Mending Broken Hearts

Anita Richwine

Despite extensive nursing experience and a family history of heart disease, Linda Merkle, RN, decided to ignore a heavy feeling in her chest. (Never a good idea, as she now knows.)

That was 10 years ago. Today, after one open-heart surgery and several stent procedures, Linda is a walking advocate of early detection of heart problems. “Early detection is the best bet,” says the 59-year-old Trotwood resident.

Linda was trimming trees near her home in 1995 when she first noticed the heavy feeling in her chest. Later, she was aware of chest pain, fatigue and shortness of breath. “I didn’t actually have a heart attack,” Linda says. But she knew she needed to consult a cardiologist, and she chose George Broderick, MD, at Good Samaritan Hospital.

When Linda failed a stress test, Dr. Broderick ordered a heart catheterization. Once he saw the test results, Dr. Broderick told Linda she needed bypass surgery to open up two blocked arteries.

“I was 49 years old—the same age my sister was when she had her open-heart surgery. Family history is a very important risk factor,” Linda says. She empha-
sizes that her treatment at Good Samaritan Hospital “couldn’t have been better—from the ER all the way through to the step-down unit.” Since then, her battle with heart disease has included the insertion of several stents to keep her arteries open. Last December, Dr. Broderick placed three stents in her coronary arteries. Since then, he has placed another one.

Marking her 38th year as a registered nurse, Linda understands that stents continue to improve. “I know that Dr. Broderick is trying his best to keep me out of surgery. He doesn’t leave a stone unturned in his comprehensive plan of care for me. In my opinion, he’s brilliant,” Linda emphasizes. “I feel great. All my symptoms are gone,” she says.

Linda is now very open with others about heart disease. “I tell people not to let anything keep them from getting professional help if they’re having symptoms of a heart problem. People tend to shy away from the ER or their doctor’s office for fear of being embarrassed if it’s nothing serious. They just may be embarrassing the life out of themselves by not coming in. My motto is ‘listen to what your body tells you.’”

An Army Vietnam nurse veteran with an impressive record of military service, Linda started working at Good Samaritan Hospital in 1972. Linda claims she won’t consider retirement “as long as I can keep working.”

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**Treatment for the #1 Killer: Heart Disease**

Each year scores of heart patients come to Good Samaritan Hospital to consult with cardiologists like George Broderick, MD (right). Heart disease remains the most common cause of death in America for both men and women.

Heart specialists use two main methods of treating coronary artery disease: heart bypass surgery and angioplasty with stents. To perform bypass surgery, physicians remove veins from the patient’s leg and reattach them to the aorta and then to the coronary artery, where they act as a detour, or bypass, around a blocked coronary artery.

Opening a coronary artery with a stent involves placing a catheter inside the blocked artery, inflating a balloon to open the artery, and leaving in place a metal coil—a stent—to keep the artery open. Newer stents are coated with medication to prevent the growth of new tissue that can re-block the opened artery.

Many factors need to be considered when making a decision between bypass surgery and angioplasty. Studies indicate that both treatments have similar long-term outcomes. And there is little difference in death rates or heart attack rates following both procedures. “In deciding which treatment to use, a lot depends on the patient’s personal preferences, specifics of his or her condition, symptoms and other health issues,” says Dr. Broderick. “The most important things patients can do are: (1) pay attention to the early warning signs of a heart problem; (2) seek help immediately if there seems to be a problem; and, (3) discuss appropriate treatment options with their physician.”