

Relief From A Lifetime Of Suffering

Expert Eisenhower Electrophysiologists Treat Unique Patient

By: Pat Whiteman



Dr. Feldman in surgery

Engineer and private pilot Neil Whelchel was just nine years old when he first experienced the rapid palpitations. “I would change my position or hold my breath and it would happen. As I got older the episodes got longer.”

Whelchel went to doctors who ran electrocardiograms (EKG) and ultrasounds but nothing ever turned up and he was often dismissed. Rapid heart rate — supraventricular tachycardia — was something the young man learned to adapt to. He even taught himself to “reset” his heart by doing vagal maneuvers (methods used to reset or slow the heart rate). “At the time, I didn’t know that I was doing vagal maneuvers. I just was curious and aware of my body and was able to figure it out.” Whelchel would hold his breath and bear down, or press on his carotid artery to reset himself. He would sometimes use ice on his face, chest or back to put his heart back into rhythm.

Whelchel’s heart episodes continued throughout his 20s and 30s with no specific pattern, causing him repeated trips to physicians and to the hospital. The problem significantly affected Whelchel’s daily work as an engineer and the activities he loved like flying, scuba diving and snorkeling. “As I neared my 40s, I was concerned about secondary problems and long-term health effects. I also worried about what this would do to me when I was 60.”

Eventually, Whelchel found a cardiologist in the Coachella Valley who took him seriously and began running some tests. One of the tests involved wearing a heart monitor to track his heart activity. The day after he turned it in, he began to experience another severe bout of arrhythmia. “I returned to the doctor’s office and one of the nurses ran an EKG on me,” says Whelchel. “She thought the machine was off but I assured her it was correct. She repeated the test several times and still couldn’t believe it was real.”

Whelchel was sent to the hospital for more tests before being referred to Eisenhower Desert Cardiology Center Electrophysiologist Leon Feldman, MD. “Dr. Feldman reviewed my EKGs and other test results and recommended an electrophysiology study. If they found something unusual they would fix it right away.”

Dr. Feldman and colleague Andrew Rubin, MD used the EnSite NavX™ navigation and visualization technology system for Whelchel’s procedure. The NavX uses electrodes to create realistic cardiac chamber geometries displaying activation times and voltage data to identify arrhythmias. They found that Whelchel had not one but two atrioventricular (AV) nodes. The AV nodes conduct the normal electrical impulse from the atria to the ventricles. “Neil had two AV nodes which made him very unique and was causing much of his difficulties,” says Dr. Feldman. “We addressed that by ablating the second node. We also found an abnormal heart rhythm at the normal AV node, which is common, and that was ablated. We also took care of a third heart rhythm problem called atrial flutter. So, we targeted three different arrhythmias in this one procedure on one patient,” says Dr. Feldman.

Within days, Whelchel felt the difference. “The procedure made more of a change than I had anticipated,” says Whelchel. “I feel great. I have so much energy and all these little insignificant problems that I have dealt with all my life have solved themselves. I am now having experiences that I have never had before. I can actually stand up and not have to do voluntary control methods on the way up. It’s really had a profound and positive impact on my life.”