

Question	Upvo	Moderator Answer
Dr Anderson sometimes you said Circ and other times you said left Circ is there a difference	1	These are synonymous The official term is left circumflex For convenience most of us will call this the circ or circumflex instead of left circumflex This is like calling the left anterior descending the LAD just makes
If PA pressures mild to mod do you think sleep apnea If pulmonary says only mild sleep apnea then will treating sleep apnea help Sometimes pulmonary states this is not the cause and wont help	1	Mild PHTN may not cause clinically important dyspnea However still consider sleep apnea and treatment Also consider stress echo to look for exercise induced increases in plum
Is Ee the same as EE	1	Yes
Can I switch ACEI to ARB for angeioedema	1	may be considered
Is it acceptable to do stress test on pt with Pacemaker since cant	1	consider reprogramming device prior to stress test to assess rate response
Are there simple guidelines for normal FFR measurements	1	FFR has been added to CathPCI guidelines as very useful for hemodynamic assessment with a Class 2A recommendation The guidelines do not give specific cutoffs for these measurements From the clinical trials most Cath docs would consider an FFR 080 to not require treatment Below an FFR 075 most would consider treatment usually PCI Between 075 and 080
I recently saw a patient with anterior MI His RCA was dominant and that is where he was stented Does this mean that a dominant right coronary artery can sometimes feed the anterior wall	1	Hard to say without seeing films Can envision at least 2 scenarios If the PDA from the RCA is really large it might actually perfuse some of the LAD territory the distal anterior wall explaining the anterior ST elevation on ECG If the LAD was occluded and fed by the RCA and PDA then treating the
If patient is on ACEI for past 5 year is it possible to have new onset	1	Could occur but very rare Consider other cases or a change in AceI
How do you reassure patients when no cardiac cause of chest pain can be found	2	Tough one Based onl can reassure you that you are not actively having areas of blood flow problems in your heartI understand your concerns and perhaps there any new other causes but weve started by eliminating the heart as a primary cause Perhaps we need to look into other causes if this
Just FYI there are awesome assessment and diagnostic tools on	2	Great thanks and will share this tip
Dr Martnez my doc wants me to help him with reading the echocardiograms Can I become certified as an NP	2	You can Through ASE you can become a testamur and read echoes Internal
Are earlobe creases a significant exam finding or not	3	Its been correlated but strong evidence has not been established
Would you please share your H P template Ms Linderbaum	3	Yes thanks for your interest just put copies of the exam template at the reg desk Pick one up if you are interested
When asking a patient about orthopnea does laying on your back vs laying on your side matter	4	Shouldnt make much difference from a cardiac perspective Perhaps in pulmonary conditions there may be some variability but lesser common