

1 June 2019



Dear Valued Supporter

Stories from the patients of the surgeons who are associated with **The Baird Institute** are the most personal and compelling way of highlighting the importance of our work. On the following page, you will read about a patient of mine, Tim Macintosh and his experience with heart surgery. Tim was referred to myself by his cardiologist due to a mobile lesion or possible tumour on his mitral valve. During the operation we discovered that the lesion was in fact an abnormal chorda (small fibrous string attached to the leaflets of the mitral valve) that had elongated and separated from the valve itself and was flopping through the aortic valve. It was immediately removed. Luckily for Tim, this aberrant chorda was identified before it caused damage to the aortic valve, a stroke, or a blockage in the blood vessels, thus highlighting the critical importance of early detection via regular heart health checks.

As health care professionals, we are trying every day to make lives better for those many Australians diagnosed with some form of disease affecting the heart, lung chest wall or diaphragm that is treatable with surgery.

This Mid-Year Appeal we are hoping to raise \$100,000 for our congenital heart research work.

The Baird Institute is funded 100% by donations such as yours. Every tax deductible dollar you donate will enable us to do more research and grow the community of heart disease survivors, so please support us today. Your generous gift will go directly towards our research.

Wishing you good health and happiness.

Professor Paul Bannon MB BS, FRACS, PhD
Chair, The Baird Institute





Tim Macintosh's "Curve Ball" Experience.

In late 2018 at the suggestion of my GP, I had a check-up with my cardiologist. Unremarkably for my age, I had had some of the usual blood and other check-up type tests associated with men of "mature" years.

At the time I was a healthy reasonably fit 62 year old retired criminal lawyer (yes, lawyers are known to have a heart!) who had retired some 2 years earlier. I had many years earlier seen a cardiologist for arrhythmia, but that was not seen to be of any concern and no treatment was required. I had no symptoms such as pain or other markers that might suggest the need for specialist care or attention. I had and have a fairly healthy lifestyle - a non-smoker, not particularly overweight and fairly fit overall. In fact a few months earlier my wife and I had done a rather rigorous 6-day mountain walk in Corsica when we were in Europe.

My cardiologist paid a heightened interest to what he identified from the echocardiogram as an irregularity near the mitral valve of my heart. The 2 dimensional image showed a wriggling or wavering line that required further attention and tests. He suggested the possibility of an elastoma or lesion. The clinical concern was that I was a potential stroke risk in the event of the inevitable dislodgement of this lesion from its anchoring and possible lodgement in the brain.

The tests included both a CT coronary angiogram and a "TOE" (trans-oesophageal echocardiogram) procedure with the latter under sedation. The TOE involves the sending of a probe containing an ultrasound type instrument into the oesophagus which views and records the heart in 3D. These tests confirmed the existence of this suspected elastoma which was actively swaying about. My wife described the image as like moving seaweed. Notwithstanding some reactive depression in me during the next 6 weeks or so, I named the lesion, "Boris" in a more frivolous moment.

The inevitability of surgery was a reality. Welcome to Christmas 2018!

In about mid-January, this year, I was able to meet with Professor Bannon, a cardiothoracic surgeon, whose manner in dealing with me and managing my concerns was excellent. He said he could perform the surgery just a

If I can take something positive from this experience it is an appreciation of the importance of research in medical science particularly (for me) in the cardiothoracic field. It is reassuring to know that the serious health needs and problems of our citizens are dealt with by highly skilled specialists who rely on the important research work undertaken, for example in the area of cardiothoracic surgery, by those associated with The Baird Institute.

few days later on what he described in neutral terms as a “mass”. This was music to the ears of someone who was in limbo, medically and surgically, during the post-Christmas/New Year period when many professionals were having, no doubt well-earned, breaks. Music also were his words that there was a good likelihood that I would only need a partial sternotomy (the vertical line incision made along the sternum so the surgeon can access your heart).

The waiting was now manageable. Boris was still with me but would soon be removed. I would not mourn Boris’ passing. The surgery on 29 January 2019 went well and the suspected elastoma was in fact a mitral valve chorda about 4 cm in length and separated from the valve itself. This problem was congenital in nature and only identified as a result of these tests late last year when I was 62 years’ old.

When the crunch comes, as it did to me - served with the curve ball (and I don’t even play baseball!), I can only observe that Australia is well served with a first world medical system along the whole medical production line, from my GP through to the fine specialists, including surgeons and nursing staff, who manage these real life events on a daily basis.

The importance of the work of **The Baird Institute** cannot in my opinion be overstated. Please help their important work today with a gift to their mid-year appeal, as one day you may benefit from their important work as I have.

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Tim



MYXOMATOUS MITRAL VALVE DISEASE

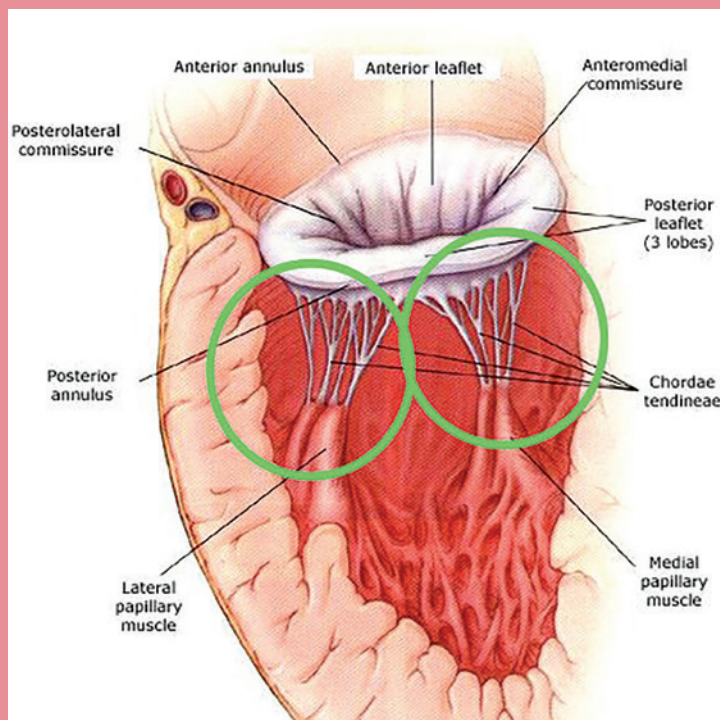


Image from: <https://www.heart-valve-surgery.com/heart-surgery-blog/2017/05/30/mitral-chordae-chords/>

The syndrome of **myxomatous mitral valve disease** is the most common form of valvular heart disease, occurring in 2.4% of the population. This disease is accompanied by the lengthening and/or rupture of the chordae tendineae, however, the mechanisms and the mode of chordal rupture remain unclear.

The mitral valve is located between the left atrium and the left ventricle and has five parts: the leaflets, the annulus, the chords (or chordae), the papillary muscles and the ventricle. All these parts are a sophisticated suspension system to enable the leaflets of the valve to open-and-close effectively.

The chordae are small fibrous strings or tendons attached to the “leaflets” of the mitral valve. The tendinous chords pull the flaps of the valves and prevent them from swinging back into the upper chamber of the heart. Chordae tendineae and papillary muscles offer extreme support to the leaflets of the mitral valve. Dysfunction of the chords can occur at any level. The chords can rupture which may occur due to infection or prolonged elongation, the latter of which is likely the case for Tim.

YOUR GENEROUS GIFT IS VITAL FOR THE CONTINUATION OF OUR RESEARCH

The Baird Institute receives no government funding. To do our work we rely heavily on the generosity of our supporters, many of whom are current or former patients of the surgeons associated with **The Baird Institute**. Our goal is to give people a second chance to live a full and healthy life. Few gifts are more precious than that!

Please support us today. Your support will save lives.

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* A **regular** tax-deductible donation of \$20 or more **per month** entitles you to become a **Partner in Research**. Your regular gift will ensure that we have the necessary funds available to help ordinary people as they battle unexpected, life threatening diseases of the heart and lungs. As a **Partner in Research**, you will receive Baird Institute newsletters and invitations to special events. For more information, contact Catherine on 02 9550 2350

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Please contact Catherine on 02 9550 2350 for further information or a confidential discussion

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