

# Mayo Clinic Podcast - Dr. DeSimone YouTube Audio - 04 08 21

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## SUMMARY KEYWORDS

patients, mayo clinic, heart, chris, vaccinated, vaccine, delay, care, people, hospital, ablation, anxiety, pandemic, symptoms, seek, heart failure, telemedicine, feel, arrhythmias, areas

## SPEAKERS

Dr. Halena Gazelka, Narrator, Dr. Christopher DeSimone

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- N** Narrator 00:01  
Coming up on Mayo Clinic Q&A:
  - D** Dr. Christopher DeSimone 00:04  
We could have really impacted their quality of life, impacted them lessening from dying from heart disease and we're too late on some of these issues. That's my biggest fear coming down the road.
  - N** Narrator 00:16  
Due to COVID-19, many people delayed or canceled scheduled healthcare checkups and screening appointments. But delaying or not getting that timely care could have serious consequences.
  - D** Dr. Christopher DeSimone 00:27  
Even if they haven't received the vaccine, I would still not delay care, especially if they're having warning signs of heart attack, worsening or new heart failure signs or symptoms, shortness of breath. I would still recommend those patients come seek care anyways.

**D** Dr. Halena Gazelka 00:42

Welcome everyone to Mayo Clinic Q&A. I'm Dr. Halena Gazelka. As we have shared before in this program, an unfortunate consequence of the COVID-19 pandemic has been people delaying necessary health care. Some may have felt that it was too risky to go to the doctor's office. But ignoring warning signs and symptoms can have long term consequences. For patients who know or suspect that they may have a heart condition, this can be particularly important. And it's crucial to understand when one needs to seek emergent or non-emergent care. Well, here to discuss this important topic today is Dr. Christopher DeSimone, cardiologist at Mayo Clinic. Thanks for being here today, Chris.

**D** Dr. Christopher DeSimone 01:23

It's my pleasure. Thanks Dr. Gazelka for this opportunity, and I really hope we can dispel some myths or at least give patients a really good sense of comfort to come seek care when they really need it. Because I really think this is something where we could help patients, especially if they wish to seek care sooner, and we could provide them better care in a more expeditious fashion.

**D** Dr. Halena Gazelka 01:45

Well, I'm really looking forward to that too Chris, because this is frankly sort of amazed me, and you're not the first physician who has mentioned this on this program. And I've even talked to colleagues in the emergency department, and they have said the same thing that people were not seeking care. So, tell us what this has been like in your practice. What have you seen?

**D** Dr. Christopher DeSimone 02:04

So, especially on the hospital services, where we see patients that come in through the emergency department or from even more dire circumstances, in through the intensive care unit. We see that the patients, and rightly so they've been afraid of contracting COVID-19, and they know patients with COVID-19 are hospitalized. So, it makes sense that they have this sense of fear. And it's kind of delayed them from coming in, even if they're having chest pains or early warning signs of a heart attack, worsening heart failure, new heart failure, bad arrhythmias, awakenings of prior arrhythmias. They've had all sorts of things. And really their fear was to come in to seek care from getting COVID-19 in the hospital, which is understandable.

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Dr. Halena Gazelka 02:51

Yes. I mean, with all the that we have seen on the news about people dying and bodies being stacked up. You can see why people would have fears, but now we're getting vaccinated. So, is that should that fear be the same? I mean, we're trying to dispel that myth anyway. But once someone has been vaccinated, they've had maybe one of their vaccines if they're going to have two, maybe they've had them both. What would you tell them about seeking care?

D

Dr. Christopher DeSimone 03:17

Well, that's a great point. But I would even take a step back and say, even if they haven't received the vaccine, I would still not delay care, especially if they're having warning signs of heart attack, worsening or new heart failure signs or symptoms, shortness of breath. I would still recommend those patients come seek care anyways. The bonus now is with so many of us being vaccinated, in the hospital, as well as outside of the hospital, I think if they had one shot, or even two, all the more so not to delay their care.

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Dr. Halena Gazelka 03:49

And Chris, you see patients with heart disease, you are a cardiologist obviously. And what do you think? What do you see down the road after the pandemic as far as in cardiology clinics and the patients you might see? What do you predict?

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Dr. Christopher DeSimone 04:05

My fear, and I love taking care of patients. And all of us as physicians, you, me, all of us, all of our colleagues, we really love making patients feel better. And really heartbreaking is things we could have offered patients like medicines, interventions, things that if we would have caught in an early timeframe, we've could have really impacted their quality of life, impacted them lessening from dying from heart disease. We'll come to a point where we might have waited too long, and we're far out of the barn. And we're too late on some of these issues. That's my biggest fear coming down the road. And what that will lead to is either we can't offer them these life-saving treatments or quality of life improving treatments, or the surgeries or interventions will be much, much higher risk because they'll have issues where if they go under anesthesia and have surgeries, they are going to be a higher risk candidate. So, they'll have not only heart disease, but because their heart is not pumping effectively, they might have issues with their lungs, kidneys, which makes everything much higher risk. So, that's really heartbreaking to me. And I hope I don't see that, but I have the sense, what I've seen on the hospital services that that might be more and more of the case.

- D** Dr. Halena Gazelka 05:21  
That's so interesting Chris, because we have had some oncologists on the show saying the same thing about cancer care. That patients have been delaying, and that causes them perhaps not to even be able to have the same surgery, or the same chemotherapy, or the same treatment that they otherwise might have had, because they're presenting at a later stage in their disease. Then it's interesting that that's true of the heart as well.
- D** Dr. Christopher DeSimone 05:46  
Very true.
- D** Dr. Halena Gazelka 05:48  
So Chris, what are signs and symptoms that should bring someone in? I think we all have this you know, fear or reticence maybe sometimes, to seek care thinking oh this isn't really important. If I just wait it out. If I wait another couple hours or wait till tomorrow, this will go away. I'll go lie down for a while. What are the types of symptoms that should really cause anyone to seek medical care?
- D** Dr. Christopher DeSimone 06:13  
Definitely. So, I think new symptoms, something that they can't explain before would be someone to seek medical care regardless. That could even be something like COVID brewing anyways, that's kind of one of the manifestations. But I would say, of course, chest pain, chest tightness, if someone's had unexplained weight gain, you know, a lot of the patients that I've seen that have developed heart failure, and they said, Well, I've gained 30 or 40 pounds in the last couple months. I really haven't changed my eating habits, or I really haven't ate much more, but I just haven't been exercising because I'm afraid to go outside. That might be signs that, you know, waking unexpectedly, that quick could be your building up fluid from heart failure.
- D** Dr. Halena Gazelka 06:54  
That's an interesting one. I never thought of that, Chris.
- D** Dr. Christopher DeSimone 06:57  
Yes. And also, if you're having, you know, heart palpitations, if you feel your heart racing, if you feel lightheaded, if you're feeling dizzy, if something's not right, I think those three big

things and those land in areas of heart attack, those land in areas of heart failure, those land in the areas of heart rhythm abnormalities. I think those would be the big three things that say listen, I need to get checked out. If it's my primary care if they can at least get an EKG and assess me, if it's the emergency department, I would not delay care at all. I beg our patients not to delay any of those signs.

D

Dr. Halena Gazelka 07:30

And what's so interesting is that some of the symptoms that you just described, can happen with anxiety, for instance, and during COVID certainly. I don't think any of us are immune from anxiety. But concern about anxiety should not keep someone from seeking care to be certain that it is not their heart.

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Dr. Christopher DeSimone 07:47

I agree completely. And also, I would offer some really strong words, I think personally of advice. My brother's a physician here, Daniel DeSimone in infectious disease. And we talk about this all the time, we feel the most safe when we're in the Mayo Clinic building, when we're in the Ganda building, when we're in Saint Mary's, and we're on the wards all the time, and we still feel most safe. I take care of patients with COVID. He's always taking care of patients with COVID, we still feel the most safe when we're in the hospital. And why is that? There's been a critical mass of our providers that have been vaccinated, also our patients as well, especially locally. But lots of people at Mayo Clinic have been vaccinated. But even more so, we've been taking every precaution necessary. So masking, I'm not wearing one now, but I'm in a room by myself. But as soon as I leave the room, I have a mask on as well that I wear. That's all across the board. So that's all the time. Everyone is wearing it. Everyone is looking out for each other to make sure everyone else is wearing it. So, I think that the use of N95 masks, especially in the surgical areas, all of that's been very restricted. We have fantastic ancillary staff that have been checking people at the doors, asking the proper questions. So, I feel more safe in the hospital than I do when I first walked out and I started going to department stores with my wife, and shopping with my wife who loves shopping. I was almost scared, not scared, but I was almost much more worried when I was going to those type of places than to the Mayo Clinic.

D

Dr. Halena Gazelka 09:27

I agree Chris, and it's fascinating because now you see in all the stores when you walk in that they have hand sanitizer out to use, and warning signs and things, and of course we've always been obsessive about hand washing and cleanliness in the hospital. So, there

is an element of safety that has always been there, but also a really heightened awareness of how we need to manage patients appropriately. I work in the Pain Clinic and we space our patients apart even in the waiting room. Chairs are marked to be left empty. They, you know, distance in the lines, and so we've taken a great number of measures to make it safe to come here.

D

Dr. Christopher DeSimone 10:04

One patient actually told me earlier this week, she had come to get an ablation a couple months back right in the heart of the pandemic, and I was seeing her and follow-up, because I really enjoy seeing my patients and seeing how they're doing. And she was feeling great. She said, Oh, all of my family members and relatives and friends are saying, oh, you went to the hospital and the right of the heat of the pandemic, and she goes, I felt safer in the hospital than I did anywhere around anybody else, or anywhere else. So, I think that's a testament to Mayo Clinic. And that made me feel real good that, you know, we really want to do what's best for our patients, we really want to keep them safe. And we'll go to any means and measures to do that.

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Dr. Halena Gazelka 10:41

Now, you've made our listeners curious what an ablation is, and what it has to do with the heart.

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Dr. Christopher DeSimone 10:46

Yes, of course. So, what we do for ablations in broad strokes is some areas in the heart, you know, everyone's heard of or seen these commercials about atrial fibrillation or the heart beating irregular. There are some areas of the heart that have abnormal tissue, and we're all born with this, some people it wakes up and is angry, and some people never becomes a problem. And we could go up through the groins, and it's invasive, but not open-heart surgery. And we bring small catheters up into the heart, and we could map where these electrical rhythms are coming from. And then we use radio frequency to heat and kill off the tissue.

D

Dr. Halena Gazelka 11:22

So, that patient that we mentioned earlier, that might be worried they're having a panic attack, or that it might be their heart might have an arrhythmia, or a difference in their heartbeat that's faster or irregular, that might be a person you would do an ablation for at times.

D

Dr. Christopher DeSimone 11:37

Absolutely. So, it's funny you mentioned that. We've done a lot of this telemedicine, which has been fantastic. So, that's our first touch point for patients. So, patients all over the country. And, you know, there's been a lot of, I think, bottlenecks of care in certain places, because they're not maybe as fortunate as we are here at Mayo to have all the resources and all the excess openings that we have to get patients in expeditiously. And telemedicine has been a great savior in this regard. So, we need patients to be seen, and there's lots of them, but they might have fear of coming in or they might not need to travel and which is completely understandable. And we've done a lot of telemedicine, telehealth visits either video or even phone calls. What are your symptoms? What have your rhythm strips been at home? Should you make the trip to Mayo Clinic to where we could provide an ablation to provide you better care. And that's been fantastic. And some of the patients interestingly said about anxiety. They were told they had anxiety, they came to the emergency department locally, they've gone to their primary care locally with EKGs everything's normal, it's anxiety. But then, many patients I'd say probably a dozen at least, I've had them do these monitors where they were what we call them Holter monitors. So, they record what the heart's doing during these periods of anxiety. And they've been arrhythmias. So we bring them back, especially the last couple months, we've done the ablations, and we've kind of cured their anxiety. And funny thing is, the anxiety about that makes the heart arrhythmias worse. So, it's really been great to provide them a much better quality of life and relieve anxiety as well as any heart issues they've had.

D

Dr. Halena Gazelka 13:17

Well, that is really interesting, Chris. I have to say that there are so many things that have amazed me about COVID. But as far as being a physician, one of the most amazing has been this use of virtual medicine and seeing people over Zoom. Quite frankly, is how we do it here at the clinic, and being able to extend our services out to patients who may not be able to travel here right now. And I find that particularly fascinating in cardiology, because that isn't necessarily an area I would have thought maybe you had to be right there to examine the patient. So, it's really interesting.

D

Dr. Christopher DeSimone 13:51

It is, and I'm a mama's boy, I'm a grandma's boy, I'm a hugger. I like to shake hands. And I thought, no way, telemedicine is going to work for me. You know, I need to see my patients, I need to be able to examine all that. But, it has been really a blessing because I've been able to reach out to more patients, and the patients that don't need to come in, then I've been able to provide reassurance which is great for them. The patients that do

need to come I've been able to expedite and get them in sooner. So, to me, it's been a win-win all around.

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Dr. Halena Gazelka 14:26

I was a resistor originally too. I was very skeptical Chris, because I too like human contact, and I like to be in the room with the patients. And I felt like some of the rapport wouldn't be the same if I couldn't, you know, touch them and actually speak with them in person. But what has been really neat is not only can you see initial consults this way, but when I have seen a patient in the clinic and they go home, and I want to check in with them, they used to send me a portal message and now we can do a virtual visit and I can actually see them and see whether they're improving. So, I think it really has been really one of those silver linings of COVID.

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Dr. Christopher DeSimone 15:03

And it saves them, you know, a 14-hour round trip driving, travel flights, you know. So, I think it's been great.

D

Dr. Halena Gazelka 15:13

So Chris, I have another question for you about vaccinations. It seems that most people are eligible to have a COVID vaccination if they're adults enough, I guess it's greater than 16 years old now. But are their heart patients who shouldn't have COVID vaccinations? Or should they go ahead and get them?

D

Dr. Christopher DeSimone 15:33

I'm so happy you asked that question. So, I get at least five or six messages, inboxes every day, and several phone calls, several text messages from some of my patients. I tell them, and I've consulted with my brother as well in infectious disease. So, we're on the same page, and I know I'm telling them the right thing. So, one thing is, I don't see any reason that a patient should not get it. In fact, I encourage them. And then their next question is, well, which one should I get? And my answer is always the first one they offer you. So, I think they're all tremendously, tremendously efficacious. Now, those certainly might set off certain things because patients with heart issues are prone to more heart issues, or heart arrhythmias, things like that. So, what I tell the patients is do two things. One, a couple of things I'll share with you, I tell them, one, always have someone with you. So, if I have a husband and wife, I say, okay, have the husband get the vaccine day one. Next day, the wife gets the vaccine, or vice versa. Actually, I tell them, get the wife vaccinated, and then



get the husband. And then this way, you have one person that's able to drive with no issues, and you have a backup safety plan the next day, then what I say is, if you don't have a ride, or you're by yourself, tell them if you were to go to a pharmacy or one of these places, say I'm a little bit concerned, I have some heart troubles. Do you mind if I get the shot and hang around for 30 minutes, because that's when severe anaphylactic or something concerning might happen, and then that gives them a sense, it's like a crutch, to give them a sense of look, someone's going to be here watching me for 30 minutes, after that, it'll be safe. So, I've told all my patients that if they have any concerns. But never, never have I told them not to get it. I really think they should get it, if they have a heart problem even more so get the vaccine.

D

Dr. Halena Gazelka 17:27

I was so glad to hear that. And two of the things that you said really struck me. One was that most allergic type reactions, or negative reactions to the vaccine that are serious or significant happen within the first 30 minutes. So, people are going to know. Side-effects that may take a little bit longer. And the other thing you said was that all of the vaccines are efficacious, and so people should accept the one that they're offered. Here at Mayo Clinic, we have immunized our employees with all three of the vaccines that are currently available. And it just depends on what day you went to get your vaccine.

D

Dr. Christopher DeSimone 18:03

Exactly. The DeSimone family, poster child. Some of us have gotten Pfizer, some of us have gotten the Moderna. Some of us have gotten J&J. All are perfect. So, I'm telling all my family members and so is my brother.

D

Dr. Halena Gazelka 18:18

That's great. Anything else you'd like to share with our listeners today, Chris, before we go?

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Dr. Christopher DeSimone 18:23

I would say to the listeners, to our patients, future patients, our patients that have been here for a long time, please contact us. Even if it's a phone call, we're happy to chat with you. We're happy to chat with you via our inbox services through Epic. Do not delay care, we really want to help you. We really want to be able to intervene and improve your quality of life. Do not let something that could harm you really, really harm you out of fear, which we understand. But we'll help alleviate and mitigate as best as possible. Please, we

really want to take good care of you.

**D** Dr. Halena Gazelka 19:03

That's wonderful. Thank you, Chris, for being here today.

**D** Dr. Christopher DeSimone 19:05

Thank you so much. Thank you for giving me this opportunity. And I love my patients and just I really hope this will help put their mind at ease. And I really appreciate that because I've got this opportunity because this will make my heart feel much better. My heart itself.

**D** Dr. Halena Gazelka 19:19

Yes, your heart and Chris, I bet that your patients love you too. Oh, I would be happy to be your patient. And I'm glad that I don't have to see you, but I would be very happy to be your patient too.

**D** Dr. Christopher DeSimone 19:29

Thank you so much.

**D** Dr. Halena Gazelka 19:31

Our thanks to Mayo Clinic cardiologist, Dr. Chris DeSimone for being here today to talk to us about receiving health care, and heart care, even during the pandemic. I hope that you're not delaying your care. If you are, now is the time to think about being seen and reporting to your doctor. Thanks for being here today. I hope that you learned something. I know that I certainly have, and we wish every one of you a wonderful day.

**N** Narrator 19:56

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