

1 December 2018



Dear Valued Supporter

There are eight words I will never forget as long as I live! "Are you under the care of a cardiologist?"

My name is Karen Courtney and I was born in 1960 with a **tricuspid aortic valve**. This condition was not discovered until 2017 when I was a fit and healthy 57-year-old.

In July 2017, I had been prescribed antibiotics for regular seasonal sinusitis and my GP requested I return for a follow up appointment when I had finished the course. I wasn't too eager to return as I felt well again and had already gone back to work, however Garth (my husband) insisted I did. The GP performed the regular ears, nose, throat and chest checks and on examining my chest she said those eight dreaded words. I owe my life to this GP for her pick-up of my heart murmur.

By the end of the week I had been referred to the Cardiologist, Dr Young Yu, and had an echocardiogram. The results detected a problem with my **aortic valve** and I was booked in the following week to have a transesophageal echocardiogram and a CT Aortogram.

At this point it became all too overwhelming, I was in shock! I felt as if I had lost control of my life.

I was a fit and healthy 57-year-old. I had played sport for most of my life; I had raised three beautiful children as a single mother and I worked full time as a Police Officer which requires a certain level of fitness. In the lead up to my diagnosis, Garth and I had participated in the Sydney Spring Cycle, riding 75 kms in October 2016, the Lake Macquarie Loop the Lake, riding 100 kms and the Newcrest Orange to Canowindra Challenge, riding 75kms (both two weeks apart) in March 2017.

The transesophageal echocardiogram was done in hospital. The anaesthetist enquired as to whether I could walk 200 metres without feeling short of breath. I told him about the two bike rides in March - he was in disbelief!

After the two procedures, Dr Yu informed me that I had been born with a **tricuspid aortic** valve, but in addition the tests revealed I had a 5.1cm dilation on the **ascending aorta** just near the valve. This was putting pressure on the valve and as a result, it was not functioning the way it should. I would need a **new aortic valve**, an **aortic root replacement** and an **aortic hemi-arch repair**. Dr Yu was



amazed that I had no symptoms and he believed that the pickup of the heart murmur by my GP, had probably saved my life. I was referred immediately to Prof Paul Bannon for surgery.

I arrived at Strathfield Private Hospital on the 27th of September 2017 for open heart surgery the following day. Since my diagnosis in July 2017 until today, I cannot explain the rollercoaster ride of emotions and thoughts. Prof Bannon's open approach and expertise put me at ease. I knew whatever the outcome, I was in the best possible hands.

A day or so after the operation, Prof Bannon visited and informed me that my **aneurysm** was more than likely hereditary and referred me to another cardiologist, Prof Richmond Jeremy, for genetic testing. My paternal grandfather died from 'bleeding behind the heart' at 72 in the 1970s. My father had an aneurysm in his **descending aorta** and a stent inserted in November 2016.

30% of people who have an **aneurysm** on their **thoracic aorta** will have a family history. I have three adult children; Matthew, Jordan and Ellen and four grandchildren; Cooper, William, Bosston and Oliver, who will need to be monitored.

In September this year, on the 1st anniversary of my operation, Garth and I completed the 30km "Gears and Beers" ride at Wagga Wagga. We couldn't think of a better way to celebrate; working up a sweat and relaxing afterwards with a cleansing ale. The blues and anxiety are beginning to subside a little now and luckily, I have more good days than bad.

I am forever grateful to Prof Paul Bannon and Prof Richmond Jeremy and **The Baird Institute**. It is my belief that their dedication and ongoing research has allowed me a second chance at a full and healthy life.

I am delighted to support **The Baird Institute** and I encourage others to do so too. Their research may save your life one day too!

Thank you for taking the time to read my story.

Best wishes

Karen Courtney



Cooper, Jordan, William, Matthew.



ABOVE: Ellen, Garth, Karen, Oliver, Bosston and Chayne.

LEFT: Cooper, Natalie, Garth, Karen, William and Matthew.



We are very grateful to Karen for her willingness to share her story. It was wonderful receiving her letter and hearing about how her life has unfolded since her surgery. Karen's case highlights the critical importance of early detection which can lead directly to enhancing the results of surgical outcomes. Research enables us to personalise a patient's management and treatment and get the timing right for surgery before catastrophe occurs. In addition it also allows us to identify and develop minimally invasive techniques that provide a way for us to help patients return to healthy, active lives as quickly as possible.

As you know, at The Baird Institute we are committed to helping ordinary people who have been diagnosed with serious heart or lung conditions that require surgery. I thank you most sincerely for your past support. Your trust in us and our work, is highly valued by every member of our team. If you can, please support us again this Christmas as we continue the journey to help others facing life threatening cardiothoracic conditions.

Your generous gift of \$50, \$100 or \$200 will go directly towards our research – please support us today.

Thank you again and on behalf of all of us at **The Baird Institute**, I wish you a very joyous, healthy and safe festive season.

Yours sincerely

Professor Paul Bannon MB BS, FRACS, PhD

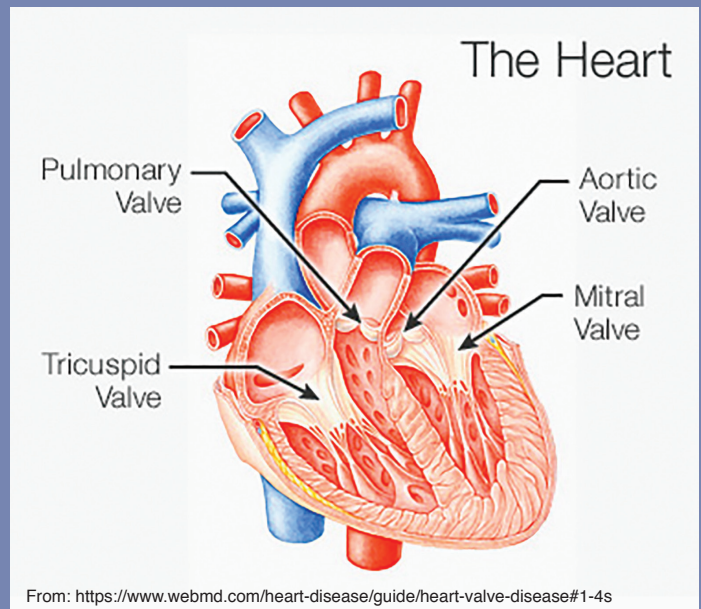
Chair, The Baird Institute

Heart Valve Disease

Heart Valve disease occurs when the heart valves do not work the way they should. The heart has four valves: the tricuspid, pulmonary, mitral, and aortic valves. These valves have tissue flaps that open and close with each heartbeat and they make sure blood flows in the right direction through your heart's four chambers and to the rest of your body.

There are two different types of valve disease: stenosis and regurgitation. Regurgitation, or backflow, occurs if a valve doesn't close tightly and blood leaks back into the chambers. Stenosis occurs if the flaps of a valve thicken, or fuse together which prevents the heart valve from fully opening and as a result, not enough blood flows through the valve.

Some people are born with heart valve disease, while others acquire it later in life. Heart valve disease that develops before birth is called congenital heart valve disease and can occur alone or with other congenital heart defects. Many people have heart valve defects or disease but don't have symptoms. For some people, the condition mostly stays the same throughout their lives and doesn't cause any problems, while for others, heart valve disease slowly worsens until symptoms develop. If not treated, advanced heart valve disease can cause heart failure, stroke, blood clots, or death due to sudden cardiac arrest.



PLEASE SUPPORT US THIS FESTIVE SEASON

Without you, we cannot carry on Professor Doug Baird's vision – to identify the problem at the bedside, investigate in the laboratory and apply the solution to future patients. This Christmas we want to give hope to Australians battling heart and lung disease. Your gift today will give more people, like Karen, the chance to survive life threatening diseases.

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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