ANNUAL REPORT FOR GREY’S HOSPITAL
CARDIOLOGY UNIT FOR 2005

The unit was commissioned in November 2004. There was no permanent Cardiologist at Grey’s Hospital for this period till January 2006. It was run, during this time, by part time Cardiologists from the private sector and Inkhosi Albert Luthuli hospital, with a great deal of success.

The unit comprises:

- In-patient beds – 14 beds
- Coronary Care Unit \ Medical ICU – 4 beds
- Outpatients Clinic
- Pacemaker Clinic
- Cardiac Catheterization Laboratory
- Non-Invasive Laboratory
  (i) Echo Cardiography
  (ii) Stress ECG.
  (iii) Resting ECG.
  (iv) Holter Monitoring.
  (v) Tilt Test.

The scope of the work includes care of Coronary Artery Disease, Valve Work-up for surgery or percutaneous intervention, as with an Insertion of a Temporary and Permanent Pacemaker The Unit is integrally linked to the Cardiac Unit of Inkhosi Albert Luthuli Central Hospital. Our surgical and percutaneous interventions for the patients are done at Inkhosi Albert Luthuli Central Hospital and followed up at Grey’s Hospital Cardiac Clinic thereafter.

Both in-patient and outpatients were managed by the medicine registrar in training, as well as an intern. Initially Cardiac Catheterization and Pacemakers were performed by Dr. A. Pearce from January 2005 to June 2005. Thereafter the invasive work was performed by myself. Since February 2006 I have been appointed as the Principle Specialist of the Unit.
STAFFING

The Staff comprises:

1) Dr. S.U. Maharaj (Principle Specialist).
2) Dr Moosa – Part time Physician.
3) Registrar.
4) Intern
5) Mr. A. Ramessur – Technologist.
6) ECG Technologists – Mrs. C. Aranjo and Miss. K. Sibiya
7) Sr. A. Monyakane – Sister in Charge. (01/01/2006) (Catheterization Laboratory)
8) Sr T.L. Scannell (Acting sister in charge 2004-2005)
9) Sr W. Vermaak (assists when necessary – CCU)
10)Mrs. T.H. Ngcobo – General Assistant.
11) Miss W. Mapanga- (Chief Radiographer)
12) Mrs. K. Francis. (01/01/2006)- Senior Radiographer

STATISTICS

The CARDIAC CATHETERIZATION LABORATORY has done the following number of cases in 2005.

<table>
<thead>
<tr>
<th>Valve Screenings</th>
<th>Tempory Pacemakers</th>
<th>Permanent Pacemakers</th>
<th>Coronary Angiograms</th>
<th>Left Ventricularagrams</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>41</td>
<td>22</td>
<td>71</td>
<td>55</td>
</tr>
</tbody>
</table>

CARDIAC CLINIC AND NO-INVASIVE LABORATORY

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-patients cardiac clinic</td>
<td>2198</td>
</tr>
<tr>
<td>Pacemaker Clinic</td>
<td>120</td>
</tr>
<tr>
<td>Echo Room</td>
<td>5 200</td>
</tr>
<tr>
<td>E.C.G. Rooms</td>
<td></td>
</tr>
<tr>
<td>Stress ECG’s</td>
<td>335 This does not include any normal ECG’s</td>
</tr>
<tr>
<td>Holter Monitoring</td>
<td>20</td>
</tr>
</tbody>
</table>

The unit is now commissioned to run full time as opposed to a part time status in the past.

We look forward to starting interventions such as Percutaneous Coronary Interventions and the treatment of our acute emergencies at the Grey’s Hospital Cardiac Catheterization Laboratory in the future. This will start once we have the Cardio-Thoracic Unit commissioned. In addition we would like to start training a senior registrar in cardiology at our unit. As far as the technologist as concerned once a control technologist is employed then we can train cardiac technologist. This will allow growth of the unit in the future.
In conclusion, in order to function effectively the unit desperately needs is a full-time secretary to accommodate an already burgeoning database, a registrar in-training and two medical officers. It is planned that the unit will become a fully interventional one with surgical backup within a year.

With Kind Regards,

Dr. S.U. Maharaj