day. They are not to lift an arm above the shoulder for four weeks. The dressing is to remain *in situ* for five days, after which the patient needs to have it taken down by a medical professional, to look for signs of infection. Driving is not allowed for two weeks (four weeks if a result of cardiac arrest) or with medical clearance). No swimming for two weeks. A pace-maker can set off metal detectors at shops, airport and other security checks. Patients need to carry a card with the make and model of their pace-maker as proof of implant.

Complications: Check X-rays before leaving hospital check for lead dislodgement, infection, bleeding/haematoma, pocket malformation causing discomfort, perforation, Pneumothorax, arrhythmias, or stroke.

Rose Howard



Laser trials for *Parkinson's* sufferers

A 12-month trial of a new treatment for Parkinson's disease using laser light begins in Adelaide this month. The trial of 40 patients at Flinders University is being funded by the Hospital Research Foundation Group.

The therapy, in which the light penetrates the outer layer of skin to stimulate deeper cells, is known as photobiomodulation.

Initial trials have shown promising results. Patients have returned to playing the piano, being able to shop, carry groceries and garden more easily, in a treatment by Dr Ann Liebert, co-founder of Australian health technology company Symbyx.

In the initial trial, 12 volunteers with the con-



dition used the laser lights in a clinical setting for 12 weeks, and then for a further 40 weeks at home, to stimulate dopamine production. The light was used across the abdomen, head, nose and neck.

Patients were assessed by a neurologist before the trial and through the year-long treatment.

Results published in neurology journal, *BMC Neurology*, found measures of mobility, cognition, dynamic balance and fine motor skill were significantly improved with the treatment for up to one year.

Based on the Adelaide results, a more detailed trial is also beginning in Sydney. It will be followed by one in Canada.



Lutheran Nurse of the Year

Nominations for the 2022 Lutheran Nurse of the Year award close on 31 March. The award recognises faithful and outstanding service during the preceding calendar year by an RN or EN who is an active member of the LCAZ. Nominations may be submitted by congregations, schools, aged-care facilities or other bodies or agencies within the Lutheran church. Nominations must be lodged with the LNAA secretary on the official nomination form with a sheet giving details of the service that forms the basis of the nomination, and references from three people, including the congregation's pastor. Nomination forms are available from Rose Howard (08 8270 1575 or rosekazz@gmail.com) or the Rev Robert Wiebusch (08 8336 3936 or revbob@ozemail.com.au)/

Why nursing?

My name is Francesca Pearce and I am a nursing student in my final year of study at Adelaide University. I was initially drawn to study nursing because of my love of science and people, and because I wanted to pursue a career in which I would continuously be learning.

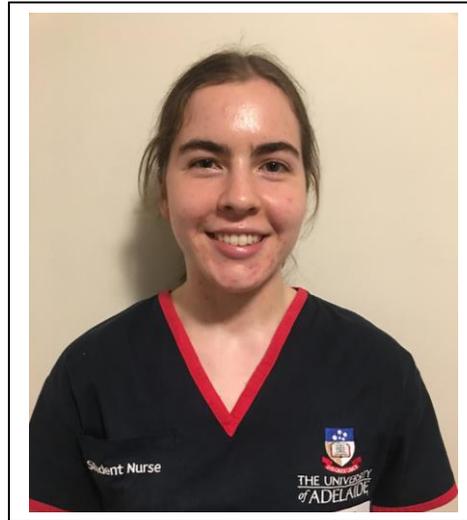
Both of my grandmothers worked as nurses, and I think that having two lovely humans whom I look up to with this past likely contributed to me considering it as a path for myself.

Going into a nursing degree straight after high school was definitely an interesting experience. I didn't know much about what the field of nursing actually entailed, and so I was learning a lot in the first

few weeks. Embarrassingly, I didn't even know what a catheter was until my first semester!

I have really enjoyed the coursework, which has ranged from ethics to microbiology to pharmacology, and I have learnt a lot. I love learning about the rationale behind nursing care and about how the body systems work. It is, however, probably on placements where I have learnt the most about what it means to be a nurse – both from being able to watch nurses at work and by being put to work myself.

Often, I find that what I learn in lectures makes no sense until I see it in a clinical setting. We have a range of placements throughout our course, and mine have included the Queen Elizabeth Hospital's GEM ward, community health in Mt Gambier and a period in a nursing home.



Having different placement opportunities has allowed me to see the different roles that nurses take on in different settings and has allowed me to be challenged in varying ways.

Throughout the duration of my degree, I have constantly been reminded that during a pandemic 'is a very strange time to be starting nursing'. This statement has definitely proved true for us students.

We have had some placements cancelled or changed at the last minute, and have had many changes made to our course delivery.

At the beginning of this year, I had a placement in a COVID ward to help decrease the strain on the healthcare staff. It was certainly an interesting experience. I have found it really beneficial to witness the adaptability of the nurses I worked alongside, and to begin to develop some level of adaptability to challenges myself (or so I hope!).

It feels a bit nerve-wracking to be in my last year of study, since I still feel that I have so much to learn, but I have been told by many a nurse that you learn how to be a nurse when you start working as one, and so I feel excited for what lies ahead.

Francesca Pearce

HEALTHY HUMOUR 😊

Jason was in the recovery ward, waking up after a minor operation. A nurse asked him how he was feeling.

'I'm OK', he replied, 'but I didn't like the four-letter word the surgeon used before I lost consciousness'.

'That's not like Dr Kerrigan', the nurse said. 'If you don't mind me asking, what word did he use?'

'Oops!'



COVID-19

A personal perspective

2022 is moving along at a very fast pace; and we still find ourselves trying to navigate the pandemic. We have all sacrificed so many times with loved ones, given up those long-awaited holidays, and found ourselves praying for so many, both known and around the world.

As nurses, we've seen our profession demonstrate just how resilient, adaptive and stoic we are. The community has held us up as a focus in the International Year of the Nurse, calling us heroes, clapping us as we went off to work, and trying to understand just what we are facing on a daily basis.

It has also feared us, keeping its distance and even abusing us for doing our shopping, and accusing us of spreading untruths about the science of vaccination. We have had to fight for safe patient ratios and some type of work/life balance ... and continue to do so.

In my working life I have seen restrictions and additional work loads and precautions take its toll on both my peers and patients. I have watched family members reluctantly linger as they allow us to take their loved one for their procedure without any support because visitors weren't allowed.

On a personal note, I felt the fear and longing as I dropped off a family member to ED, telling them I won't be far and to message me all the updates, no matter how little, so we are still connected. I've seen my team working hours of overtime to get through the workloads, with emergency cases constantly coming through ED day and night. And I've been in conversations regarding how to best protect our patients and ourselves with the limited information provided and the many barriers put in our way.

What happens when you are so tired that everything hurts, you haven't eaten since you can't remember, and haven't had a break since running to the toilet earlier in the day? People can become frustrated, bite at nothing, pine for their 'before lives' and the lives their loved ones still seem to lead, and withdraw from people in fear of hurting too much.

Don't get me wrong, there have been these moments for all of us I'm sure. But I've also

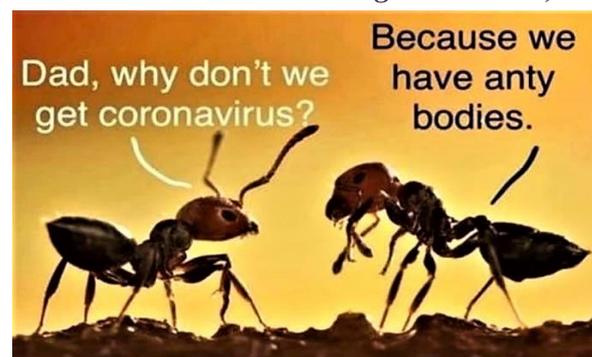


witnessed times of coming together, celebrating the littlest of things, holding hands and providing comfort in place of known faces, and new kindness and forgiveness in challenged working relationships. This is where I feel God is walking with our nursing community: in the coffees offered to tired teams, in the willingness to take on shared burdens and the smiles of encouragement. We have a new knowledge of the world and just what we are capable of as a united force.

Recently someone said to me, 'Surely you saw this coming and knew what you were signing up for when you became a nurse'. Well, no! I didn't see this coming 17 years ago when I first became an aged-care worker. I didn't see it coming when working as an END or when I was studying to become an RN. But I now know just how strong a person I am, walking in God's love, to care during this pandemic.

Through it all, along with one of my dearest colleagues, I have managed to reclassify to a level 2 clinical nurse. Nurses have all the same fears and needs as everyone else when faced with the unknown. We are taught to follow the science and apply our best practices and trust in proven procedures. As nurses of faith, we can also trust in the plans of our God, knowing he loves us unconditionally. We will still face trials and sadness, but with God on our side, who can be against us?

Megan Materne, CN





Fullarton



Hope Valley



Glynde

Aged-Care providers merge

From the second quarter of 2022, Adelaide-based LHI Retirement Services (LHI) and Fullarton Lutheran Homes (FLH) will merge to form Lutheran Homes Group. LHI operates facilities at Glynde and Hope Valley. All three facilities offer independent units and residential care. The new entity will provide retirement living and care services for more than 1100 residents, and employ some 680 staff.

Together, LHI and FLH have more than 150 years of experience in caring for people in retirement living and residential care, as well as providing community support services. The move has been under discussion for more than 12 months, as a means of ensuring financial sustainability.

The new board comprises members of both FLH and LHI boards. Chairing the new board is Mel Blondell, currently LHI Chair. CEO is Tim Chia, currently CEO at LHI.

Newsbrief



The SA Government is to make an additional \$42 million available over two years to help support doctors serving in regional areas. The State's rural health system has struggled to keep doctors. The additional funds will provide for higher rates of pay, and relocation incentives of up to \$50 000 for people working in remote areas.

A recent report by the University of Canberra's National Centre for Social and Economic Modelling forecasts that the number of people over the age of 50 in Australia with diagnosed Alzheimer's Disease, will increase by 73 per cent, from 153 888 in 2021 to 266 114 by 2041. This is predicted to have a financial impact on the economy of \$442 billion.

Scientists at the Victor Chang Cardiac Research Institute in NSW, together with others in USA and Europe, have discovered 162 genes that trigger heart attacks. They are hoping to develop a standardised test for people at 18 years of age, to gauge their risk. Those at risk could be put on preventative medication, and coached in lifestyle changes to avoid a heart attack. One of the genes – PHACTRI – has been identified as one of the top two genes causing coronary heart disease. It also causes

vascular diseases including migraine, fibromuscular dysplasia and coronary artery dissection.

In response to the scathing report of the aged-care royal commission, Aged Care Services Minister, Richard Colbeck, has announced that the government has committed \$18.3 million to establish a new funding model for the sector, to start on 1 October. Under the new scheme, funds required by providers will be calculated on the basis of individual resident needs. Wages make up 70 per cent of care costs, and it is expected that there will be a pay rise within the next few months.

This month, SA's Chief Public Health Officer, Professor Nicola Spurrier, was named the State recipient of the Australian Awards for Excellence in Women's Leadership. The award recognised the role she has played the State's effective response to the COVID pandemic, particularly in keeping the public informed on all matters relating to the pandemic. Professor Spurrier is a paediatrician.



LNAA Program

Venue for regular meetings: LCA/SA District Office, 137 Archer Street, North Adelaide

28 Mar 7.30pm **Prostate Cancer** – Sally Sara RN, Prostate Cancer Foundation of Australia

30 May 7.30pm **Demon Possession and Mental Health in Biblical Times and Today** – Dr John Kleinig

25 July 7.30pm **Euthanasia and Physician-Assisted Suicide** – Chelsea Pietsch

26 Sep 7.30 pm **'House Model' Aged Care at LHI** – Megan Oudshoorn RN

28 Nov 7.30pm **Pharmacy Today**

06 Feb 2023 7.30pm **Vascular Research**

Visit our Facebook page: @lutherannursesassociationaustralia

† LCA PARISH NURSE TRUST FUND MEMORIALS

Ella Alma Lindner 03/12/1933-12/02/2022

Erich Flierl Died 20/02/2022

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☎ 08 8265 8001

IN TOUCH

INTOUCH is published six times a year. **Editor:** The Rev Robert Wiebusch, 200/1215 Grand Junction Rd, Hope Valley SA 5090 ☎ 08 8336 3936. Email: robert.wiebusch@lca.org.au Deadline for next issue: **15 October 2021.**

Membership renewal for the 2021-22 financial year is now overdue

Kindly return the form below, together with your cheque, to the LNAA Treasurer, Mrs Vicki Minge. Funds can be transferred electronically to: BSB: **704942** Account name: **Lutheran Nurses Association of Australia.** Account number: **155449** If you transfer funds electronically, please advise the Treasurer.

LNAA MEMBERSHIP RENEWAL FORM 2021–2022

NAME: _____ **DATE:** _____

ADDRESS: _____

EMAIL ADDRESS: _____

TELEPHONE: () _____ **NURSING STATUS:** _____

My membership fee of \$25 enclosed.

I arranged electronic transfer of my membership fee of \$25 on: _____

Reference: _____

SIGNATURE: _____

LNAA TREASURER: Vicki Minge, 16 Douglas St, Lockleys, SA 5032 pvminge@hotmail.com