

Be Steady My Beating Heart

By Michelle Brubaker | June 30, 2017

In her twenties, Bonnie Coppla was incredibly active as a performer in the Disney on Ice show. She was living her dream. Then she began to experience a fluttering sensation in her chest, like “a fish flopping around on a dock.”

“It would take my breath away for a second,” said Coppla.

After three decades of feeling sick, exhausted and frustrated, Coppla was finally diagnosed with atrial fibrillation, an irregular heart rhythm that causes the top chambers of the heart to quiver.

“I hung up my ice skates and started living on the sideline,” said Coppla. “I became a person I didn’t recognize.”



Atrial fibrillation, or Afib, can be life-threatening. It can cause blood to pool and form a clot, leading to a stroke.

“I always wanted to travel around Europe, but I was too nervous to go that far with a heart condition,” said Coppla. “Atrial fibrillation truly impacted my quality of life.”

After trying different treatment options with little to no improvement, Coppla turned to the experts at the Sulpizio Cardiovascular Center at UC San Diego Health.

“That’s when my life started to turn around,” said Coppla. “I learned this condition is common, and most importantly, treatable.”

Coppla is one of the millions of Americans who suffer from heart disease, which kills more women than all cancers combined. Afib is the most common cardiac arrhythmia in the world. It is estimated that one in four patients over age 40 will experience afib in their lifetime.

“Bonnie’s story is one we hear often as cardiologists,” said [Jonathan Hsu, MD](#), cardiologist at UC San Diego Health.

Underlying heart disease, high blood pressure, thyroid problems, excess alcohol use, sleep apnea and certain lung disease can put people at risk for afib. In addition, people who exercise vigorously, such as running marathons, can develop the condition.

Some patients may not even know that they have afib because there are no clear-cut signs, though the majority of patients feel some type of symptom, such as palpitations, shortness of breath, fatigue or light-headedness.

“Even without symptoms, atrial fibrillation carries a stroke risk, so it is very important to diagnose the arrhythmia as soon as possible,” said Hsu.

An electrocardiogram, which measures the electrical activity in the heart, can diagnose afib.

There are many treatment options for afib. For patients with an irregular heart rhythm, medications like flecainide and amiodarone can be used to manage the condition. When these medications do not work, there is the option of performing a procedure called an ablation. This involves placing small catheters in the upper heart chambers. A burning or freezing agent is applied to the inner heart tissue to electrically disconnect the impulses that cause atrial fibrillation and perpetuate the arrhythmia.

After an evaluation and screening, Hsu determined Coppla was a candidate for an ablation.

“I felt a difference the moment I woke up from surgery,” said Coppla. “I feel like I was a ticking time bomb that Dr. Hsu was able to defuse.”

Hsu said there are new options for treating patients with a high stroke risk associated with atrial fibrillation.

“There are newer blood thinners that may be easier to take than warfarin, which can reduce the risk of stroke tremendously,” said Hsu. “For patients who cannot or do not want to take long-term blood thinners, there are implanted devices that plug up the left atrial appendage and have been shown to decrease the risk of stroke and allow the patient to eventually stop using blood thinners.”

Hsu said that, although experts have a wide variety of options for treating afib patients, only a small fraction of eligible patients receive the potentially life-saving therapy.

“Research has shown that patients with atrial fibrillation who have a moderate to high risk of stroke are only prescribed oral blood thinners approximately 50 percent of the time,” said Hsu. “This shows us that we need to improve awareness of therapies to reduce stroke risk and provide other treatment options.”

Coppla wants other patients with afib to know that they are not alone.



“Since my diagnosis, I have talked to so many patients with this condition,” she said. “With the right diagnosis and treatment, you can continue to live your life the way you want and not have atrial fibrillation dictate how you will spend your days.”

The techniques and treatments developed at UC San Diego Health for patients with atrial fibrillation are used throughout the world. Newly diagnosed patients receive a full consultation, which includes education on the condition and treatment options.

“It’s critical that patients are part of the decision-making process when moving forward with a treatment plan. Every patient and every condition is different,” said Hsu, who recently reunited with Coppla at an event to bring awareness to heart disease in women. “As she shared her story with the crowd, I found myself getting emotional knowing she is now living such a productive life. That’s why I love to

do what I do.”

Coppla is not only back to a busy lifestyle, she is planning a trip to Italy.

“I hope to book my vacation for early next year,” said Coppla. “It makes my heart very happy.”

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