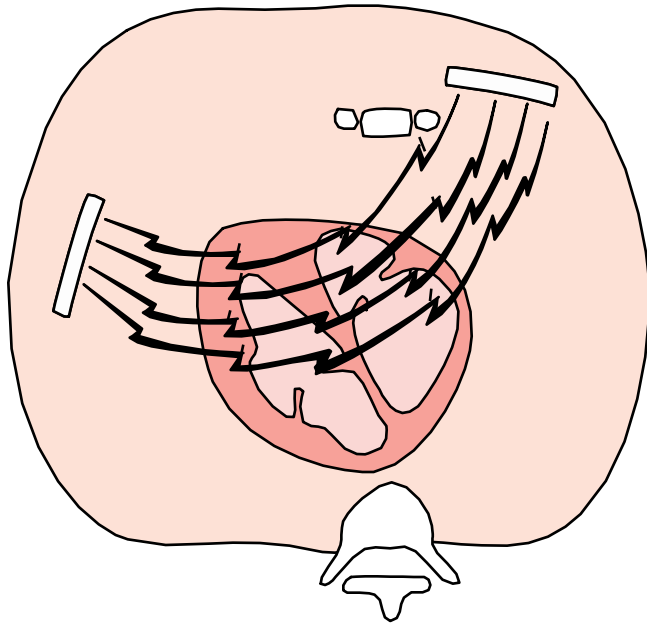
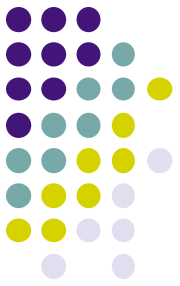
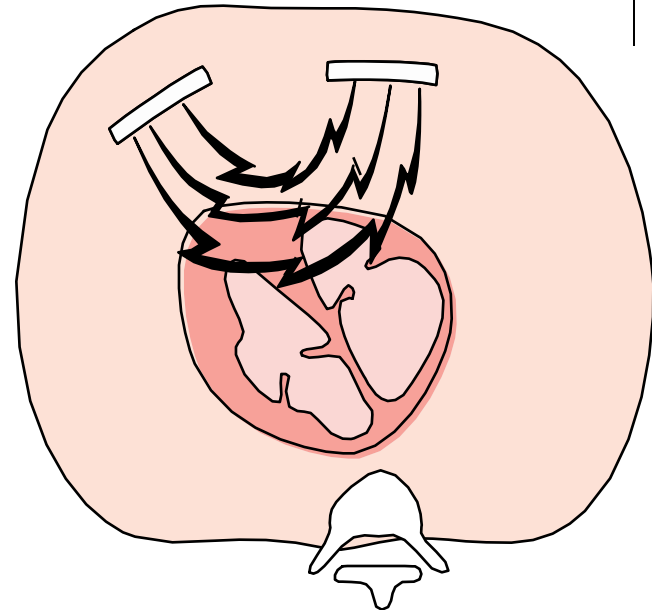


Correct electrode placement improves efficacy

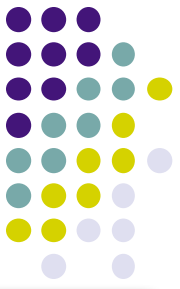


Correct electrode position



Incorrect electrode position

Correct electrode position optimizes the amount of current flowing through the ventricles

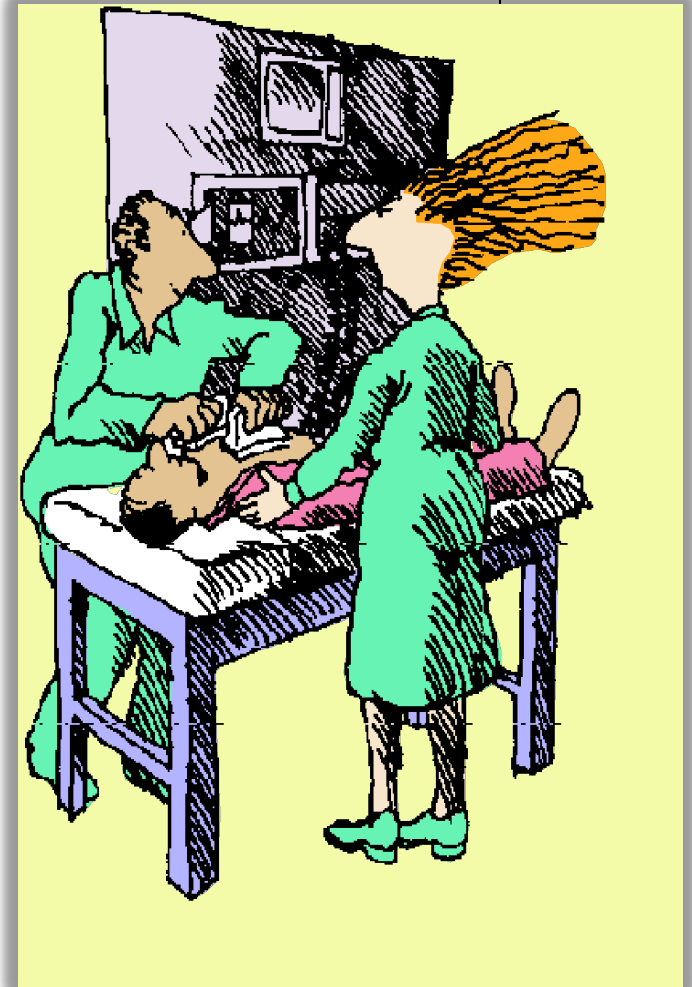


Safety First

Defibrillation
only to
someone not
breathing and
without a
pulse or signs
of circulation

Make sure no
one is
touching the
victim

***You should have
said "clear"!***



Safety First



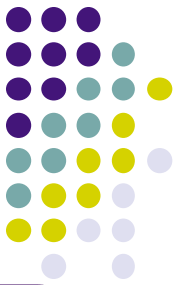
If paddles are used, no gel on skin between the 2 electrodes

Move oxygen away from the rescue effort before defibrillation

Next time, remove his shirt!

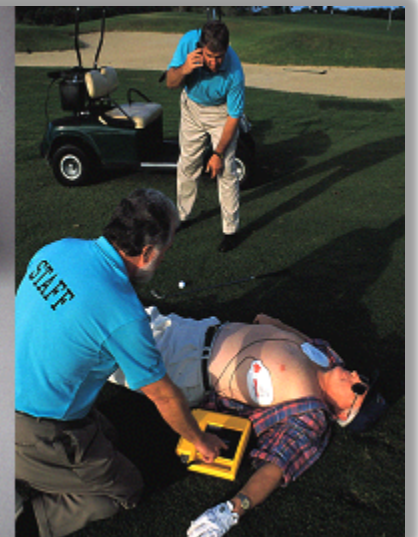


Using AED in early defibrillation

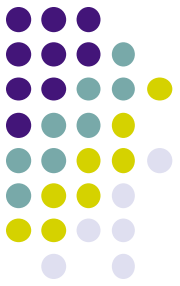


Automated External Defibrillator (AED)

自動心臟復甦機 (傻瓜救心機)



3 steps to operate the AED



Turn on the AED



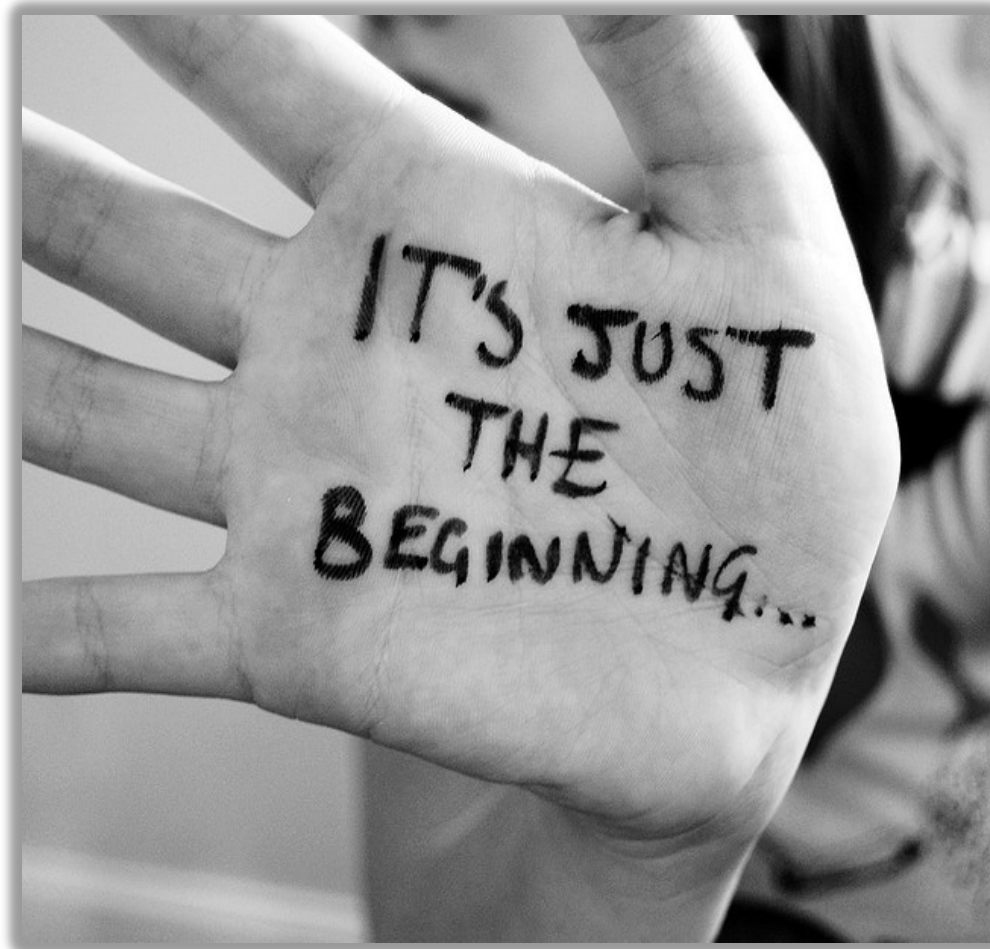
Apply electrode pads

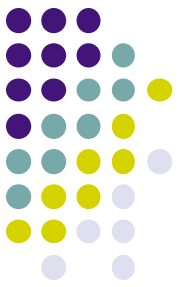


Automatic delivery of electric shock to patient when indicated

Treatment of WCT –

***Cardioversion & Defibrillation
is not the end,***





Treating underlying causes of WCT

Coronary artery disease

Cardiomyopathies

Cardiac ion channel diseases

- Brugada syndrome
- Long QT syndrome

WPW syndrome

Intracranial bleeding

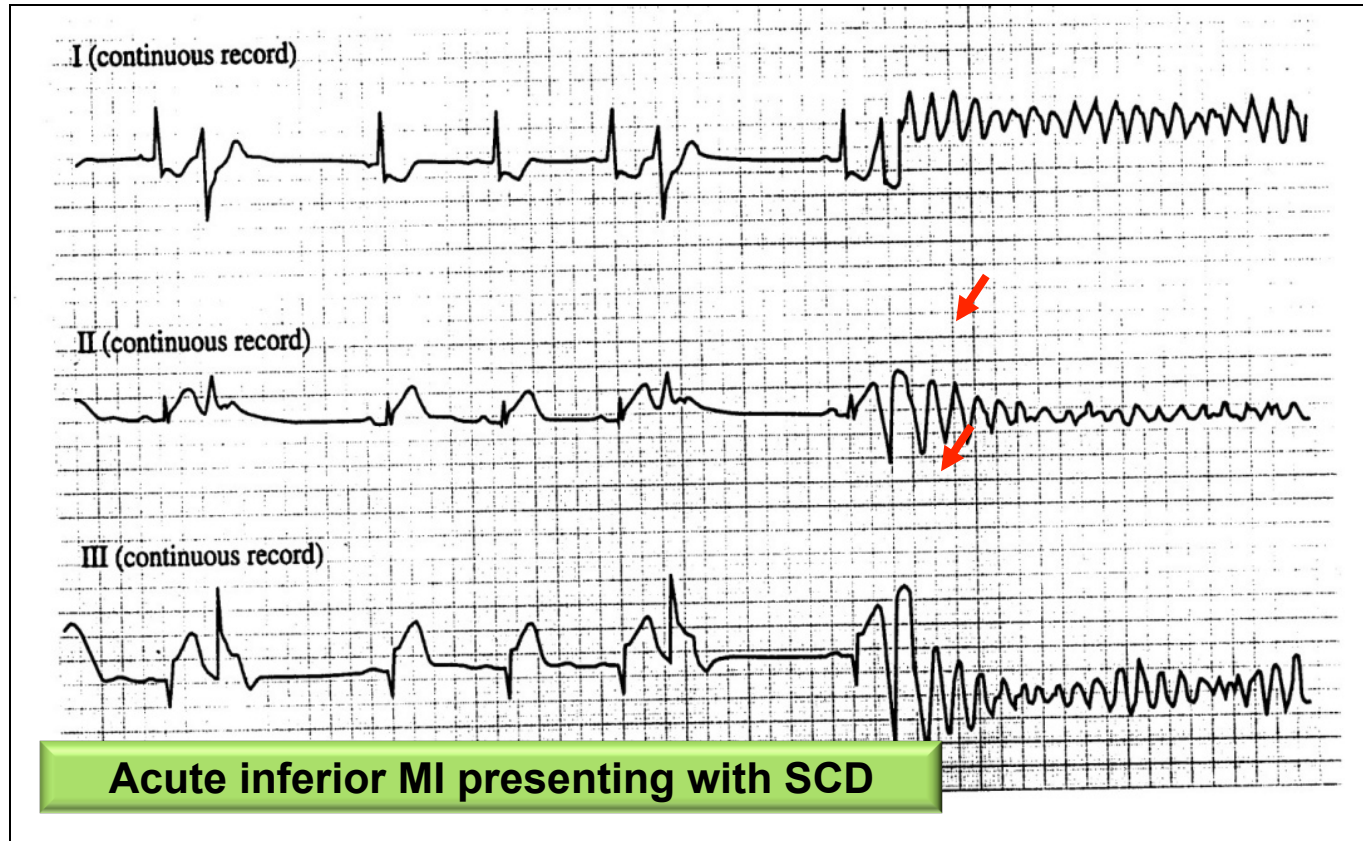
Drug-induced

- eg. Aconitine, QT-prolonging drugs, Digoxin

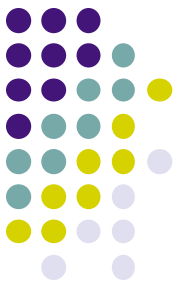
Coronary Artery Disease (CAD)



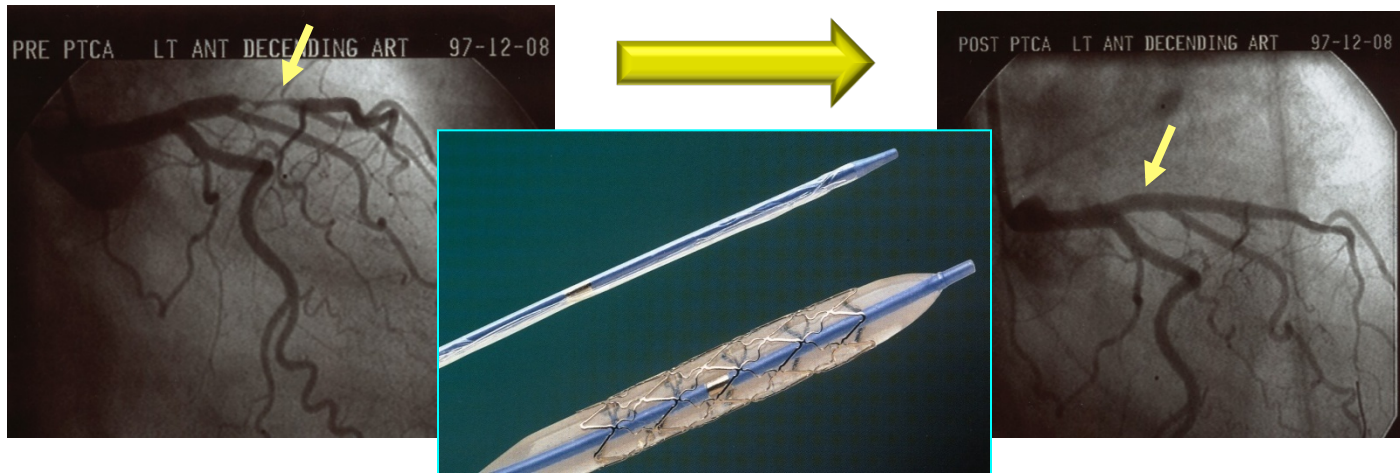
STEMI associated with
15% risk of VF within first
24-48 hours



Coronary revascularization in CAD



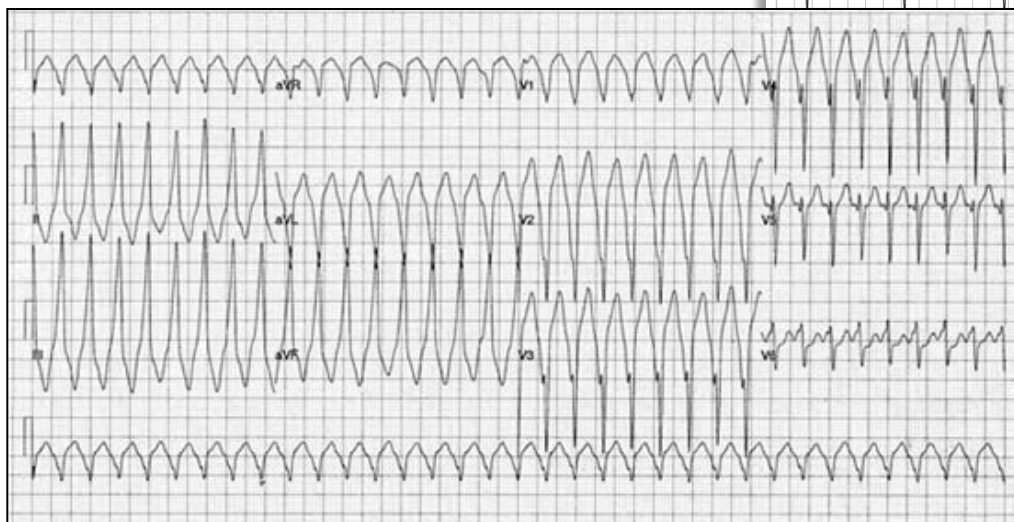
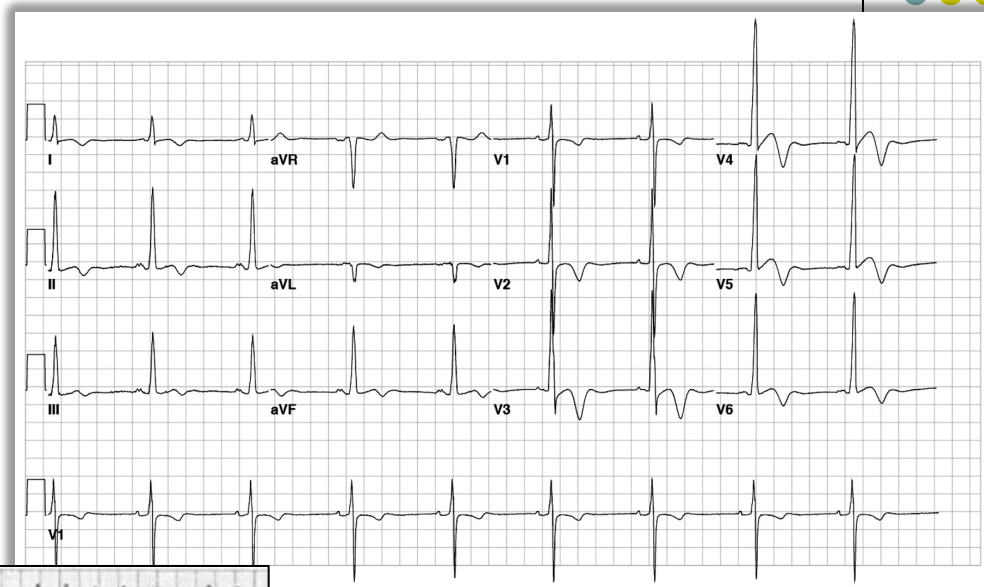
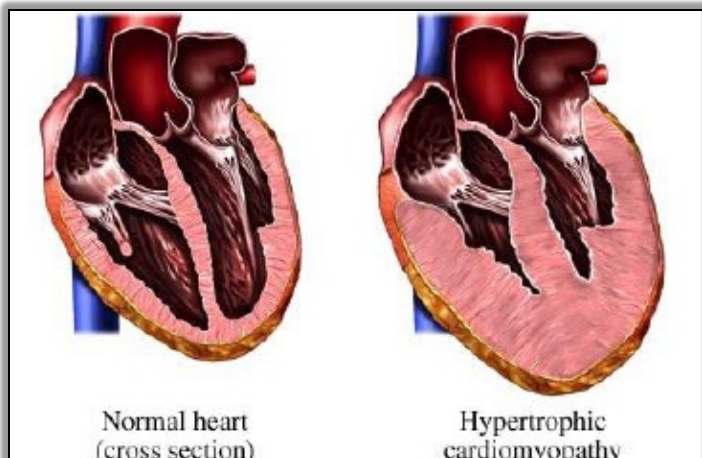
- Percutaneous coronary intervention (PCI)



- Thrombolytic Therapy



Hypertrophic cardiomyopathy



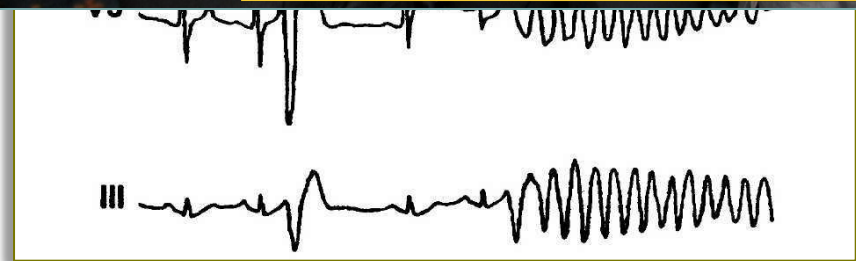
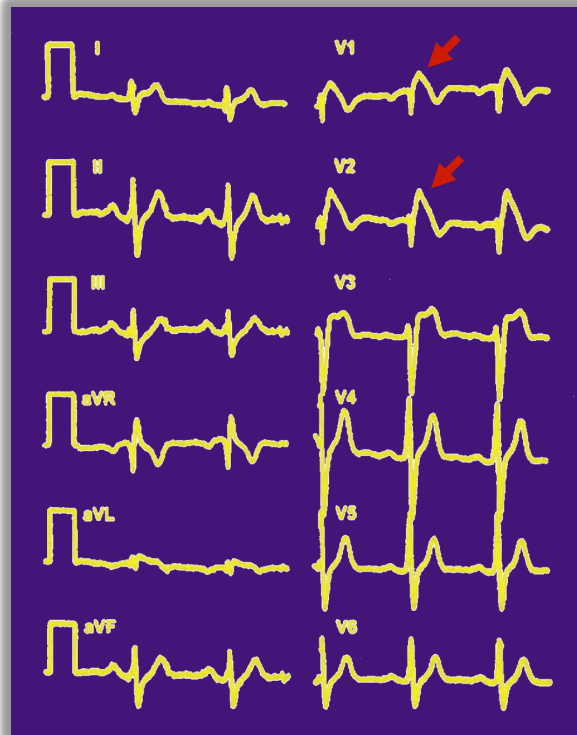
LVH with strain pattern

HCM presenting with SMVT



Brugada Syndrome (布嘉達綜合症)

- Coved type S
- VF / pc
- SCN5A** mutatio



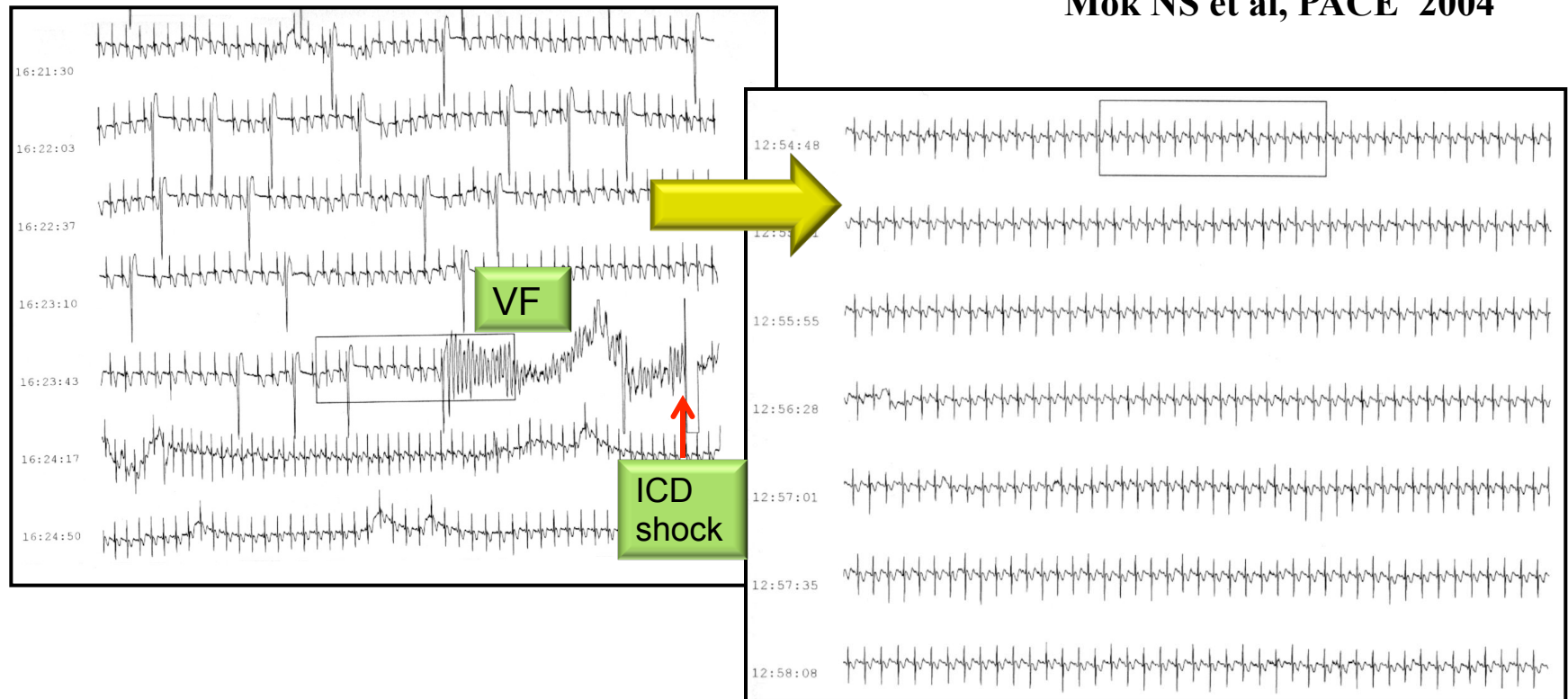
Successful Use of Quinidine in Treatment of Electrical Storm in Brugada Syndrome

NGAI-SHING MOK, NGAI-YIN CHAN, and ALEX CHI-SUEN CHIU*

From the Cardiology Team, Department of Medicine and Geriatrics, Princess Margaret Hospital, Hong Kong, and the

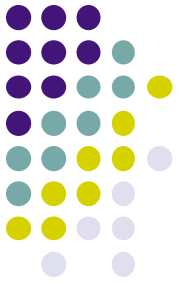
*Department of Medicine and Geriatrics, Caritas Medical Center, Hong Kong, China

Mok NS et al, PACE 2004



Quinidine suppressed VF recurrences

Congenital Long QT Syndrome (LQTS) 長QT綜合症



Auditory stimuli triggers Sudden Death in a long QT family

怪病「長QT綜合症」聲浪刺激心亂跳

鬧鐘響 電話鈴 嚇死人

鬧鐘或電話突然響起會隨時「嚇到冇命」？瑪嘉烈醫院心臟科專科醫生指出，由基因病變引起的罕見疾病「長QT綜合症」，患者「唔嚇得」，否則會突然心跳紊亂，該院十年來僅發現六宗個案。此症更有五成機會遺傳給家人，有女患者由母親至姨甥女共三代齊中招，其母當年被鬧鐘響聲刺激至嚴重休克。母親去世後，整家接受基因測試才揭發多名家族成員受遺傳。

張女士憶述，其母自二十多歲起已聞中突然暈倒，僅靠呼吸器解決問題，一直不知病因。

三代中招 喪命

至○五年晚上，張母在家中突然被鬧鐘聲嚇至暈倒送院，醫生發現她心跳不正常，局部功能僅剩約百分之十，猶如「植物人」。張母其後轉送至急症室，半年後因併發肺炎去世。

張女士說，當時醫生已安排她及妹妹抽血及做心電圖測試，結果發現兩姊妹的心跳QT波偏長，是長QT綜合症的症狀，需用減慢心跳的藥物。

張女士擔心此症遺傳給下一代，多次求問醫生如何檢測。去年獲轉介至瑪嘉烈醫院進行基因測試，其子幸無被遺傳，但妹妹懷中懷有一對孖仔都「中招」。早產出生的孖仔，在三二周時已發病，心跳加速，服藥也未給控制病情。要安裝心臟起搏器，病情始受控。

患病率五千分一

瑪嘉烈醫院心臟科專科醫生吳毅成表示，約每五千人中才有一人患長QT綜合症，他們不能受刺激，常被誤會性格「膽細」膽小、外圍有一成猝死嬰兒與長QT綜合症有關。他指，患者的心臟結構正常，但心電圖的QT波較常人長，與運動、受驚嚇或情緒激動時容易發病。該院十年內曾進行二十三宗遺傳性心律不齊病症的基因研究，當中六宗屬長QT症，病人分別曾出現兩次家族猝死病史及致命性心律不齊。

QT是心電圖中顯示的兩種心電波「Q波」及「T波」。香港先天及結構性心臟病學會會長鄧長輝解釋，心臟中的導電細胞負責傳遞電流訊號，讓心臟得以規律跳動。每次細胞進電及傳電，均在心電圖中呈現一個QT波，若每次QT波之間相隔過長，即所謂「長QT」，可致心跳電流紊亂，容易造成心房顫動甚至猝死。

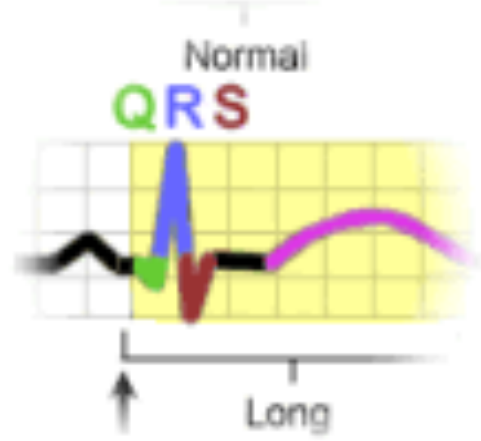
正常人心電圖QT波間隔不多於零點四六秒，高於此數即屬異常。由先天性遺傳基因變異引起的長QT症十分罕見，絕大部分病例由後天因素引起，例如體內電解質或藥質障礙等。另外，不少藥物也可致長QT，如心律不整藥物、精神科藥物，同時服用美胃藥及抗生素等。若醫生發現病人出現長QT，一般先仔細詢問病人服藥狀況及家族病史，認為可能屬遺傳性個案才轉介基因測試。

鄧長輝又指，常用的一分鐘心電圖檢查未必可準確檢測長QT綜合症，部分先天性遺傳個案或在特定環境才會發病，例如突然受驚或過度緊張等。醫生會在嚴密監察及十分安全的病房環境中，向病人靜脈注射「緊張素藥劑」，模擬受驚狀態，再同步觀察QT波有否異常。

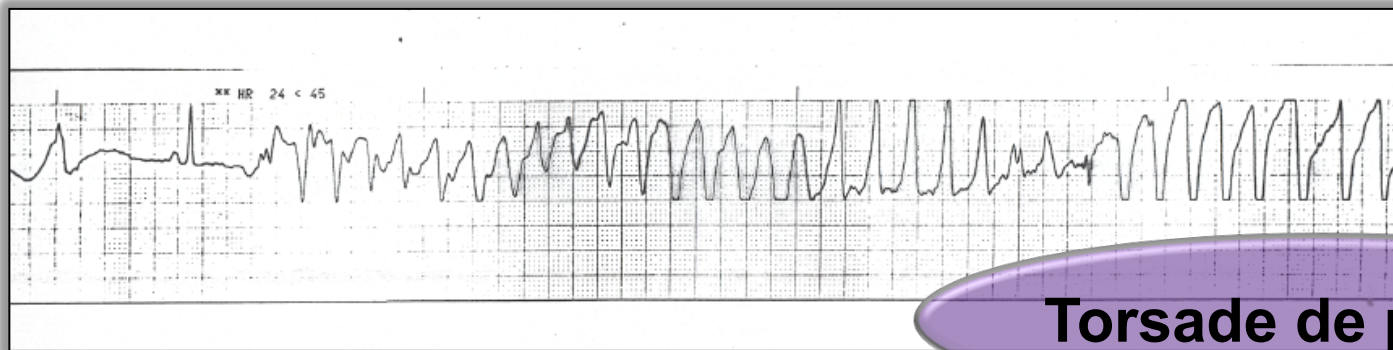
長QT綜合症 護心貼士

- 不宜用大鈴聲的手機鈴聲
- 不宜玩過山車等刺激遊戲
- 通知親友，不要突然給予病人「驚喜」
- 不宜做劇烈運動
- 不宜收太響的鬧鐘

●張女士與家人接受基因測試後，發現三代均有家人遺傳長QT綜合症。

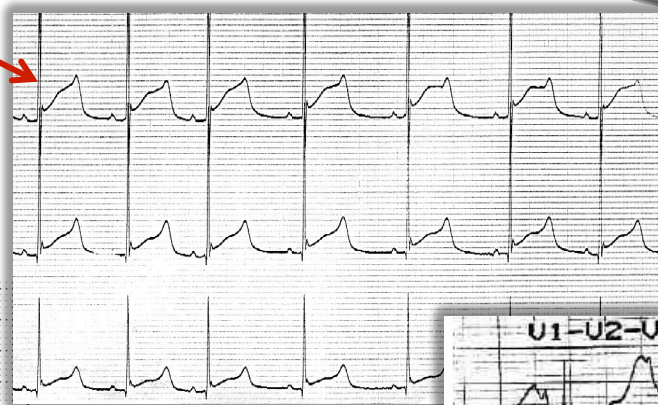


Congenital Long QT Syndrome (LQTS) 長QT綜合症

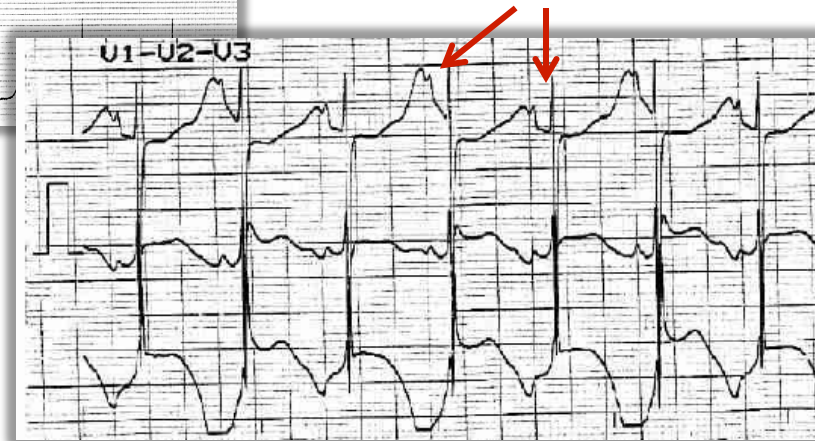


Torsade de pointes

Notched T wave



T wave alternans



QTc 700ms

