



UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

FOUNDATION
FONDATION



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Foundation CONNECTION

Newsletter of the University of Ottawa Heart Institute Foundation

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Foundation CONNECTION

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Cover: Gord Wilson. Photo courtesy of Faces Magazine

"You can appreciate the light, but before that, you have to know the darkness." This quote could not be more fitting as we maneuver our way through the darker months and take inspiration from the stories and people in this edition. Each emerged brighter and continues to see the light at the end of the tunnel.

I met Gord Wilson as a young sports anchor when I showed up for my first Ottawa Senators training camp in 1998. I was eager, nervous, and a bit naïve. I was determined to succeed but I had a lot to learn, not only about the intricacies of the game and everything that happens both on and off the ice but also the politics, hierarchy, and protocol of how the media operated as well. I was an easy target lugging around my own video equipment into media scrums in a room full of NHL players and seasoned media. It took time to gain the respect and acceptance in what was then a very male dominated field, but I knew there were gentle souls rooting for me. Gord Wilson, the Sens colour commentator, in his usual seat above the players bench, always greeted me with a smile and warmth that helped put me at ease. It's been 25 years and he still calls me "Lainger," but this time it's me putting him at ease as we recount the events of his heart attack in early 2020 as he set out to broadcast yet another Sens game. You will feel the emotions in this one.

You'll also find firefighter Derek Bowker's story quite compelling. Derek opens-up about his initial heart attack at the fire station, to his lifesaving open heart surgery and the fear of losing his leg. You will read about his recovery and the mental



courage it took to go back for yet another open-heart surgery less than two years later. His honest reflections are a welcome treat and what makes Derek's story so unique is the domino effect on our community. His gift of time is reflected back into local charities with his philanthropic nature and generosity of his time.

While the surgeons and heart teams work their magic on patients like Derek and Gord, our researchers and scientists are focused on innovation, new treatments and prevention. Dr. Jodi Edwards gives us an incredible overview of the Brain/Heart connection and how integral understanding the effects of heart disease can be on the brain and vice versa. She breaks down her research and brings us a new perspective on the critical steps and tools that will make a big impact as we age.

This edition also gives us a chance to celebrate the success of September's JUMP IN™ For Women's Heart Health. This nation-wide challenge saw over 2200 participants take part in 30 minutes of physical activity every day throughout the 30 days of September and help raise over \$200,000 for the Canadian Women's Heart Health Center. Through social media we got to see your favorite outdoor spaces, trails and walking paths, your home gyms, your kids, your dogs, your workout buddies and the cities you live in. Participants simply took accountability to live healthier and more authentic lives and shared both their victories and struggles with others. They formed a community to inspire, motivate and encourage others and it could be felt from coast to coast. It also created dialogue and awareness around women's heart health and created a community motivated for change.

We hope you got a chance to take part in our recent *Estate Planning and Charitable Giving* webinar and learn about the financial benefits and implications of planned giving. We are grateful to Arlene Hensel for sharing her story on

why she gives to honour her late husband and the legacy that will remain.

And if you are exhausted reading this intro- I hope you will be well rested come February when we get *February is Heart Month 2022* underway- we are looking forward to bringing back some of the initiatives we started last year and remind you that "Red, really is your color"...

Wishing you all health and happiness as we move into the darker, colder months and that you find comfort in moments of familiarity as we continue to adjust to the "new normal".

Much Love,
Lianne



Lianne Laing
Executive Director
University of Ottawa
Heart Institute Foundation

We are here for you.
On-site and Online.



The University of Ottawa Heart Institute's Prevention and Wellness Centre provides patients, families, providers, and the public with education, programs and services for the prevention and management of cardiovascular disease risk factors.

Learn more at pwc.ottawaheart.ca



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INSIDE THE INSTITUTE:

A conversation with Dr. Jodi Edwards



Dr. Jodi Edwards is the Director of the Brain and Heart Nexus Research Program at the University of Ottawa Heart Institute (UOHI), and an Assistant Professor in the School of Epidemiology and Public Health at the University of Ottawa. Dr. Edwards is a cardiovascular epidemiologist whose research program involves risk assessment and predictive modelling for the heart-brain interface, with a specific focus on the identification of novel cardiac markers of stroke and dementia risk and women's heart and brain health and innovative health technologies for risk detection.

Foundation Connection: What brought you to the Heart Institute?

Jodi Edwards: About five years ago, while I was still in my post-doctoral fellowship at Sunnybrook Health Sciences Centre in Toronto, we had the opportunity to relocate to Ottawa. We knew this is where we wanted to raise the kids and jumped at the opportunity. I didn't have a position in place, but I knew Ottawa was a city with a lot of opportunities. When I looked closely at what was happening at the Heart Institute I thought, "I really feel that my work in the connection between the heart and the brain integrates well with the institute's strategic vision, and I know what I can bring to the table." I took that approach and made a case for them to think beyond the heart and hire me. I feel very fortunate that the team here was able to align the necessary stakeholders and create a position for me.

FC: Tell us about your research. How does your passion align with the vision of the Heart Institute?

JE: I trained as a stroke epidemiologist, which is like being a disease detective, as stroke can have so many causes. We search for patterns and causes of disease and ways to reduce people's risk. My research at UOHI is focused on the connection between the heart and the brain. Many strokes are due to a problem in the heart, and, we also know that, in addition to stroke, some heart diseases put people at risk for other brain diseases, like dementia.

Looking at these things together, the heart and brain as a connected system, is where we want to go in terms of personalized healthcare management. Currently, if you have a problem with your heart, you see your cardiologist, and they might say, "You could be at risk for stroke." Then you're off to see a neurologist. Right now, things are quite separated and organ specific in terms of how our health system triages people, and how we evaluate people's risks and consider

their clinical care. At UOHI we want the best possible outcomes for patients which means looking at more than just the heart and looking sooner to anticipate problems that may result in more serious outcomes.

FC: Is your research about detection before symptoms are obvious?

JE: My research is looking at these connections within the whole system, the entire cardiovascular system, which begins in the heart and sends blood flow and signals up to the brain. My main interest is risk. Although we don't feel it, there are many changes that can begin in the heart quite a bit earlier than symptoms appear. There are mid-life changes that can have really long-term consequences for your brain. The silver lining about this is that there's a large window of time where we may have the opportunity to intervene. We don't have to wait until someone ends up on the stroke unit and had a debilitating stroke to say, "We really should manage their heart disease too." My research is showing us that if we can start to identify these very early signs of heart disease that we know are related to increasing someone's risk of having a stroke or developing cognitive decline, then we may have more time to intervene.



DID YOU KNOW?

Donations to the Research Matching Fund will support the work of Heart Institute scientists and researchers, and could be matched up to 5x (or more!) through competitive grant funding? Donate today to the Research Matching Fund!

If you would like to support the Research Matching Fund visit donate.ottawaheart.ca/research

FC: What is the impact of the brain-heart connection?

JE: What we know for sure is that having either heart disease or a brain disease puts you at higher risk for developing the other. This is the bad news. However, the good news is - if you are aware of these risks and are able to manage them and engage in a lifestyle and behaviour that may help the prevention of one of these diseases, you actually get the benefit for both. In other words, if you start to manage your heart disease with exercise and medications, and do that well, then you're also reducing your risk of brain diseases. This is the real focus of my research.

FC: What would that look like for a patient?

JE: It would start with your primary care physician. They may know you have some genetic risks and perhaps some existing vascular risk factors and send you for an echocardiogram to have a look at your heart. The results might show there's a little bit of enlargement - the structure of your heart is changing. Some changes are normal with age, but combined with genetic risk, it may be an early indicator of increased risk. This opens a new world of potential management tailored specifically to the individual. It could be lifestyle changes like diet and exercise, or drug therapies like those that reduce blood pressure or help thin your blood. A variety of interventions could reduce the chances of a stroke significantly. Right now, the initiation of these therapies often doesn't happen until after a big event like a stroke, because people are unaware of the early signs.

FC: How does your research take us from what you just described to the future?

JE: Right now, as I mentioned, we often start preventive therapies after an event like a stroke, to reduce people's risk of having a second

event. What if we can identify these markers of increased risk earlier? Imagine what it could mean if we could show that certain therapies, like anticoagulation, have benefit for people earlier and if we could identify those patients who might benefit significantly from earlier intervention?

FC: How do we get there?

JE: That requires clinical trials to test all the options. Before we get to trials, in my research program, we start our investigation by examining healthcare data of large populations, using patient information from hospitals, clinics and health care providers. We put all of these pieces of information and data together and, within the data, create a map of the patient's trajectory of disease. It's a prediction of what could happen and when. We follow thousands of individual patient tests, events, blood pressure etc. and develop models to predict people's risk over time based their individual profiles and encounters with the health system.

FC: How does the data get you to the clinical trials?

JE: All the evidence that we collect from these large population databases becomes the criteria for which patients to select into a clinical trial. It's the starting point to identify patients and treat them earlier or differently. A clinical trial helps test risk and benefits. Which interventions will make the biggest difference and for which patients? We want the outcomes to be able to say definitively "These people with these early indicators of changes in their heart, plus genetic risks, and at a certain age should start anti-coagulants earlier." We want to prevent them from ending up on that stroke unit.

Success means finding those very early indicators of risk and making the changes necessary for that specific patient so that we have an opportunity to prevent a life altering event.

FC: Why now? Why is it urgent to get these trials underway?

JE: Our population is aging rapidly and living longer. If we wait until the need for long-term care for everyone with dementia is urgent, we are behind the game. That's not how we want our elderly population living. They deserve better. The science tells us what we need to invest in today so that in the future, the outcomes are longer and healthier lives.

Good brain health means that patients have the cognitive function to manage their heart medication and lifestyle and recognize when something isn't right. Good heart health means lower risk of the brain diseases that can cause a patient to forget or misuse medications, or not recognize a change in their health and take action before it's too late.

What we need to do is invest now, in risk prediction and prevention, to help identify high-risk individuals, enable them to age well in their communities, in their homes, and plan our health care resources to anticipate those who need additional care before the needs are overwhelming.

FC: Why is the Heart Institute the right place to invest in research?

JE: Whether you're a scientist, a patient in a research study, or a donor who wants to change the world of cardiac care, the Heart Institute is the right place. The organization and the environment support the passion needed to find the outcomes that will change lives and save lives. Here are my top three reasons why:

1. The Heart Institute is so unique in so many ways. First, it's renowned as a world class cardiac care and research centre. This is the optimal place for me to undertake this kind of research, of being able to get this early signal on people's heart changes that would be related to outcome. Patients are always willing to participate in studies. It's the kind of environment that I'm just perfectly positioned to do this exciting research in.
2. It has such a strong focus on research, and I mean really collaborative research. Right now, I'm working with Dr. Peter Liu, looking at his bio markers that he finds in his research study, and integrating that into my prediction models. This kind of collaboration fosters more

Would you like to make a donation to the Heart Institute before the end of the taxation year?

You can make a secure online donation by credit card until midnight December 31, 2021 at donate.ottawaheart.ca. If you prefer to send a cheque or money order, please use the envelope attached to this issue of *Foundation Connection*. Be sure to include your full name, address and telephone number with your donation.

All donations \$10 or more mailed to the Foundation and postmarked December 31, 2021 or earlier will receive a charitable tax receipt eligible for your 2021 income tax filing. **Call us at 613.696.7030.**



innovation and sparks greater ingenuity. It really sets the Heart Institute apart in terms of the quality of the research, the output that's produced and the ability to attract competitive grant funding.

3. The Heart Institute also has a unique focus and vision around diversity and sex specific care. The Canadian Women's Heart Health Centre has made a big difference in helping women educate themselves about the differences between men and women and cardiac health, and our research programs dig much deeper than that. Research is helping us find the right treatments based on the individual. There are no brush strokes to cover a wide group of patients, no one-size-fits all. It's about

individualized, precision medicine. A patient's treatment could be tailored to many things: age, gender, ethnic background, access to care. It all has to be considered.

We know patients come to the Heart Institute for exceptional care. That care starts with exceptional research. The teams are dedicated to "breakthroughs" that change lives everyday and I am really proud to be part of it.

Donations to the Research Matching Fund ensure that scientist like Dr. Edwards are in the best position to apply for competitive funding that could match your contribution up to five times or more! Thank you for supporting our research at the Heart Institute.

Making science possible.

With a life-long career in communications behind her, Carole Stelmack is acutely aware of the complex connection between the brain and the heart. When her husband Robert, a noted psychologist and researcher, passed away in June 2018 from congestive heart failure, Carole looked for a way to honour his memory and support the institution that had given Robert "the gift of life" after he suffered a major heart attack in 2010.



Robert and Carole Stelmack

After his family and friends, Robert Stelmack's greatest love was research. He believed passionately that major advances in science was made possible only by the pioneering work of "those who may be gone but not forgotten."

With these thoughts as her guide, Carole established the Robert Michael Stelmack Memorial Research Award at the University of Ottawa Heart Institute. This prestigious award recognizes the top-ranking brain-heart research proposal brought forward by a grad student or fellow in the institute's research program.

Offering financial support with awards like the Robert Michael Stelmack Memorial Research Award attracts the best and the brightest students to the Heart Institute. It brings innovation and creativity and will drive major advances in science. Investing in research that changes lives today and for years to come.

The heart behind “Little Hearts”

In March 2020, Ottawa Firefighter Derek Bowker had just finished dinner in Fire Station 36 on Cyrville Road. The CTV news was on, and the show was wrapping up when something went “pop” in his chest.



Derek and firefighting teammates at Hockey for Little Hearts Tournament.

Like many young boys, Derek dreamed about playing hockey professionally. He was well on his way when he was hit from behind during a game in the Ontario Hockey League. His neck was broken, his hockey career over and a long road to recovery ahead of him.

Derek did recover and at age 22 he discovered a new passion. For the past 23 years, he has been a firefighter with the City of Ottawa, a career he now believes was his true calling, his dream job.

Derek and his wife Jennifer Eberts and their two young sons, Cameron, age 11, and Connor, 8,

are well known throughout the hockey and philanthropic community in Ottawa. In 2007, Derek and Jen started “Hockey for Little Hearts” to tap into the enormous number of firefighters who play recreational hockey while promoting health and wellness for firefighters. Funds raised from entry fees, sponsorship and donations support local hospitals, like the Neonatal Intensive Care Unit at CHEO, and the Canadian Fallen Firefighters Association. The tournament has grown every year attracting teams from across Canada and before the pandemic stopped them in 2020, they had raised \$230,000.



Jennifer Eberts and Derek Bowker with their sons Cameron and Connor.

The “pop” that Derek felt in his chest that evening was an “aortic dissection,” a condition where the inner layer of the aorta (the large blood vessel branching from the heart) tears. Without immediate surgical intervention, the

condition is almost always fatal. Within seconds of the event, Derek's colleagues called 911 and paramedics responded within minutes. After a quick assessment at the Ottawa Hospital General Campus emergency room, Derek was taken immediately to the Heart Institute. By the time he arrived, the operating room was getting ready, and his surgeon, Dr. Munir Boodhwani was waiting for him. What followed was an extremely difficult conversation. Derek learned that he could possibly lose his left leg and a mechanical valve may need to be installed in his heart. Two things that would end his career as a firefighter. But that wasn't the end of it. Dr. Boodhwani took out his cell phone and handed it to Derek. The surgery was extremely risky, and the surgeon knew it may be the last time Derek would speak to his wife and his young sons. On a borrowed cell phone, Derek called his family to say goodbye to Jen, Cameron and Connor.



Derek's colleagues at Fire Station 36.

Nearly out of his mind from the excruciating pain in his chest and his leg, Derek recalls the calm reassurance from everyone in the operating room, and the words "we got you." After handing the phone back to Dr. Boodhwani, Derek told him "Do whatever you've got to do, just don't let me die. I can still go fishing with one leg." About

10 hours later, Derek woke up in recovery. His left leg was still there and although he didn't know it at the time, his valve had been repaired not replaced. The outcome was the best it could possibly be.



Derek Bowker at his "Dream Job."

With years of experience dealing with various injuries, Derek was ready to tackle the job of recovery. But nothing prepared him for the physical, mental, and emotional challenges ahead. He was home only a few weeks when he found himself back in hospital with a severe infection. Hospitals were still in pandemic lock-down and for two weeks he could only see his family through facetime. Dealing with frustration, self-doubt, anxiety, and moments of depression were added to the physical challenges of his recovery. At times it was completely over-whelming. A sneeze was agony and just walking across the floor was exhausting. One virtue that Derek embraced that helped his outlook significantly was patience. He began to accept that one

milestone in his recovery, like climbing the stairs, was really 100 little milestones strung together.

Following his surgery, doctors were happy with his progress, but Derek was not. There would be limitations on his levels of activity, he couldn't lift more than 50 lbs, play hockey, or go skiing. In early 2021, he had vascular surgery on his leg which would help with his blood flow. His recovery was quick, but it wouldn't bring back his active lifestyle.

The team at the Heart Institute kept a close eye on Derek's heart. He had developed a "false lumen." Blood began to seep between the layers of the aorta and left untreated, could result in other severe complications. His team was monitoring it with regular CT scans and detected that it was getting larger. Derek would require a fully synthetic Dacron aortic artery from the top of the heart all the way down to the femoral arteries, a treatment that required another life-threatening open-heart surgery. Still dealing with recovery

from the first surgery, doctors recommended that Derek wait until it was absolutely necessary to open his chest again. But Derek learned that with the synthetic aorta, he would get his life back. He could continue the active lifestyle, play hockey with his boys, and once fully recovered, be on active duty in the job he loves.

His new-found patience only went so far, and he thought "Why wait? Let's do this now!" He had complete trust in the team he had gotten to know so well at the Heart Institute, and he knew his family and friends would be there to support him through a second complex recovery.

This time, things were different. It wasn't a blur of overhead lights and swinging doors as he was rushed from the ambulance directly to an operating room. This time, he walked into the Heart Institute through the front doors. During the pre-op process he saw a sample of the material, Dacron, that would be used to manufacture a custom-made device designed just

YOU'VE PLACED YOUR HEART IN OUR HANDS – WE'RE PLACING OUR FUTURE IN YOURS!

A **Legacy Gift** to the University of Ottawa Heart Institute goes straight to the heart of care in our community. Your thoughtful donation will mean that the Heart Institute remains a place for healing, learning, and caring for generations to follow.

"Because it is possible for one action to shape a spectacular outcome"

— *Dr. Wilbert J. Keon, Heart Institute Founder*



for him. With time on their side this time, there would be no need to use “parts off the shelf.” The surgery took 12 hours, and he was on a respirator for nearly 22 hours. It was a big one.

Now in his second major recovery in less than 18 months, Derek is listening carefully to his body as he once again begins the healing process. A follow-up CT scan and MRI shows that he is healing well physically. His team at the institute connected him with a psychologist who is helping him manage the recovery mentally. Understanding his recovery means that some days, he just can’t do it, there’s no energy and that’s okay. The next day he gets up and is more optimistic and accomplishes a little bit more.

When Derek looks back over this journey, his emotions are raw as he talks about how grateful he is to everyone who has been there with him, especially his wife Jen who has been “phenomenal.” As a first responder himself, he is in awe at the entire team at the Heart Institute. But now, it goes beyond the nurses who made him laugh and brought joy to some of his darkest days. Beyond the technicians who told

him jokes to help him relax and the surgeons who “perform magic.” Now, he thinks about the scientists and engineers who created Dacron and the researchers who thought about using it to fix an aorta. He thinks about the patients who took part in clinical trials to see if the innovative idea worked. Derek recalls the state-of-the-art operating room where his surgeries took place and how every corner had specialized equipment that was ready to go if needed. He thinks about the Cardiac Imaging Centre where his CT scans and MRI’s take place, and the amazing support for his body and soul during his rehabilitation.



Giving back. Derek at the Help Santa Toy Parade

Along with the people he has met who have made this recovery possible, Derek is grateful to thousands he will never meet, the donors who support the Heart Institute with donations that are invested in ground-breaking research, specialized equipment, and patient recovery programs. Without their support, Derek’s big heart would not be here today to continue to give back to his community in countless ways.

As pandemic restrictions ease, watch for the return of “Hockey for Little Hearts” Tournament in Spring 2022.

Today’s research is tomorrow’s treatment!

This is particularly true here at the University of Ottawa Heart Institute, where research spans from the laboratory to the patient’s bedside and back.

If you would like more information about opportunities available to participate in a research study visit: ottawaheart.ca/clinicalresearch.



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FEBRUARY IS HEART MONTH

#GIVEWITHHEART

Throughout the month, you can support the Ottawa Heart Institute in a number of ways:

- Host or participate in a community event
- Join the paper heart program
- Join the PULSE charity stream
- Sell or purchase knitted heart cards
- Light up red
- Make a donation and double your impact

We look forward to celebrating Heart Month with you. Be sure to refer to our website to see what's coming your way.

www.februaryisheartmonth.ca

*Are you interested in participating?
Our events team is here to support you.*

Please contact:

specialevents@ottawaheart.ca

613-696-7258



A hat trick that changed a life

UOHI Foundation Executive Director Lianne Laing sits down with Gord Wilson, colour commentator for Ottawa Senators broadcasts on TSN 1200 and the face of Sens TV. Gord has provided expert analysis for every Senators game on radio or TV since the club's inception in 1992. For many years, Lianne and Gord found themselves sitting side by side in their respective careers as sports anchor and commentator. Recently, they had a different conversation as Heart Institute Foundation fundraiser and patient.



Gord Wilson. Photo Courtesy of Faces Magazine.

Lianne Laing: Gord, it is an absolute pleasure to sit and chat with you. We've spent a lot of time next to each other in arena seats watching a lot of hockey games. You've been with the Ottawa Senators for almost 30 years which includes

a lot of work and travel with the team and for TSN 1200. I think people tune in knowing that you're going to give them a fantastic breakdown of what's happening on the ice, the locker room and the front office. Today, I'm looking forward

to taking a look at the “highlight reel” of your experience with the Heart Institute. Take us back to gameday, February 16, 2020.

Gord Wilson: Thanks Lianne, and you have no idea how good it is to be here having this conversation. We’ve known each other a long time, and I know you will forgive me if I get a bit emotional. When I think about what happened that day, I automatically reflect on wonderful memories of everything good that has happened in my life. It gets me choked up.

LL: I know, it’s a reminder of how quickly life changes. It is an emotional topic. Tell me about getting ready to go to the game that afternoon.

GW: Okay, before the 16th of February was Valentine’s Day on the 14th and my wife Patricia (Boal) and I were lucky enough to go out for a nice dinner before two back-to-back weekend games. Saturday (15th) was an evening game and the first appearance of something wrong occurred around noon. I was in-between the two locker rooms at Canadian Tire Centre and I had to actually walk away from the group I was talking to because I was feeling “off.” I thought it was just indigestion, and I walked down the hall a long way until the feeling subsided and I could get back to work. I didn't think twice about it and got through the broadcast that night with Dean Brown. On Sunday (16th), the Dallas Stars were in town for a five o'clock game which meant an early day for me. I had a good breakfast, had all my notes ready and my suit and tie on. I had one foot out the door when suddenly I had a hot, hot flash and the sweats. It was overwhelming. I just stopped and put everything down.

I decided to lie down, but I felt very, very agitated. I looked in the mirror and realized that I had turned a little bit gray. I still wasn't convinced it was serious but then I couldn't lift my arms, they were so heavy. And that's when I said, “OK Gord – get it together, something's going on here.” I

took a couple of Aspirin (I carry them in my work bag,) and, at that point, my wife called 911.



Dean Brown (L) with Gord Wilson getting ready for game night at Canadian Tire Centre.

LL: You knew enough to carry Aspirin, you recognized something wasn't right the night before. What was your state of mind when the paramedics showed up?

GW: It sounds stupid now but my concern was about missing the game. About the job, the pay cheque. I can count on one hand the number of games I've missed in almost 29 years, and I'm proud of that. The paramedics are hooking me up to an EKG in my living room, which confirms that I've had an episode. They are getting me ready to take me to the hospital and I'm still in denial. I ask Trish to grab my work bag and follow me to the hospital. Even as I'm on route, I'm convinced that after a quick stop at Emergency, Trish could drive me to work and I'd find my own way home after the game. Can you believe that?

The paramedics were fantastic. I had another episode in the ambulance. They stopped first at Queensway-Carleton Hospital Emergency but only briefly before we were re-directed to the Heart Institute.

LL: At this point you realize you're heading in one direction to the Heart Institute and the rink is in the opposite direction. Do you come to grips with the fact that this is now your priority?

GW: Yes. As simple as that, yes. And hoping that it's nothing too serious. I'm being honest with you, once it becomes a priority, that thought consumes you, it overwhelms you, but at the same time, because I have a family history of heart disease, my priorities are my kids and my family. This is more serious than just missing a game and a paycheck.



Family time at the cottage.

LL: Now you're arriving at the Heart Institute. What happened next?

GW: By now it was almost four o'clock and they were expecting me. The team there set my mind at ease immediately. Smiles, calmness, due diligence, getting everything done, and at that point, I knew I was in good hands. The diagnosis was quick, I needed an angioplasty. When they reviewed the tests, it was clear I had three blockages – my version of a hat trick – and they were able to schedule the procedure for 6:30 p.m. They described the room to in great detail and how cold it would be. I did my best to think warm thoughts. One of the blockages was in an odd location and they brought in another expert to confirm that the stents were the right solution. Plan B was open heart surgery. In the end, three stents and a three-hour procedure did the job.

I'll never forget that when they realized who I was, they found a way to keep me updated on the score of the game!

LL: I guess that cold room made you feel like you were at a rink! Some of our readers may know that your wife Patricia co-hosts the CTV news here in Ottawa, what was going through her mind as she waited, and the procedure stretched to three hours.

GW: Fortunately, the institute staff kept her informed of what was going on. She was really grateful for that.

LL: You now have three stents. What was recovery like – especially because we were only weeks away from heading into the first lockdown of the pandemic

GW: I was familiar with the term stent. I have friends who have gone through it and feel like a million bucks afterwards. There was nothing daunting about the thought of having a stent or, in my case, a hat trick of them. Back in the 1970s, my father, who was only 45 at the time was treated by Dr. Keon and was one of the very first patients to have a quadruple bypass. At the time, the Heart Institute hadn't opened and Dr. Keon performed the surgery at what is now the National Defense Medical Centre.

LL: With that kind of history, and relationship with the Heart Institute in your family, would you say it has achieved Dr. Keon's vision?

GW: Absolutely. My father's family has a history of heart disease, my grandfather passed away from heart disease. I've had three or four uncles die from heart failure. For 30 years after his bypass in 1975, my dad spent quite a bit of time at the Heart Institute. He lived until he was 75. He had his heart attack when he was at the cottage, over an hour away. Dr. Keon saved his life and the institute gave him another 30 years. My mom also passed away from heart disease last year.

LL: Grandfather, father, uncles and now your mother. It looks like a genetic component that couldn't be avoided. What have you learned about your lifestyle? If genetics is not on your side, what can you do to manage it? Is it about lifestyle? Diet and exercise?

GW: During my three-day recovery period at the Heart Institute, they provide me with a wealth of information moving forward, but they also took a peek back at my lifestyle. One of the factors was that I live with high blood pressure. I've been on a mild medication for a few years now. If I had also been a smoker the outcome would have been much different. And not in a good way. So, there's a little bit of lifestyle that helped save my life. I used to be a terrific, in-shape athlete. I played hockey until my knees and hip gave out. I thoroughly enjoyed a good sweat, but life gets in the way. I know it's not an excuse, but mentally I aged before I should have. I got out of the "activity" stage of life when I dropped out of summer hockey, that's when I really started to drop out of really solid activity, which was a huge mistake. Part of my lifestyle that didn't help.

LL: Tell me about your recovery – what was the next step?

GW: Everything was going as expected. I had my surgery on the Sunday and my goal was to attend the Chris Phillips retirement ceremony the following Tuesday. I even had the rented tux. But the docs were having none of that. I didn't leave until everything was good to go. I did make it home in time to watch the ceremony on TV though!

LL: But you're here and with many years of wearing a tux to special events to look forward to.

GW: Absolutely, so much has happened already. My oldest daughter had her first baby. You can call me Papa Wilson now.



"Papa Wilson" is all smiles.

LL: Now you have me tearing up. You know my father died very young from a heart attack. He didn't get to see his grandchildren. It's one of the reasons I'm so motivated to bring awareness to heart disease and the research that will save not just today's patients, but entire families.

GW: Maybe one day they will design a magic wand and pass it over your body to fix it! But reality is just as amazing. I watched my father with a pacemaker, when his heartbeat went to a certain level, the pacemaker would kick in and start his heart. To me that was magic. We are so advanced, and this is why there was zero hesitation in saying "Stent me up." When the stents first came out, I was fascinated by the process because someone had to think of this procedure rather than open up a chest and expose a heart. Now they go through a vein in your groin or in your wrist and are able to get this job done. It's nothing short of miraculous, in my opinion.

LL: You're home February 18th, 2020. The pandemic is on our doorstep. What happened next?

GW: It was early days of the pandemic, and I was travelling with the Senators. In hindsight, knowing what we know now, I never should have been on that trip. At first, because of the medications I was on to support my recovery, it was really confusing about what was causing my symptoms. As soon as they started asking me questions, even before the test results were in, I knew I had it. I was probably one of the first few Covid-19 cases in Ottawa.

LL: I remember watching Tricia doing the news from your backyard. Your entire household was under lockdown, you're still recovering from the stent procedure, and you have Covid. It must have seemed surreal.

GW: And at the same time, my daughter was in New Zealand and we were focused on getting her home before airports shut down. There was a lot of confusion and stress. But we are all here today to talk about it. That's a very good thing.



Gord and family focusing on priorities.

LL: What can you tell our donors about the Heart Institute. They are responsible for the equipment, the research that saved your life and gave you dad an extra 30 years. What would you like to say to them?

GW: The first thought that comes to mind is that this can happen to anybody. It was hereditary for me, but shortly before I was a patient, my brother-in-law had a heart transplant at the institute,

which is a miracle when you think about it. He wasn't aware of heart disease in his family. I'm living proof. My brother-in-law is living proof that you trust the system and that building on Ruskin Street. This city is so lucky that Dr. Keon had the vision and this community helped it come alive.

On the bleakest of days, if you're, lying in a hospital bed and wondering "why me?", the next thought should be "how did I get so lucky to be at the Heart Institute, getting the best care possible?"

I would describe it like a complex piece of classical music. Each care team is a section of an orchestra, brilliantly playing their part of the symphony, but when the conductor brings it all together, allowing each section to shine at just the right moment, it's pretty amazing.

LL: I've heard a lot of gratitude in our conversation. Starting with the paramedics, surgeons and clinical staff and the rehab support. There are a lot of people involved.

GW: It starts when you hear a siren outside your front door and there's paramedics in your living room. It doesn't end when you get three stents put in and ushered out the door. The aftercare program is absolutely phenomenal. There's another 12 months of follow ups and Zoom calls because of the pandemic. *There is a plan in place for every patient.*

I would describe it like a complex piece of classical music. Each care team is a section of an orchestra, brilliantly playing their part of the symphony, but when the conductor brings it all

together, allowing each section to shine at just the right moment, it's pretty amazing. You can't take that for granted.

LL: What's next?

GW: I'm still working through some breathing issues because the heart attack and suffering from Covid happened so close together. I'm working closely with the doctors to determine the impact of that. The other really cool thing happening is that our entire family, my wife, kids and I, are providing blood samples for research studies. There are so many ways you can get involved to help move the needle, to be part of the next life changing discovery. It's humbling to be part of something that could save the life of someone I may never meet. To give their family the gift of time that we have.

LL: Gord, I can't add anything to that. That was beautiful. Thank you for sharing your story with us.



Gord Wilson is ready for whatever comes next. Photo courtesy of Faces Magazine

HEART OF GOLD

Meet Deborah Leroux, a dedicated member of the housekeeping team at the institute.

“Deborah was my sunshine every morning, a hard worker but not too busy to talk Blue Jay's baseball with me while she did her work...she made my stay easier for me and was kind and sympathetic to me as a patient.”



Grateful patient and Heart of Gold donor



THANK ONE. HELP MANY.

If you would like to acknowledge a health care professional, a volunteer or an entire unit who made a memorable difference in the care you received at the Heart Institute, consider making a donation to the Heart of Gold program. Your honouree(s) will receive a Heart of Gold pin accompanied by a card with your personal message. Heart of Gold pins are proudly worn as a reminder how important exceptional patient care is to everyone who comes to the Heart Institute.

All Heart of Gold donations will be matched by generous corporate support from JD Brule Equipment. A matched donation means your gift will go twice as far supporting vital programs and saving lives.

You can make a Heart of Gold donation online at Foundation.ottawaheart.ca/gold or call us at 613.696.7030.

Living life “to the limit” and beyond.

Arlene Hensel honours a life well lived and invests in the future.

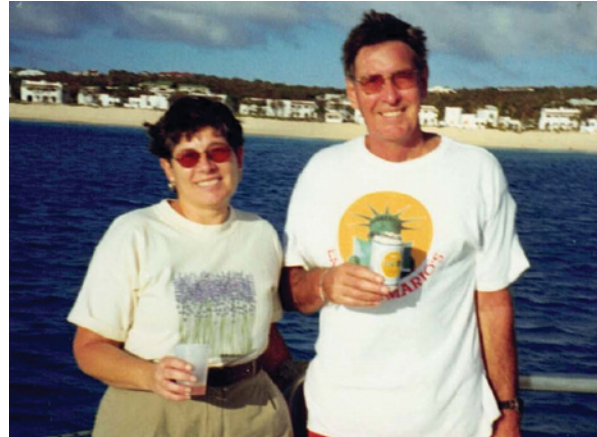
As the University of Ottawa Heart Institute celebrates 45 years in our community, many of the most heartwarming stories began just before our doors opened. That’s the case with Arlene and Russell Hensel.

Working as a high school teacher in Toronto, Arlene met Russell in 1974 when he was there attending a conference. She knew the moment they met that they would spend their lives together. And she was right.

Arlene describes Russell, or Russ as he was better known, as “tall, dark and handsome”. He was a pilot with the Canadian Armed Forces and to Arlene, he was the kindest, most thoughtful and considerate person she had ever met. Together they shared a passion for all things connected with the outdoors and spent many happy hours camping, canoeing, skiing and gardening.

Only a year after they met, at the young age of 31, Russ suffered a massive heart attack. It was 1975, and the Heart Institute was just months away from officially opening its doors. Dr. Wilbert Keon, the visionary founder of the Heart Institute, performed a quadruple bypass that saved Russ’ life. The surgery meant an end to his career as a pilot, but he quickly adapted to a new role in Military Intelligence.

As a passionate educator, Arlene had a varied career in teaching. History, Accounting, Computer Studies, Law, Physical Education were just a few of the subjects. She also taught English as a second language and worked with Special Education Programs.



World travelers Arlene and Russ Hensel

Russ and Arlene lived everyday to the fullest. Over the years Russ ran in three marathons and thought a fun day’s bike ride was 80 KM. Together they traveled everywhere, biking all over the world. Russ was a great listener and problem solver. He found time for others and volunteered at the Ottawa Distress Centre and guided blind bikers and blind skiers. After he retired from the military, he continued to work with the Department of National Defence on computer intelligence contracts.

For over 20 years Arlene and Russ used every moment of their gift of time to live life, in Russ’ words, to the limit. As each year passed, Russ was amazed that he kept living but in the late 1990’s, he developed congestive heart failure and required an implanted defibrillator. On more than one occasion the defibrillator saved his life as they continued to travel as long as his health would allow it. At the age of 58, the heart failure had severely progressed. Russ was placed on the transplant list. Unfortunately, a donor heart could

not be found, and Russe passed away December 28, 2002. He was 58.



Russ and Arlene enjoying their passion for gourmet cooking.

During the year that followed, Arlene knew she wanted to honour the time they had together and Russ' deep commitment to giving back to the community. He had lived with heart disease for 28 years and the team at the Heart Institute were always there, willing to try new ways to not only give him more time, but quality time for him to live the way he wanted to.

Arlene worked with the Heart Institute Foundation to create the Russell & Arlene Hensel

Endowment Fund in 2003. In addition to annual contributions, Arlene has made the decision to include a gift in her will directed to the fund. Personal endowments like this, also known as Named Funds, provide a reliable revenue stream to support research and the evolving priorities of the institute. For Arlene, she knows that it was research that had been developed at the Heart Institute that gave Russ so many years of happiness. Years he was able to spend with her and his daughters.

The Heart Institute Foundation extends grateful appreciation to Arlene for her thoughtful planning. The Russell & Arlene Hensel Endowment Fund will support breakthroughs in innovative research and changing lives well beyond today.

If you would like to learn more about Named Funds or including a gift to the Heart Institute in your Will, please contact Selva Trebert-Sharman at the Heart Institute Foundation. Selva can be reached at 613-696-7251 or strebert@ottawaheart.ca.

Did you miss our webinar on Estate Planning?

If you have questions about estate planning and charitable giving you can still enjoy the conversation hosted by Lianne Laing. This informal and informative webcast features financial and estate planning specialist Carol Willes, Selva Trebert-Sharman, and special guest, Arlene Hensel. **The full webcast can be accessed through the Heart Institute Foundation's website.**

Planning to Give is Thoughtful Planning. Watch the conversation from the comfort of your own home.

foundation.ottawaheart.ca

Contact Selva Trebert-Sharman at 613-696-7251 or strebert@ottawaheart.ca



Lianne Laing,
Executive Director
Heart Institute Foundation



Carol Willes,
Director, Estate Planning
BMO Private Wealth



Selva Trebert-Sharman
Associate Director,
Legacy Giving
Heart Institute Foundation



Day 28: This has challenged so many of us and I have found you all so inspiring! You have certainly changed me.
#JumpIn4HeartHealth
#womenshearthealth

- Nicole



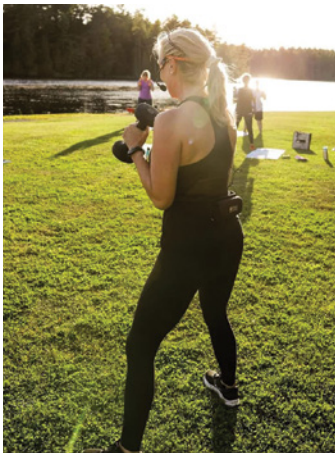
This group has done so much to boost my postpartum fitness level. I think I was six months postpartum with my first before I tried any workouts beyond walking. This time I'm two months postpartum & in addition to getting outside for plenty of fresh air & walking, I'm already 'jumping in' to workout routines. Thank you to this group & to the Heart Institute for this motivating month!

- Steph



I feel that this has changed the way I think about exercise.

-Julia



We have all joined for different reasons. For me, life is precious and unfortunately, my dad lost his precious life one month shy of his 58th birthday from a heart attack. He didn't get to walk me down the aisle or witness the birth of his grandchildren. I want to be there as my children blossom through life. I want to be there as they experience love, heartbreak, and all other life experiences.

- Stephanie

JUMP IN™ FOR WOMEN'S HEART HEALTH

PRESENTED BY
WELCOME TO THE PARTY
Jump!
106.9
boom
99.7
70s 80s 90s

Throughout September Canadians from coast to coast to coast JUMPED IN for women's heart health.

While sharing thousands of photos and videos of their personal journey, participants took on the 30 minutes a day for 30 days activity challenge and joined the conversation to change the outcomes for women and heart disease.

Thank you for raising more than just your heart rate!



Weekly Match Sponsors



Thank you to our committed team of volunteers for creating this uplifting and engaging event:
Natalie Tommy (Chair), Mary Browne, Avis Brownlee, Louise Dixon, Jennifer Geleta, Julie Findlay, Korey Kealey, Krista Kealey, Nadia Lappa, Marion Martell, Paulina Mirsky and Cathy Pantieras

Your heart is **STRONGER**, Our hearts are **GRATEFUL**

2,205

*participants from
across Canada*

2 Million

*minutes of
physical activity*

\$204,000 +

*raised for Canadian
women's heart health*

Our community, supported by the generosity of corporations that have matched donations, and the tireless efforts of our participants, activity partners, and influencers, created a movement.

Donations Matched By Our Monthly Sponsors



Global Asset Management
PH&N Institutional



COMMUNITY EVENTS

Thank you to everyone who safely came together to support the Heart Institute



Bells Corners Legion Branch 593

We want to extend a HUGE thank you to the Bells Corners Legion Branch for donating \$9,500! True community champions – we are forever grateful.

Pennies for Pounds Syd Gravel of Arnprior, Ontario



Hosted a powerlifting marathon this past November. Well done, Syd!

Alpha Phi Red Dress Reception



Raised \$1,170.07 for Women's heart health. Thank you!

From the Heart - 3k Walk in Memory of Mark Pelletier



Genevieve Pelletier, Louise Pelletier, Lindsay Firestone (UOHIF)

Word Search

J	N	X	R	S	T	S	T	R	F	Y	Y	L	L	Y	WORDS:		
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