



Going Home After Cardiac Medical Admission



Saint Francis Hospital
Trinity Health

The Hoffman Heart and
Vascular Institute of Connecticut

The Hoffman Heart and Vascular Institute of Connecticut

Cardiovascular Service Line

Hoffman Heart and Vascular Institute	860-714-4097
Cardiac Wellness and Rehabilitation Services	860-714-4538
Women's Heart Health Program	860-714-6389

For more information, visit
www.trinityhealthofne.org

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WELCOME

The staff of the Hoffman Heart and Vascular Institute of Connecticut are pleased that you are in the recovery phase of your hospitalization. This informational booklet was written to assist you and your family with questions that may arise when you return home. We hope this information will aid you in practicing a heart-healthy lifestyle. If you have any questions, please contact your health care team.

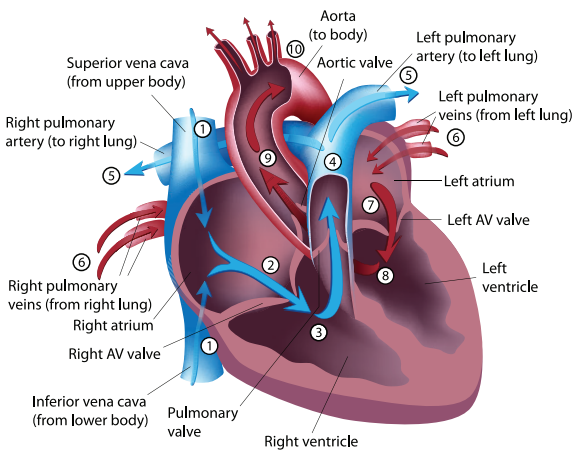
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THE HEART

The heart is a muscle the size of your fist that pumps and circulates blood. Blood travels through veins and arteries. Veins bring blood back to the heart, carrying blood that is low in oxygen. Arteries take blood away from the heart, carrying blood that is rich in oxygen.

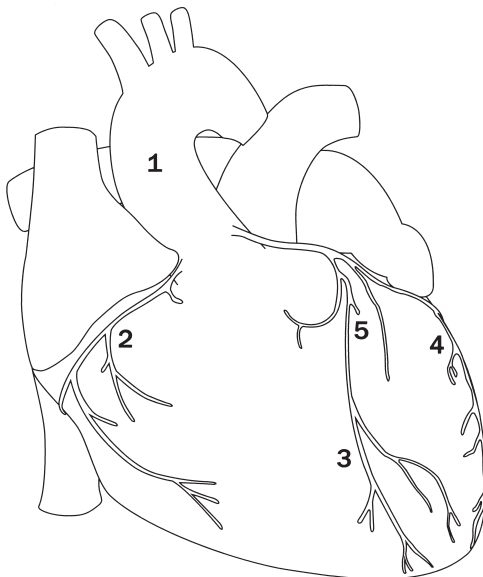
Veins bring blood back to the right side of the heart. The heart has four chambers and four valves. The blood that has nourished your body enters the upper right chamber (atria). The blood passes through the tricuspid valve into the lower right chamber (ventricle). The lower right chamber pumps the blood through the pulmonary valve. The blood passes through the lungs picking up oxygen. The oxygenated blood enters the upper left chamber (atria). The blood then passes through the mitral valve into the lower left chamber (ventricle). The left lower chamber pumps the blood through the aortic valve and out the aorta, delivering blood rich in oxygen to the body.



CORONARY ARTERIES

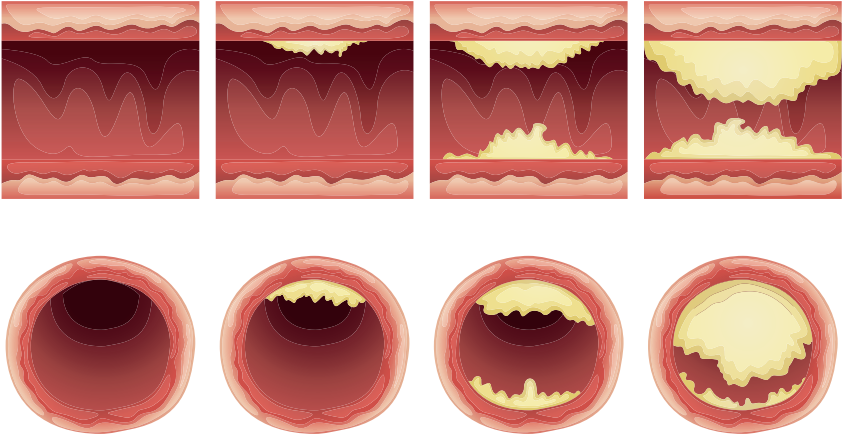
The coronary arteries wrap around the heart to supply the oxygen rich blood to the heart muscle. There are three main coronary arteries. The right coronary artery supplies blood to the right side of the heart. The left anterior descending and circumflex arteries supply the left side of the heart. Each of these coronary arteries has many branches.

1. Aorta
2. Right Coronary Artery
3. Left Anterior Descending Coronary Artery
4. Circumflex Coronary Artery
5. Left Main Coronary Artery



CORONARY ARTERY DISEASE

Coronary artery disease occurs when the smooth lining of the artery is damaged and then plaque builds up within the artery walls. As the plaque builds up, the arteries narrow and it becomes more difficult for the blood to pass through. Smoking, high blood pressure, high cholesterol levels, inflammation and high blood glucose levels all can damage the lining of the heart and increase the risk for plaque build-up. See more risk factors on page 31.



DIAGNOSTICS AND TREATMENTS FOR CORONARY ARTERY DISEASE

A diagnostic cardiac catheterization is a procedure to look for blocked or narrowed areas in the coronary arteries. The most common sites where this procedure is performed are the femoral (groin) artery and the radial (wrist) artery.

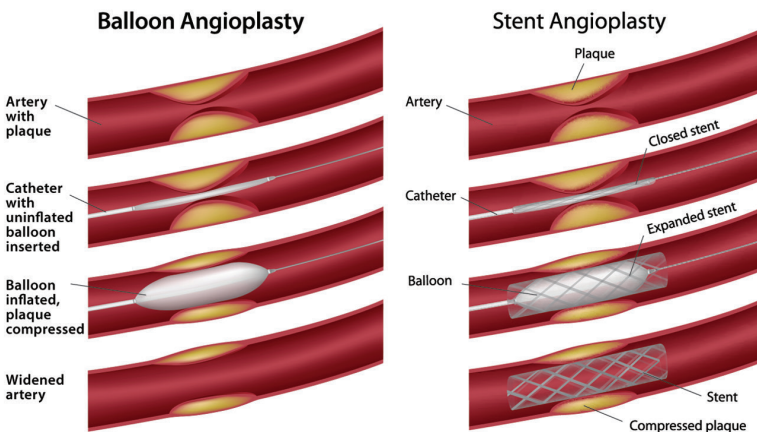
Based on Test Results, Your Cardiologist May Suggest:

1 | Angioplasty

If there is a blocked or narrowed artery, a balloon catheter may be used to open the artery to improve blood flow.

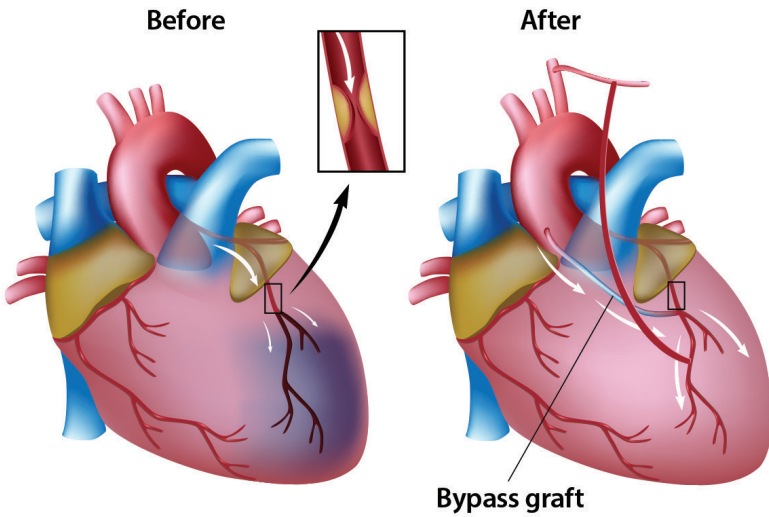
2 | Stent(s)

In many cases, a stent (small coil or mesh tube) may be placed permanently to open the artery. This will improve blood flow to the heart muscle. Some stents release medication over time. This may reduce scar tissue which forms inside the artery.



3 | Coronary Artery Bypass Surgery

An artery from your chest (mammary artery), your arm (radial artery), or a vein from your leg can be used to bypass blocked arteries. The mammary artery is redirected and sewn beyond the blockage in the coronary artery. An artery from your arm or a vein from your leg is sewn into the aorta and beyond the blockage in the coronary artery. These bypasses provide blood flow to the heart muscle.



GOING HOME AFTER A CARDIAC CATHETERIZATION - PATIENT INSTRUCTIONS

Care of Incision:

1 | Femoral (Groin) Access

- Avoid strenuous activities such as lifting, pushing or pulling objects until you are cleared by your cardiologist
- You may remove the dressing 24 hours after the procedure and shower. If you have a bulky dressing, it may be easier to remove during your first shower. There is no need to reapply a new dressing to site.
- Keep incision site clean and dry. Clean your incision daily with soap and water.
- No baths or swimming for 5 days.
- Do not use creams, lotions or ointments on the incision site until healed.
- Look for signs of infection including fever 100.4 or higher, redness, swelling, drainage or warmth at the incision site. Call your cardiologist with any signs of infection.
- A small bruise or lump at the incision site is normal. Call your cardiologist with any increase in bruising, swelling or pain.

OR:

2 | Radial (Wrist) Access

- Avoid bending and lifting objects more than 5 pounds with affected wrist for 5 days.
- You may remove the dressing after 24-48 hours (remove after first shower). There is no need to reapply a new dressing to site.
- Keep incision site clean and dry. Clean your incision daily with soap and water.
- Avoid excess moisture to the access site and submerging the affected wrist for 3 days.
- No baths or swimming for 5 days.
- Do not use creams, lotions or ointments on the incision site until healed.
- Look for signs of infection including fever 100.4 or higher, redness, swelling, drainage or warmth at incision site. Call your cardiologist with any signs of infection.
- A small bruise or swelling at the insertion site is normal. Call your cardiologist with any increase in bruising, swelling or pain. If needed, apply ice or cold pack for 15 minutes at a time for the first 24 hours.

General activity restrictions:

- Avoid alcohol for 24 hours after cardiac catheterization.
- Do not drive car or operate heavy machinery for at least 48 hours. Ask your cardiologist when you may resume driving.
- Avoid strenuous activities such as lifting, pushing or pulling objects until you are cleared by your cardiologist
- Avoid straining during bowel movements.
- Do not use recreational or illegal drugs of any kind.
- Do not smoke or use tobacco products, such as cigarettes, e-cigarettes, cigars and pipes. Stay away from second hand smoke. Talk to your cardiologist about resources to help you quit.

Ask your cardiologist:

- Specific directions about taking your diabetes medication after the procedure.
- When you may resume driving.
- When you can resume strenuous activities such as lifting, pushing or pulling objects.
- When you can return to work.
- When you can resume sexual activity.

IT IS VERY IMPORTANT:

- Take your medications as directed.
- If you were prescribed an antiplatelet medication clopidogrel (Plavix), ticagrelor (Brilinta), prasugrel (Effient), do not stop taking unless directed by your cardiologist.
- Weigh yourself daily, first thing in the morning after urinating and before you eat and record your weight in diary (found on page 37).
- Notify your cardiologist if weight gain is 2 or more pounds in a day or 5 pounds in a week
- Your cardiologist wants to see you within 1-2 weeks after discharge. Check your After Visit Summary for your appointment. If none is present, please call for an appointment as soon as you get home.
- Place your procedure cards in your purse or wallet.
- Call your cardiologist with any questions.

GOING HOME AFTER A HEART ATTACK

Just like any other muscle in your body, your heart muscle needs oxygen to survive. A heart attack happens when the blood flow that carries oxygen to the heart muscle is severely reduced or cut off completely (see Heart Attack and its Symptoms pages 29-30). If you have had a cardiac catheterization please review pages 10-11.

This can be a frightening experience for you and your loved ones. Recovering from a heart attack may require you to make some changes in your life. Risk factors for coronary artery disease and cardiac education can be found on the following pages. As you leave the hospital, your cardiologist may caution you against some common activities while you are recovering from your heart attack.

Some Activities May Be Restricted after a Heart Attack. Ask your cardiologist about:

- Returning to work
- Driving a car / or heavy machinery
- Lifting heavy objects
- Pushing, pulling objects
- Returning to strenuous activity
- Playing sports
- Travel plans
- Sexual activity
- Yard work / snow shoveling
- Household chores

IT IS VERY IMPORTANT:

- Take your medications as directed.
- If you were prescribed an antiplatelet medication clopidogrel (Plavix), ticagrelor (Brilinta), prasugrel (Effient), do not stop taking unless directed by your cardiologist.
- Avoid strenuous activities including lifting, pushing or pulling objects until you are cleared your cardiologist.
- Weigh yourself daily, first thing in the morning after urinating and before you eat and record your weight in diary (found on page 37).
- Notify your cardiologist if weight gain is 2 or more pounds in a day or 5 pounds in a week.
- Your cardiologist wants to see you within 1-2 weeks after discharge. Check your After Visit Summary for your appointment. If none is present, please call for an appointment as soon as you get home.
- Place your procedure cards in your purse or wallet.
- Do not use recreational or illegal drugs of any kind.
- Do not smoke or use tobacco products, such as cigarettes, e-cigarettes, cigars and pipes. Stay away from second hand smoke. Talk to your cardiologist about resources to help you quit.
- Call your cardiologist with any questions.

WHEN TO CALL YOUR CARDIOLOGIST OR SEEK IMMEDIATE MEDICAL ATTENTION FOLLOWING A CARDIAC CATHETERIZATION AND/OR HEART ATTACK

- If you have fever, redness, drainage or warmth at incision site
- If you have increased bruising or swelling at incision site
- If you have unrelieved or increased incisional pain
- If you have difficulty breathing
- Persistent cough or trouble breathing when you lay down at night
- Increased swelling of feet or legs
- If you gain 2 pounds or more in one day and/or 5 pounds in one week (weight diary can be found on page 37)
- If you notice that your angina occurs more frequently, is more uncomfortable, lasts longer than usual or occurs at rest
- Fast or irregular heart beat (palpitations)
- If you have unusual fatigue
- If you are experiencing side effects from the medications
- To have prescriptions filled or re-filled
- To schedule a follow-up appointment with your cardiologist(s) within 1-2 weeks of your discharge
- If you need documentation to return to work
- If you are thinking about or planning to become pregnant
- If you feel depressed

Seek Immediate Medical Attention and Call 911, if you have:

- Chest pain or shortness of breath
- Dizziness, fainting, or weakness
- Arm or leg of insertion site that is painful, cold, appears blue or is numb
- Any unusual bleeding
- Blood in your urine
- Blood in your stool, black or tarry stool
- Stroke symptoms such as sudden numbness or weakness on one side of your face, arm, leg or sudden confusion, trouble speaking or vision changes
- Bruise or swelling at incision site increasing in size
- If there is any bleeding at site of incision, apply pressure and call 911

Call 911 if your angina is associated with any of the following symptoms: Nausea, shortness of breath not relieved with rest, vomiting, cold sweats, palpitations.

CARDIAC REHABILITATION PROGRAM

Before beginning any exercise program, it is important that you speak with your cardiologist. He/she may have specific guidelines for you to follow based on your current health status.

Getting involved in Cardiac Rehabilitation is an essential part of your treatment plan. We will help you with a referral to a program. The goal of Hoffman Heart's Cardiac Rehabilitation program is to provide guidelines for exercise and lifestyle changes that can reduce your risk of another cardiac event. A multidisciplinary team will teach you how to start an exercise program. You will also learn how to stop smoking, eat heart healthy, control your weight, and manage stress. Not only do you get expert monitoring during an exercise session from medically trained staff, you get the support from others that have similar heart problems.

Cardiac rehabilitation is recommended for people with heart disease, or with coronary risk factors such as:

- Smoking
- Hypertension (high blood pressure)
- Dyslipidemia (abnormal blood fats)
- Diabetes
- Overweight
- Family history of heart disease
- Lack of exercise
- Stressful lifestyle

The cardiac rehabilitation staff will assist you in the program to restore and promote an active, healthy way of life. If you have any further questions, please call us at 860-714-4538.

EXERCISE

Please speak with your cardiologist before starting an exercise program.

Exercise that is most beneficial to the heart involves movement of the whole body such as walking, swimming, rowing, biking, etc. These exercises use large muscle groups and should be performed 20-30 minutes daily for optimal benefits.

Regular Exercise:

- Helps the heart pump better
- Helps control weight and blood pressure
- Helps control blood sugar
- Helps handle stress better
- Helps manage lipid levels

Exercise Considerations/Precautions:

- Wear comfortable clothing and walking shoes
- Never hold your breath
- Do NOT exercise in extreme temperatures. Use an indoor facility instead
- You should be able to carry on a conversation while walking, without feeling breathless
- Remember to warm-up and cool-down for 3-5 minutes at a slower walking pace before and after exercise to prevent injury
- Walk on level surfaces and avoid treadmills until you begin your Cardiac Rehabilitation Program
- If at any time you feel any discomfort in neck, chest, jaw, back or arms or if you feel lightheaded or dizzy, STOP and REST. Discontinue exercise and report your symptoms to your cardiologist
- Cool down completely before taking a warm shower

If you have any questions feel free to contact the Cardiac Rehabilitation Program at Hoffman Heart and Vascular Institute of Connecticut at Saint Francis at 860-714-4538.

Sample Walking Program:

Always walk at your own pace and do what is comfortable for you. The following guidelines may help you get started.

	Frequency	Duration	Intensity
Week	(Daily)	(Min/Walk)	
1	1-2	10	Low Level
2	1-2	20	Low Level
3	1	30	Low Level
4	1	30-40	Low Level
5	1	30-40	Low Level

Helpful Reminder: Exercise at a low level. Report any problems to your cardiologist.

Stairs:

When you first get home, do not climb stairs unnecessarily. When you do, take them at a slow pace. Stop and rest if you tire. When using the handrail, do not pull yourself up with your arms. Use your legs.

Climb up the stairs stepping first onto your good leg and follow with your bad. Repeat for next stair. Good leg (without incision), bad leg (with incision).

Climb down the stairs, stepping first onto your bad leg and follow with your good leg. Repeat for next stair.

Remember: "Up with the good, down with the bad."

EAT MYPLATE WAY

Eat a healthy diet, making sure it is low in fat, salt and cholesterol. It is recommended to avoid caffeine and alcohol for the first few weeks following a cardiac surgery or cardiac event. After that, consumption should be cleared by your cardiologist.

Fruits:

Focus on fruits.

- Eat a variety of fruit
- Choose fresh, frozen, canned or dried fruit
- Go easy on fruit juices

Vegetables:

Vary your vegetables.

- Eat more dark green vegetables (patients on Coumadin, see page 27)
- Choose more colorful vegetables
- Eat more dry beans and peas

Grains:

Make at least half of your grains whole.

- Eat at least 3 ounces of whole grain bread, cereal, rice, or pasta everyday
- Look for the word “whole” before the grain name on the list of ingredients

Milk:

Get your calcium-rich foods.

- Go low-fat or fat-free

- If you can't consume milk, choose lactose-free products or other calcium sources

Meats & Beans:

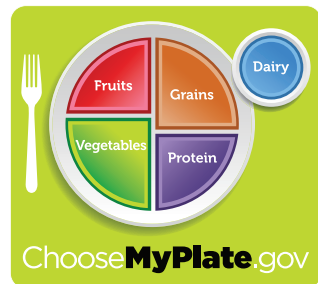
Go lean on protein.

- Choose low-fat or lean meats and poultry
- Bake it, broil it, or grill it
- Vary your choices with more fish, beans, peas, nuts, and seeds

Oils:

Know your fats.

- Make the most of your fat sources from fish, nuts and vegetable oils
- Limit solid fats like butter, stick margarine, shortening, and lard



Additional Resource:

www.heart.org/en/healthy-living/healthy-eating/eat-smart

SMOKING AND THE EFFECTS ON YOUR HEART AND VASCULAR SYSTEM

The chemicals in tobacco harm nearly every organ in the body including the heart, lungs, and blood vessels. Smoking is a major risk factor for heart and vascular disease.

Any amount of smoking, even light smoking or occasional smoking, damages the heart and blood vessels. If you smoke and already have heart disease, quitting smoking will reduce your risk of heart attack and death. Quitting smoking and avoiding secondhand smoke can help reverse heart and blood vessel damage and reduce heart disease risk.

Quitting smoking is possible, but it can be hard. Millions of people have quit smoking successfully and remained nonsmokers. A variety of strategies, programs, and medicines are available to help you quit smoking. These programs can help you recognize events, feelings or activities that increase your desire to smoke and help identify and build your coping skills to effectively stop smoking. Talk to your cardiologist about these options.

You can get support from hotlines and websites such as the Connecticut Quitline. To learn more, visit www.quitnow.net/connecticut or call 1-800-QUIT-NOW.

The Benefits of Quitting Tobacco Use:

- After one month you improve your circulation, cough less, and are less likely to be short of breath and fatigued.
- After one year your risk of heart disease is half that of someone who does smoke.
- After five to fifteen years, your risk of stroke decreases to that of a non-smoker, and your risk of lung disease and cancer decreases significantly.

For more information on programs available to help you quit smoking please call: 1-877-STFRANCIS (1-877-783-7262) or Integrative Medicine at Saint Francis 860-714-4450.

SEXUAL ACTIVITY

You can most likely resume sex as soon as you feel ready. Ask your cardiologist first as each individual may be different.

Usually both men and women may resume sex within a few weeks after a heart attack. Patients should be mindful to avoid sexual positions that cause discomfort or put undue stress on the cardiac catheterization incision site.

The cardiac effort used during sexual activity is no different than any other physical activity. Sexual activity uses about the same amount of energy it takes to climb 2 flights of stairs or walk briskly around a medium size block. Some medications do affect sexual performance.

Some medication including blood pressure medicines, water pills, tranquilizers, antidepressants and some medications used for chest pain or irregular heart beat can affect sexual drive and function. If you experience any of these symptoms, do not stop taking your medications and talk to your cardiologist.

Sildenafil (Viagra), tadalafil (Cialis) and vardenafil (Levitra) are medications used to treat erectile dysfunction. People with heart disease should talk to their cardiologists about the benefits and risks of using these medications. The use of nitrates and these medications should be avoided as combining the two drugs can cause abnormally low blood pressure that may be life threatening.

Heart disease does not only affect you, but your partner and family as well. It is extremely important to include your partner when discussing the resumption of sexual activity. Caring, understanding and communication are keys to recovery of the cardiac patient. Always discuss your feelings with your partner.

Helpful Hints When Resuming Sexual Activity:

- Be patient with yourself and avoid rushing into sex
- Don't expect too much at first.
- Choose a time when you're both rested and free from stress
- Wait two to three hours after eating a full meal before having sex
- Avoid consuming alcohol prior to sexual activity
- Initially you may find that engaging in sex in the morning when you are fully rested is best and as you get stronger you may choose any time of the day
- If you are thinking about or planning to become pregnant, be sure to consult your cardiologist

For more information on sex and heart disease, visit the American Heart Association's website www.heart.org and search sex and heart disease.

YOUR EMOTIONS

After your cardiac event you may experience many different emotions. You may feel angry, irritable, frightened, discouraged, and/or depressed. It is normal to have ups and downs.

After a cardiac event you need to take care of yourself physically and emotionally. There are some things you can do to help you cope.

Having a positive attitude helps with recovery. Spend time with family and friends. Share your feelings. Strong support is important at this time. Talking to family and friends can be of great comfort.

Get back into your routines as soon as you can.

Join a cardiac rehabilitation program. These programs not only offer exercise, but emotional support from staff and other patients. The program addresses stress and anger management. It provides social interaction.

Ask for help if you need it. You may have some degree of depression after a cardiac event. If you still feel depressed, talk with your cardiologist. By participating in counseling sessions and/or taking medications you can reduce your symptoms of depression.

A cardiac event is a life-altering experience. Your emotional health needs to be restored as much as your heart needs to heal.

For more information on depression and heart disease, visit the American Heart Association's website www.heart.org and search depression.

MEDICATION GUIDELINES

Before you leave the hospital, your cardiologist will prescribe medications for you to take at home. The nurse will give you a list of these medications, information about how they work and their side effects.

Take your medications as directed. This is one of the most important things you can do to improve and maintain your health. Fill your prescriptions promptly, and be careful not to miss a dose.

Talk with your cardiologist before taking other prescriptions, over-the-counter medications, vitamin supplements, herbal remedies, erectile dysfunction medications and non-steroidal anti-inflammatory drugs (NSAIDs). Some common NSAID medications include: ibuprofen (Advil, Motrin), naproxen (Aleve, Anaprox DS, Naprosyn) and celecoxib (Celebrex).






Talk with your cardiologist if you are thinking about or planning to become pregnant.

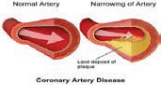





For Safe and Effective Use of Your Medications Remember the Following Guidelines:

- Take medication as directed
- If you were prescribed an antiplatelet clopidogrel (Plavix), ticagrelor (Brilinta), prasugrel (Effient), do not stop taking unless directed by your cardiologist
- Keep medications in separate labeled containers
- Take your pills at approximately the same time each day according to your schedule
- If you forget to take a pill, do not take two the next time. If you are unsure of what to do, call your cardiologist
- Carry a current list of your medications at all times
- If you begin having new problems or think something unusual is related to your medication, call your cardiologist. Do not change the dosage or stop taking your pills without your cardiologist's advice. They may be able to switch you to a different medication which achieves the same effect
- Avoid drinking grapefruit juice as it may interfere with your medications.

MyMEDS: Patient Medication Guide

This guide offers information about your medications, why you're taking them, and the most common side effects to look for. If you have any questions, feel free ask your nurses or cardiologist for help.

Medication Name Generic - (Brand)	Reason for Medication	Common Side Effects
<p><u>Anti-Platelet</u> Aspirin Clopidogrel - (Plavix®) Ticagrelor - (Brilinta®) Prasugrel - (Effient®)</p>	<ul style="list-style-type: none"> • Stops blood clots from forming • Keeps arteries, stents and grafts open 	<ul style="list-style-type: none"> • Upset Stomach • Bruising • Risk of bleeding ❖ Watch for dark or bright red stool
<p><u>Beta Blocker</u> Metoprolol - (Lopressor®, Toprol XL®) Atenolol - (Tenormin®) Labetalol - (Trandate®) Carvedilol - (Coreg®)</p> <p><u>Calcium Channel Blocker</u> Amlodipine - (Norvasc®) Diltiazem - (Cardizem®) Verapamil - (Calan®)</p>	<ul style="list-style-type: none"> • Lowers blood pressure and heart rate • <i>Diltiazem</i> controls irregular heart rate 	<ul style="list-style-type: none"> • Tired • Dizziness • Lightheaded • Weakness
<p><u>ACE Inhibitor</u> Lisinopril - (Prinivil®, Zestril®) Enalapril - (Vasotec®) Ramipril - (Altace®) Captopril - (Capoten®)</p> <p><u>ARB</u> Losartan - (Cozaar®) Valsartan - (Diovan®)</p>	<ul style="list-style-type: none"> • Lowers blood pressure • Improves heart function 	<ul style="list-style-type: none"> • Dizziness • Lightheaded • Dry Cough • Loss of taste
<p><u>Antiarrhythmic</u> Amiodarone - (Cordarone®, Pacerone®) Digoxin - (Digitek®) Sotalol - (Betapace®)</p>	<ul style="list-style-type: none"> • Treats heart rate/rhythm 	<ul style="list-style-type: none"> • Upset stomach • Headache • Sensitivity to the sun
<p><u>Diuretic</u> Furoseamide - (Lasix®) Torsemide - (Demadex®) Bumetanide - (Bumex®) Hydrochlorothiazide - (Microzide®) Metolazone - (Zaroxolyn®) Spironolactone - (Aldactone®)</p>	<ul style="list-style-type: none"> • Gets rid of extra body fluid 	<ul style="list-style-type: none"> • Thirst • Dry mouth • Increased urination • Muscle Cramps

Medication Name Generic - (Brand)	Reason for Medication	Common Side Effects
<p><u>Statin</u> Atorvastatin - (Lipitor®) Pravastatin - (Pravachol®) Rosuvastatin - (Crestor®) Simvastatin - (Zocor®)</p>	<ul style="list-style-type: none"> • Lowers bad cholesterol • Increases good cholesterol 	<ul style="list-style-type: none"> • Abdominal discomfort • Muscle cramps
<p><u>Electrolytes</u> Potassium Chloride - (K-Dur®, Klor-Con®) Magnesium Sulfate</p>	<ul style="list-style-type: none"> • Electrolytes support function of the heart, kidneys, muscles, nerves, and digestive system 	<ul style="list-style-type: none"> • Abdominal discomfort • Nausea/Vomiting • Diarrhea
<p><u>Anticoagulant</u> Warfarin - (Coumadin®) Dabigatran - (Pradaxa®) Rivaroxaban - (Xarelto®) Apixaban - (Eliquis®) Enoxaparin - (Lovenox®)</p>	<ul style="list-style-type: none"> • Thins blood • Breaks up clots 	<ul style="list-style-type: none"> • Bruising • Bleeding ❖ Watch for dark or bright red stool
<p><u>Acid Reducer</u> Omeprazole - (Prilosec®) Pantoprazole - (Protonix®) Lansoprazole - (Prevacid®) Esomeprazole - (Nexium®) Famotidine - (Pepcid®) Ranitidine - (Zantac®)</p>	<ul style="list-style-type: none"> • Treats heartburn or reflux • Protects from and heals stomach ulcers 	<ul style="list-style-type: none"> • Headache • Constipation • Diarrhea
<p><u>Pain</u> Oxycodone/Acetaminophen - (Percocet®) Hydrocodone/Acetaminophen - (Vicodin®) Tramadol - (Ultram®) Hydromorphone - (Dilaudid®) Oxycodone I.R. - (Roxicodone®) Oxycodone ER - (Oxycontin®) Morphine - (MSContin®) Butorphanol - (Stadol®)</p>	<ul style="list-style-type: none"> • Pain relief 	<ul style="list-style-type: none"> • Nausea/Vomiting • Constipation • Drowsiness • Dizziness
<p><u>Anti-Nausea</u> Ondansetron - (Zofran®) Promethazine - (Phenergan®) Prochlorperazine - (Compazine®) Metoclopramide - (Reglan®) Scopolamine Patch - (Transderm Scop®)</p>	<ul style="list-style-type: none"> • Nausea relief 	<ul style="list-style-type: none"> • Headache • Constipation • Drowsiness • Dizziness

Tips to Follow When Taking warfarin (Coumadin):

- Take the medication at the same time each day, preferably at night
- Go for blood test (INR) as directed, the results will determine your dose
- Many medications can interact with Warfarin, including antibiotics. Please let the doctor who manages your Warfarin know that you are taking antibiotics
- Do not take any other medications without checking with your cardiologist. This includes aspirin, vitamins, herbal supplements, dietary supplements and NSAIDs
- Tell your doctor, dentist and all healthcare providers that you take warfarin. It is also a good idea to carry a medical ID card or wear a medical-alert bracelet
- Use a soft toothbrush and an electric razor
- Keep your diet consistent

Vitamin K helps your blood clot. Eating foods that contain vitamin K can affect the way warfarin works. You don't need to avoid foods that contain vitamin K but you do need to keep the amount you eat steady (about the same day-to-day).

Examples of foods high in vitamin K are asparagus, avocado, broccoli, cabbage, kale, spinach, and some other leafy green vegetables. Oils, such as soybean, canola, and olive oils, are also high in vitamin K.

Below are some other foods and drinks that can affect the way warfarin works in your body:

- Grapefruit, grapefruit juice, cranberries, cranberry juice, fish oil supplements, garlic, ginger, licorice, and tumeric and other herbal supplements
- Herbs used in herbal teas
- Avoid alcohol. Alcohol can increase the effect of Warfarin in your body

For more information regarding Anticoagulants see page 26.

Nitroglycerin (Fast Acting):

Nitroglycerin is a medication used specifically for the treatment of angina. Nitroglycerin helps relieve angina by improving the balance between the oxygen needed and the oxygen delivered in the bloodstream to your heart.

You should keep these small pills in the brown glass bottle. Carry this bottle with you at all times, whether you are experiencing angina or not.

- If stored properly in the original brown glass bottle (away from heat, sunlight, and moisture) the medication is good for 6 months from opening. If they have never been opened, they are good until the expiration date.

At the first sign of angina, make sure you have access to a phone and your nitroglycerin pills. Stop what you are doing and sit or lie down. (Medication may make you dizzy.) Place one pill under your tongue, or between your lip and gum. Don't swallow or chew the tablet. It may produce a tingling or burning sensation while it dissolves. Do not eat, drink or smoke while the tablet is dissolving.

If the angina is not relieved after five minutes, call 911. You may repeat the dose two more times, five minutes apart.

Nitroglycerin is also available in an aerosol spray which is taken as a metered dose under your tongue.

Common side effects listed below - call your cardiologist with questions:

- headaches
- dizziness
- nausea
- flushing

HEART ATTACK

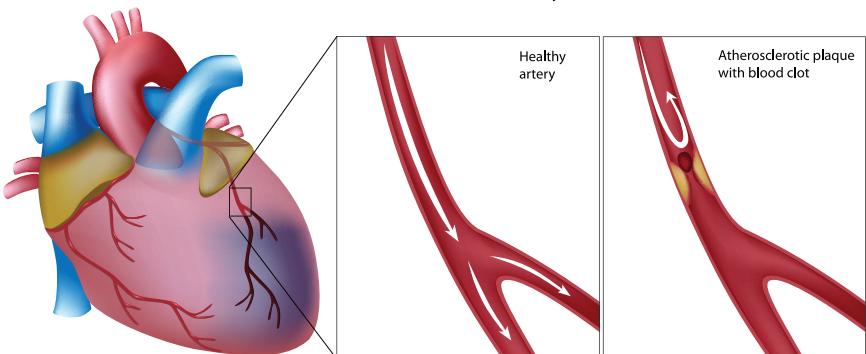
A heart attack occurs when there is a severe blockage in an artery that carries oxygen-enriched blood to the heart muscle. The sudden lack of blood flow and oxygen supply to the heart muscle can cause permanent damage. Having a heart attack may increase your risk for developing heart failure (see pages 34-35).

What Causes a Heart Attack?

- Plaque buildup inside the artery wall
- A blood clot – blood cells that stick to the plaque inside the artery wall
- Spasm – a coronary artery that temporarily constricts
- Stress cardiomyopathy – reversible left ventricular apical ballooning of heart (broken heart syndrome) caused by acute emotional stress

When your heart muscle does not get enough blood and oxygen, damage to the heart muscle can quickly happen. It is very important to get medical help as soon as you have signs of a heart attack. Treatment may decrease the amount of damage, but works best if given soon after symptoms occur.

Anatomy of a heart attack



SYMPTOMS OF A HEART ATTACK

Warning Signs:

- Burning, squeezing, heaviness, pain, pressure, fullness or tightness in the upper chest, upper abdomen, or throat
- Shortness of breath
- Indigestion
- Numbness; heaviness; tingling; aches or pains in the arms, shoulders, elbows or fingers, especially on the left side
- Choking sensation in the throat
- Pain in the jaw, gums, teeth or throat
- Pain between the shoulders
- Extreme fatigue
- Sweating (may be a cold, clammy sweat)
- Dizziness or fainting
- Rapid or irregular heartbeat
- Pale or grey-looking skin

Women Tend to Present Differently:

- Shortness of breath
- Cold sweats
- Weakness or unusual fatigue
- Pain high in the abdomen or chest, or in the back, neck, jaw

In weeks leading up to heart attack women may have symptoms of unusual fatigue, shortness of breath, anxiety, insomnia, and indigestion.

If you have symptoms of a heart attack – call 911.

RISK FACTORS FOR CORONARY ARTERY DISEASE

Risk factors are something that increase your chance of getting a disease. Below, you will find risk factors for coronary artery disease divided into two categories: non-modifiable (factors you cannot change) and modifiable (factors you can change).

A cardiac rehabilitation program is recommended for people with heart disease and with the following risk factors:

Non-Modifiable:

- Increasing age
- Family history of coronary artery disease
- Gender (male sex)
- Heredity

Modifiable:

- Tobacco use
- High blood pressure
- High blood cholesterol
- Obesity/Overweight
- Inactive lifestyle
- Poor diet and nutrition
- Diabetes
- Stress
- Metabolic syndrome

The good news is, the Hoffman Heart Cardiac Rehabilitation team can help you manage your health and well-being in order to reduce your risk factors for coronary artery disease. For more information, please call 860-714-4538.

For more information on risk factors, visit the American Heart Association's website www.heart.org and search coronary artery disease risk factors.

ANGINA

Angina is the symptom or discomfort that occurs when a certain area of your heart temporarily does not receive enough oxygenated blood.

Usually angina happens with increased stress or activity when the heart must work harder and needs more blood supply for energy. Partial blockages in the coronary arteries may cause decreased blood flow and oxygen to the heart. When the heart needs more oxygen than it receives, you may feel angina. This acts as a warning signal that tells you to stop what you are doing and rest. When the workload on your heart decreases, your angina may go away.

If you begin to experience angina at rest, or you have an increase in the intensity or frequency of angina episodes, call your cardiologist. Often a person's angina will feel the same each time and be brought on by the same level of activity.

Even if you have had coronary bypass surgery, or angioplasty, it is still possible to experience angina.

Call 911 if your angina is associated with any of the following symptoms: Nausea, shortness of breath not relieved with rest, vomiting, cold sweats, palpitations.

WHAT DOES ANGINA FEEL LIKE?

The locations and severity of discomfort differ among individuals. The most common sensations experienced as angina are as follow:

- Burning; squeezing; heaviness; pain; pressure fullness or tightness in the chest, upper abdomen or throat
- Shortness of breath
- Indigestion
- Numbness; heaviness; tingling; aches or pains in the arms, shoulders, elbows or fingers, especially on the left side
- Choking sensation in the throat
- Pain in the jaw, gums, teeth or throat
- Pain between the shoulders
- Extreme fatigue

Angina is not a heart attack and causes no permanent damage to the heart muscle. Symptoms usually will resolve with rest and/or nitroglycerin. However, if the character of your symptom changes and you are unsure what to do, contact your cardiologist.

Women's symptoms may also include:
pain or aching in the jaw, ear, shoulder, back, or abdomen.

CONGESTIVE HEART FAILURE

What is Heart Failure?

The heart is a muscle. It pumps oxygen-rich blood to all parts of the body. When you have heart failure, the heart cannot pump as well as it should. Blood and fluid may back up into the lungs, and some parts of the body do not get enough oxygen-rich blood to work normally. These problems lead to the symptoms you feel.

When you have heart failure, not enough blood leaves the heart with each beat. Ejection fraction is the percentage of blood that is pumped out of the ventricles with each heart beat. There are two types of heart failure. Both affect the ventricles' ability to pump blood. You may have one or both types.

1. **Systolic Heart Failure:** The heart muscle becomes weak and enlarged. It cannot pump enough blood forward when the ventricles contract. Ejection fraction is lower than normal.
2. **Diastolic Heart Failure:** The heart muscle becomes stiff. It does not relax normally between contractions, which keeps the ventricles from filling with blood. Ejection fraction is often in the normal range.

MONITORING FOR OR LIVING WITH HEART FAILURE

What You Can Do:

- Weigh yourself daily first thing in the morning after urinating and before you eat and record.
- Notify your cardiologist if weight gain is 2 or more pounds in a day or 5 pounds in a week.
- If you are short of breath, ankles are swollen, shoes are tight, or fatigued, call your cardiologist.
- Read food labels for sodium content.
- Maintain a low sodium diet 2,000 mg per day unless otherwise instructed by your physician.
- Watch your fluid intake follow instruction as prescribed by your cardiologist.
- Take your medications the same time every day.
- If you forget to take your medication, do not double your dosage the next time. Always call your cardiologist if you are unsure of what to do.
- Do not miss your cardiologist's appointment.
- Do not miss your lab tests that are needed to check your medications and condition.
- Being active is one of the best things you can do for your heart failure.
- Your cardiologist will tell you how much and what kind of exercise you can do. Start slowly and build up over time.
- Join a cardiac rehabilitation program.

Interested in a support group? Visit the American Heart Association's website www.heart.org and search support network.























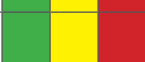



















DAILY WEIGHT DIARY

Following your Cardiac Medical Admission, you are at risk of developing congestive heart failure. Weighing yourself and tracking your symptoms is a great way to monitor this. Here are some things to remember:

- Weigh yourself on the same scale every morning. This should be done before breakfast, after urinating, and without clothes.
- Be sure your scale is on a hard surface (not on a rug).
- Call your cardiologist if your weight increases two pounds in a day, five pounds in a week, or if you are in the Yellow Zone.
- Call 911 if you are in the Red Zone.

Admission Weight _____ Date _____

Symptom Zones
GREEN ZONE – Great job! Keep it up!
<ul style="list-style-type: none">• No weight gain• No shortness of breath• No swelling in feet, ankles, legs, or stomach• No chest pain• Normal activity level• No redness, swelling, or drainage from incisions
YELLOW ZONE – Call your Cardiologist
<ul style="list-style-type: none">• Weight gain of two or more pounds in a day or five pounds in a week• New or worsening shortness of breath with activity or at night• New or worsening swelling in the feet, ankles, legs, or stomach• Increased dry cough• Dizziness lasting more than one minute• Feeling more tired, no energy, decrease in appetite• Unable to take medications as prescribed• Fever greater than 101°F• Redness, swelling, or drainage from incisions
RED ZONE – Call 911!
<ul style="list-style-type: none">• Struggling to breathe• Chest pain at rest• Feeling confused or can't think clearly

Day/Date	Weight	Zone	Day/Date	Weight	Zone
1			22		
2			23		
3			24		
4			25		
5			26		
6			27		
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