Irregular heartbeat leads Naperville man to test new heart device
By Katie Foutz
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Naperville resident Gregg Sunday found out about his irregular heartbeat almost by accident — and recently got the chance to treat it with a new medical device.

About two years ago, he was seeing his cardiologist for a refill of his high blood pressure medications, and his doctor recommended getting an electrocardiogram, just for reference.

He hooked Sunday to the machine and started reading the numbers.

“Uh, are you OK?” he asked his patient.

Sunday felt fine. “Why?” he said.

“I’m debating whether to put you in the hospital,” the doctor replied.

Sunday’s heart was literally skipping beats. He ended up in the hospital overnight, diagnosed with atrial fibrillation, the most common form of irregular heartbeat.

More than 2 million Americans have atrial fibrillation, also known as a-fib. There are about 160,000 new cases each year. The number is increasing, due in part to the aging population and the obesity epidemic.

Faulty wiring

Sunday, now 51, tried several combinations of anti-arrhythmia medicines but kept having episodes of chest discomfort. If he didn’t control his heart rhythm and rate, he could be at risk for a stroke. That’s when his doctor mentioned catheter ablation as an option. That’s also when he sought a second opinion from Dr. David Wilber, director of Loyola University Chicago Stritch School of Medicine’s Cardiovascular Institute and medical director of clinical electrophysiology.

According to Loyola, catheter ablation is a surgical procedure that involves burning selected spots of tissue inside the heart. This eliminates the sources of errant electrical signals that are triggering the atrial fibrillation.

Sunday, an information technology project manager at a major health insurance company in Chicago, explains the procedure as only an IT guy could. They were going to fix his faulty wiring.

“I was thinking about staying on the drugs, dealing with the episodes and maybe staying in the ER every once in a while, or (I could) just do the procedure,” he said. “So that’s what I did.”

Clinical trial
After scheduling the surgery, Sunday got an invitation to participate in a clinical trial of a new pressure-sensing catheter used in ablation procedures. The device tells the physician operator the precise direction of the catheter and how hard it is pushing against the heart wall. This information is graphically displayed on a 3-D mapping and navigation system.

The investigational device is called the SmartTouch Contact Force Sensing Catheter. In the clinical trial, patients who undergo ablation with the pressure-sensing catheter will be compared with a group of similar patients who have undergone ablation with conventional catheters.

Loyola is the only site in Illinois testing this device. Researchers in Florida, Minnesota, New York, Texas and Virginia also are conducting trials of the device. Wilber is the principal investigator at the Loyola site.

“This requires a very fine balance, which is difficult to achieve, even for an experienced operator,” Wilber said. “The pressure-sensing catheter, if proven safe and effective, potentially could improve patient outcomes and the durability of ablation treatments.”

Consider options

Letting an irregular heartbeat go without treatment or control is like waiting for an emergency to happen. During atrial fibrillation, the heart cannot pump enough blood back out to the body, so clots can form and trigger strokes or heart failure, according to Loyola.

A-fib symptoms include heart palpitations, dizziness, chest pain, fatigue, shortness of breath, fainting and lightheadedness.

“A lot of people are disabled,” Wilber said. “They have no energy. They can’t work. They have a very poor quality of life.”

Sunday feels lucky to be one of the first patients to try the SmartTouch device. He underwent the procedure on a Thursday and was back to work the next Monday. A week later, he was back to working out with his personal trainer three times a week.

He advises others in his position to consider their options.

“If you’re having a problem, don’t be scared to try the surgical option, because a lot of people are like, ‘Give me the pills,’” Sunday said. “They do everything to avoid it. That’s not necessarily the best thing to do.”