



Lamont Health Care Centre

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2017 COMMUNITY NEWSLETTER – SUMMER EDITION

‘MEDICAL CORNER’

Chest Pain

Recently, in the Lamont Health Care Centre we had a tragedy where someone came in with chest pain and because of the delay in presentation to the hospital had a very tragic outcome. I would like to take this opportunity to speak to you, the patient, with regards to the urgency of recognizing and managing chest pain appropriately. Chest pain obviously can occur for a variety of reasons. Sometimes chest pain is not cardiac related and sometimes it is.

Non-cardiac related chest pain should be evaluated in exactly the same way as cardiac-related chest pain because nobody can say at the outset what the cause is. For example; chest pain can be caused by chest wall issues, stomach issues, abdominal issues and lung issues as well as referred pain from the back; however, only by coming to the hospital and getting investigated appropriately can a diagnosis of chest pain from cardiac causes be excluded.

The job of the doctor in the emergency department is to make sure that no emergency condition exists. The ER Department is not there to actually treat a patient for routine run-of-the-mill causes which can easily be handled in a physician's clinic; however, chest pain is an issue which requires a patient to come in to the ER in order to have a proper assessment. The outcome might be that the doctor says you are not having a heart attack and that you should follow up with your family doctor in order to evaluate the cause of your chest pain. That in itself is a very good use of the emergency system as well as it is a very responsible practice for the patient to come in for such a diagnosis.

When considering the cardiac cause of chest pain, please remember that this can be because of coronary artery disease or because of plaque rupture. Coronary artery disease could lead to a heart attack as could a plaque rupture.

Typical symptoms of a heart attack include chest pain or chest discomfort which could be pressure, tightness or squeezing on the chest. The pain spreads through the chest including into other areas of the body, namely the shoulders, arm, neck and lower jaw. The pain comes on gradually and lasts for more than a few seconds. Symptoms like this should be evaluated in an emergency department. Other symptoms that should potentially be evaluated in an Emergency Department, when they coincide with this or even if they occur separately but there is some concern that this might be a heart attack include: shortness of breath, nausea, vomiting, sweating, palpitations (i.e.: skipped heartbeats), lightheadedness, a tired feeling and fainting.

Please remember that given these symptoms they are in keeping with a concern for a heart attack when they are related to someone who has had a heart attack, had previous angina, had previous inflammation around their heart, if they have had a high cholesterol previously, they have been told that they have a skipped beat previously, they have had a murmur detected in the heart or if there is any concern that they may or may not have an aneurysm or be told that they had an aneurysm by their family doctor.

Chest pain that lasts for more than a few seconds should not be ignored and the appropriate response is to come to the Emergency Department immediately. It should not be ignored. It should not be delayed. If the pain goes away it does not mean that the condition has been resolved; because, at that moment there is no diagnosis of whether this is a heart-related cause of chest pain or a non-heart related cause of chest pain.

Mission Statement

We believe that wholeness of body, mind and spirit is God's will for every person.

We are committed to the healing process, the promotion of health

and the provision of compassionate care to all persons.



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Chest Pain - continued

Please remember, a non-heart related cause of chest pain is unlikely to be fatal whereas a heart-related chest pain can potentially be fatal. As I indicated in my introduction, so was the case in the previous patient.

The first thing that should happen when you come to the hospital is that we evaluate your chest pain by taking a history, you may get oxygen and you may be given Aspirin to chew. This is all appropriate even if it is not a heart attack. The first two tests that we do are an ECG and blood tests and this tells us what potentially could be the cause of the chest pain; whether it is heart-related or not. Sometimes the patient has to remain in hospital because their story is very typical for chest pain related to a heart cause but the tests have come back negative. This does not mean that the test is negative; it means that the first set of tests is negative but we have to repeat the tests and compare the two results.

Please remember that in the hospital we have medication that can be given immediately; that is within ten minutes to half an hour for a heart attack which will result in the resolution of the chest pain and it would, in fact, save a life. However, this does not mean that this is definitive treatment. Eventually you may be required to go to the city in order to get definitive treatment (a stent or even a bypass); however, the first step always starts with coming to the Emergency Department to get all causes of chest pain evaluated.

I hope that this has given you a better insight into the management of chest pain as it is my intention as well as the intention of my colleagues that the situation I mentioned in the introduction does not happen again.

Have a safe and enjoyable summer!

- Dr. Zainool Mohamed, Chief of Medical Staff–LHCC

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