NHS Lothian

Cardiac Rehabilitation

Astley Ainslie Hospital

Dr Stephen
Carmondean Medical Group
Carmondean Centre
Livingston
West Lothian
EH54 8PY

Date: 31/12/2021

Outpatient Clinic Letter

Patient	Alan Soave 12 Morrison Way Livingston EH54 8LJ	**CHI** **Date of Birth / Age** **UHPI**	**2911571495** 29/11/1957 (64 years) 800183063V
Attendance Date	30/12/2021		
Consultant	Cardiac Rehab AAH Tel Clinic		

Dear Dr Stephen

Dear Alan

It was good to speak to you today during your telephone cardiac rehabilitation appointment. Here is a summary of our conversation and a plan of action for the coming weeks. If there is anything within this letter that I have misunderstood, then please do not hesitate to contact me and I will amend accordingly.

You described to me that in early October you had experienced chest pain, which you thought was heartburn. You attended hospital and it had been diagnosed as a heart attack, which was suprising to you. In hospital you were then fitted with a stent. You described feeling quite shocked that this had happened. You reported feeling a sensation since then that feels like a sprain in your neck and you state that this comes and goes with some days being better than others. You were not able to identify any trigger for this sensation. We discussed you going to speak to your doctor if this sensation continues to put your mind at rest.

We discussed what your possible risk factors were for coronary artery disease and you struggled to identify these. You feel that your diet is healthy with plenty of salads home made meals and fruit and vegetables. You advised me that you are not a regular drinker and that you are not overweight.

Prior to your cardiac event you were a smoker. However you were given nicotine patches in the hospital and since your hospital discharge you have continued to not smoke, and have now come off the patches too. We discussed that smoking could be a possible risk factor in coronary artery disease. It is therefore a very good thing that you are continuing to not smoke.

We also discussed that when someones blood cholesterol is too high as being another possible risk factor. Your cholesterol was on the high side when you were first admitted to hospital. However you have been prescribed a statin medication in order to reduce your cholesterol. I advised you that the first week in January it is recommended that you have your blood tested at the GP in order to re-check your cholesterol levels, and also to have a liver function test.

We chatted about your exercise levels, which you feel are good as you walk everyday both taking your dog out and also on the school run for your grandchildren which is a 15 minute walk there and back. However you did advise that these tend to be a slow walks. We chatted about you working on increasing the pace gradually over time. We discussed you establishing a baseline walk and then doing that walk regularly for approximately a week, and if this does not make you too breathless or tired to gradually increase the time that you are walking.

You described that you often get breathless both in your everyday life and at work presently. This can happen when you are lifting items, going shopping, or when you are simply standing still. You describe it as being slightly breathless and that it resolves in a few minutes of stopping what you are doing. I advised some breathlessness is the body's response to carrying out an activity and as long as it was not of the level where you would be too breathless to talk that this was not necessarily a bad thing. However I also noticed that Julie Fowler the cardiology advanced nurse practitioner who you saw on on 27th had found that your pulse rate was on the low side and has recommended to your GP that you stop taking your Bisoprolol. A low pulse could contribute to your breathlessness, so I have emailed your GP about this, so they are aware of it when you see them. You have been prescribed a number of new medications which you advised me you were remembering to take every morning.

We chatted about your mood which you feel is okay, and you advised me you are not feeling any anxiety about what has happened. You are back at your work full time and stated that this is going okay and that you are managing fine with this.

I look forward to chatting to you again at your second telephone appointment on Wednesday 26th January at 3:20pm.

Yours sincerely

electronically checked AH 31/12/21

Alison Hagarty
Specialist Occupational Therapist
Cardiac Rehabilitation Lothian

NHS Lothian

St John's Hospital at Howden
Outpatient Department 4
Howden Road West
Livingston
West Lothian EH54 6PP

Cardiology

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Attendance Date	07/12/2021		
Consultant	SJH Cardiology Nurse Practitioners (KF)		

Dear Dr Stephen

Active issues:
- Inferoposterior ST elevation MI - drug eluting stent x1 to left circumflex
- No residual obstructive disease
- Recent hypothyroidism
- Echocardiogram demonstrates mild concentric left ventricular hypertrophy, inferolateral wall is hypokinetic, overall LV systolic function is mildly impaired, RV is normal in size and function, mildly dilated LA and mild MR
- Ex Smoker
- Hypercholesterolaemia

Recommended changes to medication:
- Please uptitrate Ramipril to 5 mg and continue uptitrating as tolerated and renal function allows. to 10mg daily.
- Stop Bisoprolol (heart rate 48)
- Recheck LFT at 3 months and further lipid profile to assess responce to high dose Atorvastatin.
- Discontinue Prasugrel 75mg daily after 6 months.

Current Medication:
Aspirin 75mg od, Prasugrel 10mg od (6 months), Atorvastatin 80mg daily, GTN spray 1-2 sprays AS Directed, Lansoprazole 15mg 1 tablet daily (whilst on DAPT) 6 months, Bisoprolol 1.25mg daily, Levothyroxine 50mcgs daily, Levothyroxine 25mcgs 1 tablet daily, Ramipril 2.5mg daily, Zerobase 11% cream as directed Clobetasone 0.05% cream as directed. Chlorphenamine 4mg tablets 1tablet every 4-6 hrs.

Your patient Mr Soave attended for his post MI clinic review today on 7 December 2021. Today Mr Soave reports that he is generally feeling back to normal. He works as an electrician working on vehicles which is a physical job and whilst at work and otherwise he reports no restrictions or symptoms which sound ischaemic in nature. Mr

Soave reports that he can feel breathless at times but this is not on exertion or in relation to exertion or effort. This is more when he is sitting and driving home from work. He does not feel that he is over anxious about this or that anxiety is the cause of this. He also reports a choking feeling when he wakes up. He never feels this any other time and it is like a muscular feeling around his neck. He reports no syncope, PND, palpitations or orthopnoea. Mr Soave has successfully stopped smoking and we discussed the continued benefit of this and risk should he start smoking again in relation to his current medical condition.

Social history:
Mr Soave lives with his wife and son.

Allergies; nil of note.

On examination:
He was warm and well-perfused. His blood pressure was 131/89 and his was pulse 48 and regular. Other cardiovascular examination was found to be unremarkable.

In conclusion:
Mr Soave presents today where medically he has recovered well since his heart attack and psychologically he is managing well with no issues. Physically he is back to his normal activities. I have advised him to monitor his breathlessness and report to yourself if continues, there did not appear to be an ischaemic cause for this. We discussed the importance of continuing long-term healthy lifestyle to help reduce the chances of further progression of Coronary Artery Disease. I note Mr Soave has not had any contact from Cardiac Rehabilitation as he may not have been referred, he has agreed to me referring him for a telephone assessment. Mr Soave was bradycardic with a pulse of 48 on a small dose of Bisoprolol 1.25, as it is difficult to reduce this further I feel it is best to stop this at present and he has minimal other disease. The importance should be on uptitration of his ACE inhibitor and continued smoking cessation and regular physical activity. Please make the medications changes as above. With no further plans for review we will discharge him from our service. Please do not hesitate to refer him back should he have any ongoing issues.

Yours sincerely,

e-checked

Julia Fowler
Cardiology Advanced Nurse Practitioner

cc. Mr Alan Soave

JF-MH/dictated 07.12.21

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e-checked

Julia Fowler
Cardiology Advanced Nurse Practitioner

cc. Mr Alan Soave

JF-MH/dictated 07.12.21

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St John's Hospital at Howden
Howden Road West
Livingston
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Respiratory Medicine

Dr Stephen
Carmondean Medical Group
Carmondean Centre
Livingston
West Lothian
EH54 8PY

Date: 29/04/2024

Outpatient Clinic Letter

Patient	Alan Soave 34 Southpark Place Livingston EH54 6FG	**CHI** **Date of Birth / Age** **UHPI**	**2911571495** 29/11/1957 (66 years) 800183063V
Attendance Date	15/04/2024		
Consultant	Dr Robert J Grecian		

Dear Dr Stephen

Diagnoses:
1. Severe Pneumonia December 2023
2. Significant Emphysema with low transfer factor on lung function testing

Many thanks for attending for your repeat chest x-ray on 27th March 2024. We had arranged for a further test as your chest x-ray in late January had still shown some slight changes following your severe pneumonia. I am pleased to say the most recent chest x-ray continues to show improvement after your pneumonia with only some slight lung scarring left behind. No further follow-up is therefore required and I am discharging you.

Many thanks,

Yours sincerely

E-signed 29.04.24

Dr Robert Grecian
Consultant Respiratory Physician

Date Dictated: 17/04/24
Date Typed: 29/04/24

RG/SAR

Copy to:
Dr Stephen

Carmondean MP