

A GUIDE FOR CARDIAC SURGERY
Your Road to a Healthy Recovery

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Your **Surgery** is scheduled for:

Your **Pre Admission Testing** and **Education** is scheduled for:

Please check in at the Heart Hospital Registration Desk in the North Lobby at your scheduled time for both your Pre Admission Testing and your surgery.

To view the Dr. Foy *Discharge Instructions* video visit:

www.eehealth.org/cardiac-surgery

For questions before or after surgery
please call the Cardiac Surgery
Coordinator:

Trina Powels, RN, BSN, CCRN
(630) 527-2843

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WELCOME

WELCOME

WELCOME TO EDWARD HOSPITAL

As you prepare for open heart surgery, it is natural to feel anxious and concerned about the procedure. Knowing what to expect, including what equipment will be used and its purpose, can help ease your anxiety and aid in your recovery.

The information in this binder will help guide you and your family through your surgical experience at Edward Hospital. Our doctors, nurses and other health care team members strive to provide you with the safest and best medical care possible. Please do not hesitate to ask a member of your health care team any questions before, during, and after your operation.

This education binder will also help you organize important information you will receive during your hospital stay. **Please bring the binder with you to the hospital on the day of your surgery and keep it in your room until you go home.** Please bring it with you any time you return to the hospital as well, so we can provide clear and consistent education along with excellent medical treatment.

This binder has information specific to your stay at Edward, as well as additional folders for the papers you will receive before and during your hospital stay. You will also find the **Krames** booklet “Living Well With Heart Disease”. This booklet is an important information tool regarding your lifestyle and risk factor management. Please read it when you can, preferably before surgery, and ask any questions you may have to any member of your health care team.

Remember, this is a guide. Your surgeon and their team may add to or change any of the recommendations. Always follow their instructions and ask questions if you do not understand something.

Also, a care coordinator will be available to you before surgery, while you’re in the hospital as well as after discharge to answer any questions you may have about your surgery or the recovery process. The Cardiac Surgery Care Coordinator at Edward can be reached between the hours of 9 a.m. - 5 p.m. Monday - Friday at 630-527-2843.

Your care coordinator will:

- Address any concerns you have prior to surgery
- Assess your needs at home after discharge
- Assist your care team in coordinating your discharge plan to home or a rehab facility
- Answer questions and direct you to specific resources within the hospital
- Act as your advocate throughout the course of treatment

EDWARD HEART HOSPITAL RESOURCES

Cardiac Administration	630-527-7228
Cardiac Rehabilitation	630-527-3388
Cardiac-Neuro ICU	630-527-7800
Cardiac Telemetry 8	630-527-3185
Class Registration	630-527-6363
Diabetes Center	630-527-3213
Education & Prevention Services	630-527-2758
Nurse Heartline	630-527-2825
Patient Advocate	630-527-7225
Test Scheduling Line	630-527-2800
Website	www.eehealth.org

ADDITIONAL RESOURCES

If you are having difficulty starting or maintaining changes to your lifestyle, or if you need extra help, please contact the following resources:

Edward Hospital Heartline

(630) 527-2825

www.edwardhearthospital.org

Edward Heart Coach

(630) 527-2825

One-on-one counseling session with a cardiovascular nurse educator who can help you overcome obstacles in getting active or losing weight, and establish a heart healthy eating program.

Edward Cardiac Rehab

(630) 527-3388

Exercise physiologists help to create an exercise program that includes Aerobic, Conditioning & Toning (ACT).

American Heart Association

(800) 242-8721

www.americanheart.org

www.deliciousdecisions.org

Weight Watchers

www.weightwatchers.com

Overeaters Anonymous (OA)

(505) 891-2664

www.iao.org

YOUR DOCTORS

Surgeon: _____

Primary Care Doctor: _____

Hospitalist: _____

Cardiologist: _____

Consultant: _____

Consultant: _____

Consultant: _____



EDWARD

801 South Washington Street
Naperville, IL 60540

Take a free, five-minute Health Aware test

Our assessments provide a quick analysis of your health and suggested next steps if you are found to be at risk. In just five minutes, you can gauge your risk of developing diseases or disorders that can weaken your health and affect your lifestyle.

1 Learn. Take the free, confidential assessment and learn if you are at risk.

2 Listen. If eligible, accept the free clinical screening where you'll learn what steps to take to improve your health.

3 Live Healthy Driven. Follow the clinical recommendations and visit your doctor for a longer, healthy-driven life.

Take an assessment today at EEHealth.org

HEART AWARE

Even seemingly healthy people can experience heart disease.

STROKE AWARE

Stroke is the leading cause of adult disability, regardless of age.

ANXIETY AWARE

More than 40 million adults in the U.S. are affected by anxiety disorders.

DEPRESSION AWARE

Depression interferes with everyday life, but the condition is treatable.

ADDICTION AWARE

Alcohol & drugs can take over your life, ruin relationships & damage your health.

DIABETES AWARE

Diabetes can lead to serious complications, like kidney failure, and premature death.

SLEEP AWARE

Snoring could be a sign of something serious - and potentially deadly.

BREAST AWARE

Detect breast cancer at its earliest, most treatable stage.

LUNG AWARE

Early detection of disease like COPD, can save lives.

COLON AWARE

Colon cancer can often be cured if found early.

Hospitalist Program

Rest assured that you are in very good hands while you are receiving care at Edward Hospital. Our hospitalists have partnered with your doctor and are committed to provide you with the highest quality inpatient care.

What is a Hospitalist?

Hospitalists are experts at treating people who are hospitalized - they are specialists with a unique knowledge of in-hospital medicine. Adult Hospitalists are Internal Medicine doctors and Pediatric Hospitalists are Pediatricians - both board-certified/eligible specialists in inpatient care. They spend their time in the hospital and are readily available 24/7. This specialized care means patients benefit from improved care and better outcomes.

Communication is Key

Communication - your inpatient care team relies on it to ensure you receive top-notch, coordinated care. Use of an electronic medical record (EMR) allows for two way communication. It enables your inpatient care team to review your health history, medications and any tests that have been performed prior to being hospitalized. EMR also helps us to communicate with your doctor about your stay.

Your Doctor, Our Partner

Your hospitalist actively communicates with your primary care doctor who is on staff at Edward Hospital. If your doctor is not on staff at Edward Hospital, they are welcome to notify our hospitalist directly to discuss your care plan. Once you are ready to go home, follow-up with your physician and any specialists as recommended. If you do not have a doctor we will be happy to assist you in selecting one.

Hospitalists are doctors that are Hospital Specialists.

[Meet the providers >](#)

Edward Medical Group Adult Hospitalists



Faisal Akbari, MD



Nazli Bavani, MD



Matthew Dunne, MD



Neal Ghelani, DO



Manju Joseph, MD



Durre Khalil, MD



John McAnelly, MD



Oana Olaru, MD



Tanya Pitroda, MD



Arun Ragothaman, MD



Ankur Singal, MD



Gokul Solai, MD



Pranav Tailor, MD



Ronald
Zimmermann, DO

Mid-Level Hospitalists



Christie Miller,
PA-C



Marie Monhardt,
APN

Edward Medical Group Pediatric Hospitalists



Ajitha Antony, MD



Galina
Artemyeva, MD



Vyta Ben Barak, MD



Vija Bublys, MD



Shreevidya Menon, DO

DuPage Medical Group Adult Hospitalists



Irina Domjan, MD



Lisa Dunning, MD



Reena Julka, MD



Leslie Delaza Mattson, MD



Joseph
Sutherland, MD



Charles
Yohannan, MD

Mid-Level Hospitalists



Katie Keeley, PA-C



PREPARING FOR YOUR SURGERY

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PREPARING FOR SURGERY

Pre-Admission Testing

Within two weeks of surgery you will receive a call from a Pre Admission Testing (PAT) nurse if you have not already. She will help you schedule the blood work and tests required for surgery. Although you may have had many of the blood tests done before, we may need them repeated within 7-10 days of surgery. You may also need a recent chest X-ray and an ultrasound of your carotid arteries. The PAT RN will also review your medications and health history.

Family and Discharge Planning

Plan to have someone with you most or all of the time at home for the first two weeks following your discharge. Rarely our patients may need physical rehabilitation after surgery. If you think you may need rehab you may want to decide on a facility prior to your surgery. For more information on rehab facilities, see the **Going Home** section.

Preparations before Surgery

Shower Prior to Surgery: You will need to shower with a special antibacterial soap. The day before surgery shower with the soap in the morning and in the evening. Wash all areas of your body with the soap except your face and genitals, concentrating on your chest and legs. Rinse and dry as usual with a clean towel. See insert on next page for more info.

Do Not Eat or Drink: Anything after midnight including water unless otherwise instructed. Leave all money, jewelry, valuables and medication at home but do bring a comfortable pair of pajamas or clothes. Remove all nail polish from fingers. Do not shave your chest but you may shave your face. Review the Open Heart Pre Surgical instructions given to you for specific times and further instruction. Please review them carefully and call us if you have any questions

Day of Surgery

Your surgery and arrival time will have been given to you by the pre-admission testing RN. You will park in the North garage and enter through the North entrance of the hospital. You will check in at the Heart Hospital registration desk. Once you are checked in you will be escorted to the holding area. You will have an IV started and your hair will be clipped in the area that will be operated on. If you have not done so already, you will be asked to sign consents for surgery, anesthesia and blood transfusion. If any further testing is necessary it will be done here.

Heart surgery does require the use of general anesthesia. You will meet your anesthesiologist prior to surgery who will discuss anesthesia, the side effects you may experience and answer all your questions related to anesthesia. Your operating room nurse and anesthesiologist will interview you and escort you to the operating room. Once you are taken to the operating room your family will be given a phone to keep them updated during the surgery. This phone works anywhere in the hospital but you cannot leave the hospital. Your family is welcome to wait anywhere within the Edward campus.

OPEN HEART PRE SURGICAL INSTRUCTIONS

Your Specific Medication Instructions: _____

- If you have not already, you will receive a call from the Pre Admission Testing nurse before your surgery. The nurse will ask you about your health history, confirm your medications and give you further instructions. If you need further testing prior to surgery the nurse will schedule it for you.
- When you arrive for surgery park in the North parking garage. Our free valet service is available after 7am. Arrive at the Heart Hospital Registration desk no later than: _____
- Please take a shower the evening before and the morning of surgery with Hibiclens soap. You can purchase this at your local drug store. Do not use the soap on your head, face, or genitals. Do not shave your chest or apply lotions to chest or legs.
- Nothing to eat or drink after midnight the night before surgery. You may have a little sip of water with your medications
- Bring your insurance card and a photo ID
- If you have one, bring a copy of your Living Will/Durable Power of Attorney. Please keep personal items to a minimum. Bring a set of comfortable clothes or pajamas.
- If you are not feeling well prior to surgery please call your surgeon or cardiologist.
- We realize this is a stressful time for you and your family. Please do not hesitate to call. Our team is here to meet your needs in every way we can. If you have any questions or concerns you can call our Pre Admission Testing department at (630) 646-8952 or the Cardiac Surgery Care Coordinator at (630) 527-2843 during regular business hours.

Bring With You:

- ✓ Photo I.D.
- ✓ Living Will/ Power of Attorney
- ✓ Insurance Information
- ✓ A set of comfortable clothes

PREPARING YOUR SKIN BEFORE YOUR PROCEDURE

Please follow your doctor’s instructions for the type of antibacterial liquid soap to buy.

Your Doctor will tell you to buy a liquid soap that contains either:

- Chlorhexidine Gluconate (CHG)
- Dial Gold Antibacterial Body Wash

You will need enough soap for THREE (3) antibacterial liquid soap treatments or about 10 ounces.

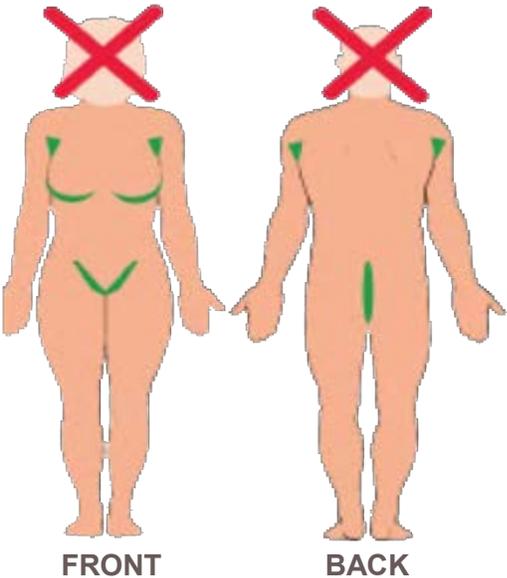
LIQUID SOAP BRAND	WHERE TO BUY
Hibiclens (CHG liquid soap)	Conveniently sold over the counter at Edward Employee Pharmacy located on the Naperville Edward Hospital Campus for approximately \$12 (8 ounce bottle).
Walgreens brand (CHG liquid soap)	Sold over the counter for \$11.99* (8-ounce bottle) at <u>Walgreens</u> 400 S Main Street, Naperville (corner of Washington & Main) **Prices may vary at independent Walgreens stores.
Dial Gold Antibacterial Body Wash (Antibacterial liquid soap)	Sold over the counter for approximately \$5 at following stores: Walgreens, Target, Jewel and Walmart.

PREPARATION SCHEDULE

ONE (1) week before procedure	<u>DO NOT</u> remove any body hair below the neck Face shaving is okay
TWO (2) days before procedure	Shower or bathe with liquid soap (CHG or Dial) two times the day before your procedure and one time the morning of your procedure for a total of 3 antibacterial liquid soap treatments. Please fill in the dates of your procedure and antibacterial liquid soap treatments: _____ Date of Procedure _____ Complete 1st Treatment _____ Complete 2nd Treatment _____ Complete 3rd Treatment
24 HOURS before procedure	<u>DO NOT</u> apply lotion, powder, or deodorant to your body

STEP-BY-STEP INSTRUCTIONS FOR CHG OR DIAL GOLD ANTIBACTERIAL SKIN TREATMENTS:

Please take a moment to read through this entire instruction sheet before you begin your antibacterial liquid soap treatments. We thank you for helping to prepare your skin for your procedure and reduce the risk of infection.

1	Wash your hair, face, and body with your normal shampoo/conditioner and soap. Rinse completely.
2	Step out of the shower/bath water. If you took a HOT shower/bath, allow your skin to cool down before using the liquid soap.
3	Pour a quarter-size amount of liquid soap onto a clean, wet washcloth.
4	<p>Use the soap-filled washcloth to clean your entire body from the neck down (see pictures below). Add more soap to the washcloth when needed.</p> <div style="display: flex; align-items: center;">  <div style="margin-left: 20px;"> <p>With the soap-filled washcloth, use a back-and-forth motion to rub the soap onto the skin.</p> <p>Clean your entire body including:</p> <ul style="list-style-type: none"> • Armpits • Under breast tissue • Between skin folds • And the “hair bearing areas” of groin and between buttocks <p>These areas have the most germs (bacteria). We want to reduce the bacteria to prevent infection.</p> <ul style="list-style-type: none"> • Do not use soap on your head, face, or private parts • Keep soap away from eyes, ears, and mouth </div> </div>
5	Let the soap stay on your skin for THREE (3) minutes . After THREE (3) minutes, rinse the soap off of your body.
6	Notify your Doctor right away if you have skin irritation such as redness, blistering, peeling, swelling, or a noticeable rash.
7	Repeat daily for a total of THREE (3) antibacterial liquid soap treatments. Please fill in the dates you completed your antibacterial liquid soap treatments on the front side of this sheet.
8	The morning of your procedure (after your bath) wear fresh, clean clothes.
9	At the hospital, your Nurse will ask you how many antibacterial soap treatments were completed. Please give this sheet to the Nurse.





DURING YOUR HOSPITAL STAY

DURING YOUR HOSPITAL STAY

WHAT TO EXPECT DURING YOUR HOSPITAL STAY

To help increase your comfort and demystify your healthcare experience, we have outlined a typical plan of care for open heart surgery patients. If you or your loved ones have questions about your treatment or what to expect during your hospital stay please feel free to talk with your nurse or a member of our staff and ask questions. As your care team personalizes your visit and treatment, your plan of care may vary from the following descriptions. In the following pages you will find information regarding the typical course of recovery during hospitalization.

CARDIAC AND NEURO INTENSIVE CARE UNIT

Your surgery will last approximately four to six hours. Your family will be notified once the surgery is completed and will be instructed on where to meet the surgeon. Once they meet with the surgeon it may still be a while before they can see you. Immediately after your surgery, you will be taken to the cardiac and neuro intensive care unit (CNICU) to recover, where a team of specially trained cardiothoracic nurses will take care of you. Their goal is to help you recover as quickly and safely as possible. Your surgeon, cardiologist, and members of the cardiothoracic anesthesia team will continue to follow your progress in the ICU.

The CNICU is located on the 6th floor of the heart hospital. Your nurses will let your family know when they can see you. The process of recovery can take 1-2 hours. While you are in intensive care your visitors will be limited to two immediate family members at a time. There may be a time when your nurse will restrict visitors to allow them to care for you. We recommend that non-immediate family/friends wait to visit until you are out of the ICU.

To help you breathe, an endotracheal tube (breathing tube) was inserted while you were asleep. This tube is connected to a respirator that assists your breathing. Because you will not be able to talk or swallow while this tube is in place, your nurse will anticipate your needs and ask you questions that require only a yes or no answer. Nod your head to say yes, and shake your head to say no. When you are fully awake and breathing on your own, the breathing tube will be removed, and you will be able to talk.

After surgery you will most likely have a large IV in your neck, chest tubes and a urine catheter. Once you are awake from anesthesia the nurses will work on removing the breathing tube. The rest of the tubes and IV's will likely come out in the next day or two. You will be started on liquids and soon thereafter solid foods. You will have one IV in your arm throughout your hospital stay. As soon as you are awake you will get into a chair and start your breathing exercises. Moving early and often is the key to a fast recovery. Doing your breathing exercises will prevent pneumonia and help to wean you off of the oxygen. Pain management is very important to be successful in all the above activities. Do not wait for pain medicines; let the staff know if you are uncomfortable.

After surgery, many people have a rise in their blood sugar level (even if they are not diabetic). Your care team will check your blood sugar frequently. Some patients may need insulin to correct blood sugar levels. This may be on a short-term basis or may continue when you go home. A diabetes expert will work with you to develop a treatment plan if necessary.

WHAT TO EXPECT WHEN YOU ARE TAKEN OFF A VENTILATOR

- Your team of medical professionals is highly trained to work with people who need help with their breathing
- A ventilator is used to assist with breathing so the body can rest during healing
- When the ventilator is helping you breathe, a special tube is used to ensure air can move in and out of your lungs – this may make communication difficult, but it is temporary.
- The medical team will constantly assess your ability to breathe on your own when you are on a ventilator.
- When your medical condition has improved enough to consider removal of the ventilator, the medical team will check your ability to breathe on your own.
- The removal process is called “weaning”, and is the first step towards being taken off of the ventilator.
- During the weaning process, you will be given the opportunity to breathe on your own. The breathing tube will remain in place during this time.
- When breathing on the ventilator, you will still be receiving oxygen and small amounts of help with each breath.
- The respiratory therapist may take some additional measurements or ask you to perform some simple breathing tests – this helps to see if you are ready to breathe on your own.
- Your medical team will watch you very closely during this process. Your breathing will be observed for 30-60 minutes.
- If you can breathe on your own, the breathing tube will be removed. The respiratory therapist will provide very easy, specific instructions during removal.
- You may feel the need to cough during and after the removal process. Coughing is very helpful to the healing process.
- Your throat may feel hoarse for short time after tube removal. This feeling is normal and should go away within a few days.
- Please ask if you have any questions.

CARDIAC TELEMETRY

When your surgeon and cardiologist agree you will move to the Cardiac Telemetry Unit (CTU). You will wear a portable heart monitor. If any tubes or wires remain they will be taken out prior to your discharge. The care team will make hourly rounds to ensure your safety and check your vital signs every four hours. You will be encouraged to become more active and participate in the first phase of cardiac rehabilitation. A physical therapist will discuss activity guidelines while you are in the hospital once when you are at home. Cardiac rehabilitation will help increase your mobility, improve your strength and endurance and teach you to monitor yourself during exercise. Your care team will teach you how to get out of bed without putting pressure on your sternum, provide assistance using the restroom and walking around the halls. You will also be encouraged to take meals outside of your bed and walk often. You will be encouraged to do your breathing exercises every hour. We will show you how to support your sternum (breastbone) and cushion your chest when coughing and deep breathing. For some time, you may not have much of an appetite and may be encouraged to eat small meals with high calorie and protein content. As you heal and your appetite improves, it will become more important to avoid excessive calorie intake and focus on making heart healthy choices.

Your pain management is of top priority. We expect that you will have mild pain at rest and moderate pain with activity or deep breathing. Talk to your nurse often about your pain management. While on CTU you will meet with the remainder of your treatment team if you have not already. Our Case Managers will discuss your discharge plan. Experts in physical therapy, occupational therapy and cardiac rehab will all discuss your discharge plans and activity. Our care coordinator will help you put it all together. We will ensure you have a contact for your questions or concerns before you go home.

RECOVERY PHASE

As you enter your recovery phase the role you and your family play is most important. You can help yourself by doing your coughing, deep breathing and incentive spirometer. You will need to continue to support your chest when coughing and deep breathing. Women should wear a bra at all times. You may take a shower when cleared by your surgeon, usually in the first week after surgery. You will be walking more and more and become more independent. Do not hesitate to take pain medicine to control discomfort. The keys to the success of your surgery and discharge are: progressive activity, continued breathing exercises, and eating.

We invite you to watch the educational videos provided on our TV system. This will help you feel more secure about going home. We will be working with you to plan your discharge. If you have any special needs or concerns about going home please let us know. By your fourth or fifth day after surgery you may be ready to go home. You will have to be cleared to go home by both your cardiologist and your surgeon, and any other consulting doctors that have followed you in the hospital. We will review your medications and give you prescriptions as needed. You may not go home on the same medicines you were on before surgery. You will be given contact numbers for who to call when you have a question. Know when and who you will have to follow up with after discharge. You may need to make doctor's appointments when you get home and some appointments may be made for you prior to discharge.

YOUR EMOTIONAL RECOVERY

It is a natural reaction during your recovery to feel down occasionally. It is common to become easily tearful. Feelings of fear, anger and sadness are very common. It is normal to worry that your body will not be the same or to have anxiety about the future. How you deal with these emotions is one of the most important parts of your recovery. Thinking positive thoughts will help you overcome difficult times and regain confidence.

There are a few things you can do to help with your emotional recovery:

1. Get dressed every day
2. Take a walk outside daily
3. When feeling up to it resume hobbies and social activities
4. Share your feelings with others
5. Visit with friends and family
6. If negative feelings do not improve let your doctor know. We have resources to help you.

Cardiac Neuro ICU

VISITING GUIDELINES

Welcome to the unit. Our number one priority is the safety and well-being of our patients. We encourage you to be our partners in care, but we also need your cooperation to ensure the best care possible. Please follow these guidelines for the benefit of your loved one and everyone on the unit.

Visitation

- At change of shift, the nurses participate in bedside report. This happens twice each day between 7–8 a.m. and 7–8 p.m. During this time, visitors will be limited to people with whom the patient has agreed to share protected health information. We ask that you avoid interrupting the nurses during this time as interruptions can lead to vital information being omitted. Please save your questions or write them down and will be addressed by the on-coming nurse.
- Only one adult visitor, 18 and older, may spend the night in the patient room. Visitors should not be sleeping in the unit waiting room. If overnight accommodations are needed for additional family members, please contact the Edward Concierge at x68551 for a list of area hotels that offer discounts.
- Visitors are limited to TWO people in the room at all times. Children may visit, but for very short periods of time, under constant adult supervision.
- Fresh flowers and latex balloons are not allowed on this unit.
- During medication administration, we ask that you refrain from interrupting your nurse. We are pleased to answer your questions when this important task is finished.

Neuro ICU Unit Waiting Room

- A volunteer will be available in the waiting area most days from 7:30 a.m. – 4 p.m. We encourage you to take breaks off the unit. When leaving the unit, please give your name and cell phone to the volunteer so you can be contacted if needed.
- We invite you to use our cafeteria, vending area or coffee shop to enjoy your meals. Eating in the waiting area is limited to simple refreshments (i.e. coffee, chips or breakfast bar). We ask your cooperation so we can keep this area clean and free of clutter so all visitors can enjoy the use of this space.

Patient Privacy

- Cell phones should be kept on vibrate and should only be used in the following locations:
 - Your assigned patient room
 - Unit waiting room
 - Lobby area next to the elevators at the entrance to the unit.

Please refrain from talking in the hallways or empty patient rooms or nurses' station

- You may be asked to leave the room during certain procedures or situations. During such times, we ask that you return to the waiting room or lobby area, and once the procedure is done you will be invited to return.
- Please use the call light if you have any questions or need assistance from the nursing staff.

Thank you for being part of the Cardiac Neuro ICU health care team.

PATIENT GUIDE

CARDIOVASCULAR SURGERY

What to expect during your open heart surgery stay at Edward Hospital

What to expect during your hospital stay.

To help increase your comfort and demystify your healthcare experience, we have outlined the typical plan of care for open heart surgery patients. If you or your loved ones have questions about your treatment or what to expect during your hospital stay, please feel free to talk with your nurse or a member of our staff and ask questions. As your care team personalizes your visit and treatment, your plan of care may vary from the descriptions on the next page.

Patient name

Surgeon

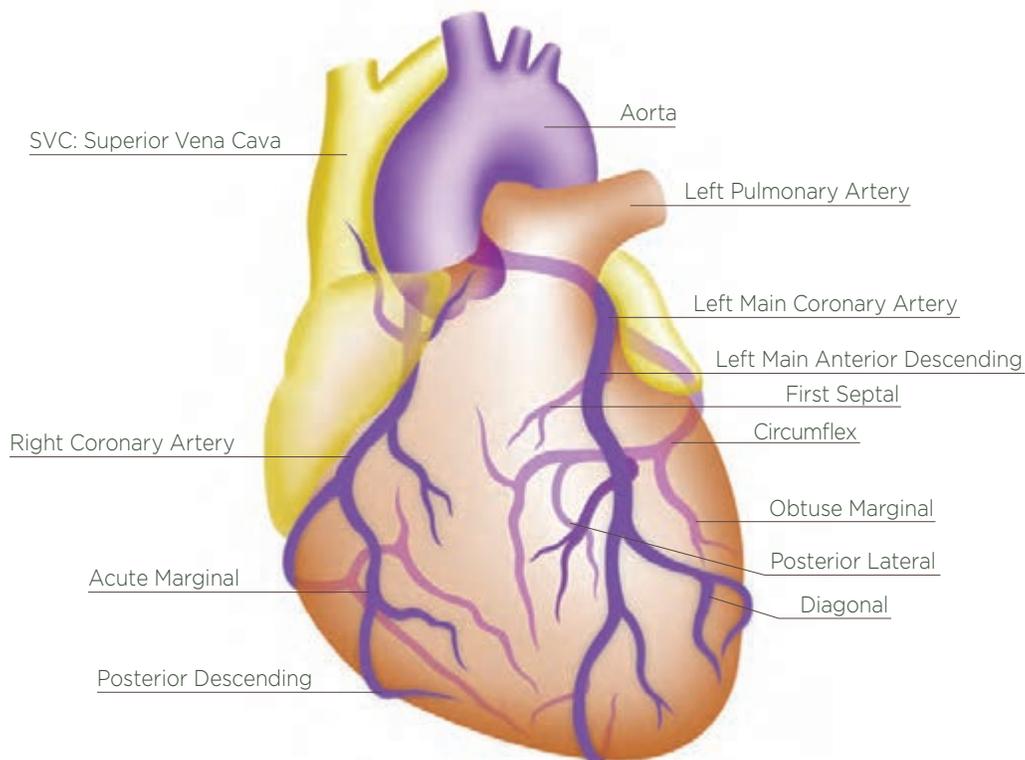
Primary physician

Date of surgery

Expectations at discharge

Cardiologist

ANATOMY OF THE HEART



Tests and Treatments		Diet	Activity	Medications and Comfort	Education and Discharge Instructions
Day of Surgery	<ul style="list-style-type: none"> Awaken in CCU with many tubes and IV lines present. May not remember most of the day. A breathing tube will be in place. You will not be able to talk when the tube is in place. Your breathing tube will be removed when it is safe and appropriate for your care. 	<ul style="list-style-type: none"> You will not be able to eat or drink with the breathing tube in place. 	<ul style="list-style-type: none"> Repositioned in your bed by your nurse. 	<ul style="list-style-type: none"> Close monitoring by nurses in the CCU area. Pain meds will be given through your IV. 	<ul style="list-style-type: none"> Nurses will continue to update visitors on expectations following surgery.
Day 1: after surgery	<ul style="list-style-type: none"> Some IV lines and tubes will be removed. You'll be wearing a heart monitor and oxygen. Nurse and respiratory therapist will encourage you to take deep breaths and cough. Wear oxygen support. Use breathing exerciser every hour when awake. 	<ul style="list-style-type: none"> You will start with a liquid diet and advance as tolerated. 	<ul style="list-style-type: none"> Sit up in chair with assistance. Walk with assistance in your room and in the halls. Start physical and occupational therapy. 	<ul style="list-style-type: none"> Ask nurse for pain medication. May be started on other meds, if needed. 	<ul style="list-style-type: none"> Start receiving instruction regarding medications. Begin receiving information regarding care of the incision and increase in activity.
Day 2: after surgery	<ul style="list-style-type: none"> Blood work (if ordered by your physician). Chest X-ray (if ordered by your physician). Continue to wear portable heart monitor. May need oxygen support. Continue to use breathing exerciser every hour when awake. Take deep breaths and cough. May transfer to Cardiac Telemetry Unit on the 8th floor. 	<ul style="list-style-type: none"> Low cholesterol, low sodium diet. 	<ul style="list-style-type: none"> Walk in halls with assistance 3 or 4 times Sit up in chair for all meals. Rest between activity. Continue physical and occupational therapy. 	<ul style="list-style-type: none"> Ask nurse for pain medication. May still need to be started on other medications. 	<ul style="list-style-type: none"> Nurse, Cardiac Rehab nurse and dietitian available for continued education. Discuss with family and nurse any needs you may have when discharged. Meet social worker and case manager to assist with your discharge needs.
Day 3: after surgery	<ul style="list-style-type: none"> Continue with portable heart monitor. Use breathing exerciser every hour while awake. Continue taking deep breaths. May need further blood work and chest X-ray. Capped IV line will remain until discharge. 	<ul style="list-style-type: none"> Low cholesterol, low sodium diet. 	<ul style="list-style-type: none"> Increase distance walking in hallway. Sit up in chair for all meals. Do as much for yourself as possible. 	<ul style="list-style-type: none"> Ask nurse for pain medication. 	<ul style="list-style-type: none"> Cardiac Rehab nurse will provide instruction to include care of the incision, exercise regimen and diet counseling. Continue to discuss with family and nurse your plan of care for at home.
Day 4: after surgery	<ul style="list-style-type: none"> Continue with portable heart monitor. Use breathing exerciser every hour while awake. Capped IV line will remain until discharge. 	<ul style="list-style-type: none"> Low cholesterol, low sodium diet. 	<ul style="list-style-type: none"> Increase distance walking in hallway. Stairs with assistance. 	<ul style="list-style-type: none"> Ask nurse for pain medication. We will begin to discuss your home medication regimen. 	<ul style="list-style-type: none"> Know when to call your physician. Your nurse and physician will discuss discharge instructions with you.
Day 5: after surgery	<ul style="list-style-type: none"> Continue with portable heart monitor. Use breathing exerciser every hour while awake. Shower with assistance. Capped IV line will remain until discharge. 	<ul style="list-style-type: none"> Low cholesterol, low sodium diet. 	<ul style="list-style-type: none"> Increase distance walking in hallway. Stairs with assistance. 	<ul style="list-style-type: none"> Ask nurse for pain medication. Your prescriptions may be electronic or paper and will be given to you on discharge. 	<ul style="list-style-type: none"> Know when to follow up with each of your physicians. Your nurse and physician will discuss discharge instructions with you. Know what symptoms to report and what activities you can do.

THE HEART TO HEART ~ DAY OF SURGERY

FOR YOUR FAMILY

- The first time you see your loved one can be overwhelming. They will have many tubes and IV's which is normal with open heart surgery. Do not hesitate to ask the nurse questions. These tubes and wires most likely will come out tomorrow.
- Today your family member may sleep most of the day. The breathing tube may or may not come out today. If it does not come out today it will probably come out in the morning.
- Visiting may be limited in the first 6-8 hours. While in the Cardiac ICU the nurses may ask you to step out at times. This is for the safety and privacy of your loved one.
- Please limit visitors to close family on the first day. Your family member will be under anesthesia for a good part of the day.
- Now is a good time to establish a family contact person who can update other family members. This will limit interruptions while your loved one is recovering.
- We expect your loved one to have mild but tolerable pain at rest. Pain management is a top priority for the nursing staff.

THE HEART TO HEART ~ FIRST DAY POST OP

PATIENT INFORMATION

- You have probably noticed you have several tubes and IV's including chest tubes, urine catheter and an IV in your neck. Most likely by the end of the day many of these tubes will be taken out.
- If you can tolerate drinking water you will be started on a clear liquid diet. By the evening you may be eating solid food.
- You may transfer out of ICU later today or tomorrow. You will go to the 8th floor in the Heart Hospital.
- Most likely you will be out of the bed and in the chair by the afternoon. Please call the nurse for your needs and do not attempt to get out of bed on your own.
- Your pain control is one of our top priorities. Talk to your nurse about your pain control plan.

WHAT YOU NEED TO DO

- Be in the chair for all your meals.
- Work hard on your Incentive Spirometer every hour. This prevents pneumonia.
- Stay on top of your pain, request pain medicine before your pain becomes intolerable.

YOUR HEALTHCARE TEAM

- Today you may meet your rehab team. This team consists of Physical Therapists, Occupational Therapists and Cardiac Rehab. You may also meet your Discharge Planner and Social Worker.

FOR YOUR FAMILY

- Encourage independence from your loved one. This will promote quick healing and strength rebuilding.
- Be an advocate for your loved one as she may still be groggy from anesthesia. Keep a list of questions for the doctors and nurses.

THE HEART TO HEART ~ POST OP DAY 2

PATIENT INFORMATION

- If your IV's and tubes were not taken out yesterday they will most likely be taken out today. You will be left with one IV in your arm for the rest of your hospital stay.
- You will most likely be taking solid foods by now. You will be on a Heart Healthy, low sodium diet. Talk to your nurse about your dietary restrictions. Only drink water when you are thirsty. If you drink too much you may become swollen.
- If you have not transferred to the 8th floor yet you likely will today. You should walk in the halls with the assistance of the nursing staff at least three times today.
- If your pain is not well controlled talk to your nurse. Your pain control is one of our top priorities.

WHAT YOU NEED TO DO

- Be in the chair for all your meals and walk in the halls at least three times today.
- Work hard on your Incentive Spirometer every hour. Set goals to increase the level you can achieve.
- Work with your nurse to ensure your pain is adequately controlled.

YOUR HEALTHCARE TEAM

- If you did not meet all of the members of your health care team yesterday you will today. The amount of people you meet may become overwhelming. All of the information you receive in these days will be in your discharge folder.

YOUR EMOTIONAL HEALTH

- Today you may feel down and discouraged. These feelings are common. If you need someone to talk to mention it to any member of your team.

THE HEART TO HEART ~ UNTIL DISCHARGE

PATIENT INFORMATION

- You may still have an IV in your arm. This will most likely remain until you go home. This can be used for different medicines you may need.
- You should be on a cardiac diet by now. You may not have the best appetite. Your appetite will improve each day.
- Drink when you are thirsty but do not push fluids. You can easily become swollen if you drink too much.
- Our goal is to get your pain at a tolerable level. It is normal to have mild to moderate pain with activity. Please talk to your nurse about pain management.

WHAT YOU NEED TO DO

- You should be increasing your activity each day. Continue to be in the chair with every meal and walk 3-4 times each day. Your walks should be increasing in distance.
- Do your Incentive Spirometer 10 times every hour while you are awake. This is very important to prevent pneumonia and help you to come off the oxygen.

YOUR HEALTHCARE TEAM

- By now you should have a discharge plan in place. Our Social Workers and Case Managers can assist you with questions or concerns regarding discharge. The Care Coordinator is also available to help with anything related to your recovery. You will continue to meet them often until your discharge.
- Your Nurses and Cardiac Rehab team will make sure you are well educated prior to discharge.

YOUR EMOTIONAL HEALTH

- You will have good days and bad days with emotional ups and downs. These feelings are very normal. You can speak to any member of your recovery team if you feel like you need more assistance.



GOING HOME

GOING HOME

GOING HOME

Once you are cleared by your doctors, your nurse will begin the discharge process. You will receive an After Visit Summary (AVS) that will detail your currently prescribed medications, any specific discharge instructions that may differ from our overall instructions, all of your necessary follow up appointments and your cardiac rehab schedule. Pay close attention to this document and ask questions if you have them. Refer back to the AVS when you are unsure about your medications or follow up appointments. Keep in mind your medications may have changed from those prior to surgery.

HOME HEALTH CARE

Your physician and hospital healthcare team members may determine that you will benefit from home healthcare. Edward Hospital has a home healthcare agency called Residential Home Health. The staff members planning your discharge will assist you with these arrangements. You may be referred to a different home health agency based on your insurance or location. Our case management team will help you choose a home health agency that is right for you.

Home health focuses on continuing care and education that was started during your hospitalization. This care can include: additional information about your medical condition and medications, monitoring your progress and reporting to your physician, and helping you regain your energy and strength.

The home care team is composed of many skilled clinicians. Depending on your needs, you may receive the services of registered nurses, physical, occupational and/or speech therapists, medical social workers or home health aides.

Most insurances and Medicare cover the cost of home healthcare services. It is always best to check with your insurance plan to see if your insurance covers these services.

DISCHARGE INSTRUCTIONS

On the next few pages you will find your discharge instructions. These instructions will outline your activity restrictions, walking guidelines, what is normal and when to call the doctor. We've provided you with a walking diary, follow up appointment guide and a medication schedule sheet. Please refer back to this section often when you have questions regarding your recovery. Keep in mind you can always call your surgeon's office or the care coordinator when there is something you are unsure of.

Home Care Instructions following **OPEN HEART SURGERY**

Activity:

- Do not lift anything over 10 pounds for 8 weeks
- Continue walking program and exercises attached
- Do not drive until your follow up appointment with your surgeon

What is normal?

- Fatigue with activity should lessen over time
- You will have good days and bad days, emotionally and physically
- Mild discomfort at the incision site and swelling in the leg used for the bypass are expected
elevate your legs while sitting

Special instructions:

- Drink if you are thirsty; do not push fluids
- You can shower 5 days after surgery. Wash the incision gently with soap and water. Use a clean wash cloth and towel with each shower. **Do not** use scented soaps or lotions. If you are unable to shower wash the incision site daily with soap and water
- Do not take a tub bath or swim in a pool until you are cleared by your surgeon to do so
- Continue to use your incentive spirometer while at home
- The steri strips on your incision will start to fall off. Please remove them completely 14 days after your surgery

When to call the doctor:

- Drainage, redness, swelling or new tenderness around your incision
- Chills, sweating or fever over 101
- Increased shortness of breath or fatigue
- Persistent dizziness, racing heart, or skipped heart beats
- Sudden weight gain (3 to 5 pounds over 2 to 3 days)
- Any nagging or uncomfortable feeling that is new and of concern to you

*The Care Coordinator is available for any non-emergency questions or concerns
Monday through Friday 8 AM-4 PM (630)527-2843*

WALKING PROGRAM

- If Physical Therapy says you should use a rolling walker:
 - ✚ Stay inside the walker and push it forward while you walk
 - ✚ The walker can help save your energy
- There will be a map given to you of the hospital floor. You will be able to keep track of how far you walk each time you are up and moving
- It is easier on your heart and your body if you warm up your muscles before exercise and cool down muscles after you exercise. Warm up your muscles with a slow walk for a couple minutes and then gradually increase your pace. Gradually decrease your walking pace for the last couple minutes of your walk to cool down your body. You may also perform stretching exercises demonstrated in the hospital during your cool down.
- Remember, safe exercise is comfortable. If exercise makes you feel extremely fatigued, then you have done too much and exceeded your safe limitations. Do not push yourself to extremes; it can be unsafe.
- If you were involved in an active exercise program prior to surgery, it is OK to advance beyond the above guidelines according to how your body feels.

A Guideline for Advancing Your Walks:

WEEK	1	2	3	4
Walks per day	3	3	3	2
Minutes walked	5 to 10	8 to 15	10 to 20	15-30

- Avoid walking outside on days of extreme temperatures.
- Remember controlled breathing while exercising; take slow, deep breaths and do not hold your breath.
- It is OK to use stairs. Take the stairs slowly and listen to what your body is telling you.
- It is important to balance activity with rest. After you have physically exerted yourself, follow the activity with short rest.
- It is important to use common sense as you are advancing activity. If you are feeling good one day and want to increase your amount of walking, go ahead. If you are more tired the next day and don't have as much energy, then take it a little easier that day. Remember, the goal is to continue to advance your exercise but listen to what your body is telling you.

Monitoring Vitals during your exercise and activity

- In addition to paying attention to how you feel during activity, you can use two different scales to monitor how hard you are working.
- It is important to make sure you are not working too hard; you want to exercise safely.

Modified Borg Dyspnea Scale (Shortness of Breath Scale)

- Use this scale to rate the difficulty of your breathing.
- As you would rate your pain from 0-10, you can rate your shortness of breath from 0-10
- 10 is feeling so short of breath you must sit or lay down; your breathing difficulty is maximal
- 0 is feeling no shortness of breath
- The goal is to stay below 7/10 with activity
- If you reach beyond 7/10, it is important to rest; stop activity and if you need to, sit down

How much difficulty is your breathing causing you right now?

0	No difficulty at all
1	Very slight
2	Slight
3	Moderate
4	Somewhat severe
5	Strong or hard breathing
6	
7	Very hard breathing
8	
9	Very, very severe
10	You need to stop

How to Breathe

- It is important to breathe the right way to help you pace yourself and make sure you are getting enough oxygen to your working muscles
 - ✓ Deep breaths in through your nose (like you are smelling flowers)
 - ✓ Purse your lips and blow out slowly (like you are blowing out birthday candles)

OPEN HEART DISCHARGE TO HOME CHECKLIST

- Walk 300 feet three times a day or more
- Walk up and down one flight of stairs
- Understand what you can and cannot do to help your sternum heal
- Understand your incentive spirometer and deep breathing exercises
- Understand how to take care of your incisions and how to shower
- Understand when your follow up appointments are and who you will need to make appointments with
- Have a Home Health nurse set up to visit you at home
- Understand your home activity instructions
- Know when and who to call with questions or concerns

Keep in mind this is a guide, each patient will have their own individual goals.

FOLLOW UP APPOINTMENTS

Primary Care Doctor: _____

- Within one week of discharge

Cardiologist: _____

- Within two weeks of discharge

Surgeon: _____

- Within 3-4 weeks of discharge

Cardiac Rehab: _____

- To be determined by your cardiologist; usually around 4 weeks.

Consulting MD: _____

- Reference your After Visit Summary

WHAT YOU SHOULD KNOW ABOUT TAKING YOUR MEDICATION

Medications have a great impact on the wellbeing of individuals in rehabilitation. Most patients follow a medication regimen prescribed by their physician. Lack of adhering to this regimen presents another risk factor for cardiovascular disease. Below are some general guidelines to follow for your medicines.

Have a Routine

- Do not stop taking any of your medications without first checking with your physician. Some medications require doses to be reduced gradually before being stopped completely.
- Do not take anyone else's medications, even if he/she has the same illness.
- Take your medications EVERY DAY as directed.
- Know what each medication is for and what it looks like.
- DO NOT skip medications, even if you are feeling better.
- NEVER take more medication than prescribed.
- DO NOT double up on medication if you miss a dose, unless told to do so by your doctor or nurse.
- Avoid nonprescription medications unless recommended by the doctor.

Keep Track

- Keep your medications in their original containers – do not mix pills.
- Keep your medications in a cool, dry place away from direct sunlight – avoid the bathrooms.
- Keep all medications out of the reach of children.
- Some medications lose their strength or may become dangerous after a few months. If your medication is 4-6 months old, ask your doctor if it is still safe to use and discard old medications by flushing them down the toilet.
- DO NOT run out of medications.
- Keep a list of your medications in your wallet or purse.
- Carry your medications with you when you travel or visit the doctor.

Report Anything Unusual to your Doctor or Nurse

- Cramps in legs
- Lightheadedness or dizziness
- Persistent dry cough
- Swelling of tongue or throat
- Blurred vision or yellowish-green halos around lights or objects
- Upset stomach
- Rapid or irregular heartbeat
- Rash

DISCHARGE MEDICATIONS *(continued)*

Medication	Dose	Frequency	8 am	10 am	Noon	2 pm	4 pm	6 pm	8 pm	10 pm



WHAT TO EXPECT AFTER HEART SURGERY



THE SOCIETY OF
THORACIC SURGEONS

This guide is presented as a service by The Society of Thoracic Surgeons to help answer questions patients and their families have about heart surgery. Always follow your doctor's specific instructions if they differ in any way from those listed here.

Each individual patient responds to surgery differently. You are unique! And recovery from each specific surgical procedure, whether a coronary artery bypass for clogged arteries or a valve repair/replacement for a narrow or leaky valve, is somewhat different as well. Despite these differences, however, some generalizations can be made.

IT'S NORMAL TO...

- Not have much appetite. It takes several weeks for your appetite to return. Many patients notice that their sense of taste is diminished or almost absent. It will return. Some patients even complain of nausea at the smell of food for a week or two after surgery.
- Have some swelling, especially if you have an incision in your leg. That leg will tend to swell more for some time. Elevating your legs will help. Wear your elastic TED hose if they were prescribed for you.
- Have difficulty sleeping at night. You may find it difficult to fall asleep, or you may find that you

wake up at 2 or 3 a.m. and cannot fall back to sleep. This will improve. Taking a pain pill before bed sometimes helps.

- Have problems with constipation. You may use a laxative of your choice. Add more fruits, fiber and juice in your diet.
- Have mood swings and feel depressed. You may have good days and bad days. Do not become discouraged. This will get better.
- Have a lump at the top of your incision. This will disappear with time.
- Notice an occasional clicking noise or sensation in your chest in the first days after surgery. This should occur less often with time and go away completely within the first couple of weeks. If it gets worse, call your surgeon.
- Experience muscle pain or tightness in your shoulders and upper back between your shoulder blades. This will get better with time. Your pain medicine will also help relieve this discomfort.

The material presented here was adapted from discharge instructions for heart surgery patients developed by the Barnes-Jewish Hospital CABG Patient Satisfaction Team in St. Louis, MO. Used with permission.

It takes four to six weeks to start feeling better. Remember to take all medication as prescribed by your doctor. If an artery in your chest, called the mammary artery, was used during your surgery, you may experience numbness to the left of your incision. This is normal. If you have steri-strips on your incision, you may remove any that have not already fallen off after one week. Follow the exercise program given to you by your physical therapist in the hospital.

CARE OF YOUR INCISION:

While in the hospital, follow your doctor's instructions. After discharge, most surgeons would agree that it is safe to wash your incisions daily (directly over the tapes) with mild soap and warm water. Avoid vigorous scrubbing. The tapes may even fall off on their own. Any remaining tapes can be removed seven days after discharge. You might go home with staples in your leg. The visiting nurse will remove the staples as ordered by your physician. Because incisions sunburn easily, be sure to protect them from overexposure to sunlight during the first year after surgery. The scar will pigment more (be darker) if exposed to the sun. Do not apply any lotions, creams, oils, or powders to your incisions unless prescribed by your cardiac surgeon.

Check your incisions daily. Notify your doctor if you notice any of the following:

- Increased tenderness of the incision line
- Increased redness or swelling around the edges of the incision line
- Any drainage from the incision line
- A persistent fever

CARE OF YOUR SURGICAL LEG:

If your surgery involved taking a bypass graft from your leg, follow these guidelines:

- Care for your leg incision as described above.
- Avoid crossing your legs because this impairs circulation.
- Avoid sitting in one position or standing for prolonged periods of time.
- Elevate your leg on a stool or coffee table when sitting. You can also lie on a couch and elevate your leg on the arm of the couch.

- Check your leg daily for swelling. The swelling should decrease when you elevate your leg, but it might recur when you stand. If you continue to have leg swelling or it becomes worse, notify your doctor.
- If elastic stockings (TED HOSE) were prescribed for you, wear the elastic stockings while you are up for at least two weeks after discharge. The stockings help decrease swelling, especially if you have a leg incision.
- Remove your stockings at bedtime. Wash the stockings with mild soap and water, and dry them on a line.

MEDICINES:

The doctor will give you prescriptions before you leave the hospital. It is important to have your insurance cards with you to help speed up the filling of your prescriptions. Take the medicine exactly as your doctor prescribes. Keep a current list of your medicines, dosages, and times to be taken in your wallet or purse. Do not take other medication without telling your doctor. Additional information about your medicines will be provided by your nurse or pharmacist before you are discharged.

SIDE EFFECTS:

It is important to understand that medicines can cause side effects. If you have any of the following side effects from medication, you should call your physician's office.

- Excessive nausea, diarrhea, constipation, or stomach pain
- Vomiting
- Dizzy or lightheaded when standing
- Confusion
- Tingling in hands and feet
- Extremely slow or fast pulse
- Skin rash
- Unusual bruising or bleeding

CARDIAC SURGERY DISCHARGE

SYMPTOMS

Bright red stool
Chest pain (angina-like) similar to pre-op
Chills or fever
Coughing up bright red blood
Fainting spells
Heart rate faster than 150 beats/minute with shortness of breath or new irregular heart rate
New onset of nausea, vomiting or diarrhea
Severe abdominal pain
Shortness of breath not relieved by rest
Sudden numbness or weakness in arms or leg
Sudden, severe headache

NEEDS IMMEDIATE ATTENTION
Go to the Local Emergency Room or Call 911

Acute gout flare-up
Elevated temperature more than 100.0 F or 38.0 C two times within 24 hours
Extreme fatigue
Pain in calf that becomes worse when pointing toe up to head
Persistent bleeding or oozing from incisions
Sharp pain when taking in deep breath
Skin rash
Urinary tract infection: frequent urination, burning with urination, urgency with urination, bloody urine
Weight gain of more than one to two pounds within 24 hours
Worsening ankle swelling or leg pain
Worsening shortness of breath

URGENT PROBLEMS
Call Local Doctor

CALL THE CLINICAL NURSE SPECIALIST/CASE MANAGER WITH QUESTIONS RELATED TO:

Helpful community services or agencies	Incisional care	Postoperative recovery
Discharge instructions	Home health care	Questions related to surgery
Draining or reddened wounds	Management of symptoms	

WHAT YOUR DOCTOR/NURSE MIGHT ASK IF YOU CALL:

How long have you had these symptoms?	What medications are you currently taking?
What was the date of your hospital discharge?	Does the visiting nurse come to see you?
Regarding incisional drainage: color of drainage, does it have an odor, how long has it been draining, is the drainage getting better or worse?	

ACTIVITY

Stop any activity immediately if you feel short of breath, notice irregular heart beats, feel faint or dizzy, or have chest pain. Rest until the symptoms subside. If they do not subside within 20 minutes, notify your doctor.

Showers: You can take showers after your pacing wires and staples are out. Avoid soaking in baths until your incisions are healed. Avoid extremely hot water.

Dress: Wear comfortable, loose fitting clothes that do not put undue pressure on your incisions.

Rest: You need a balance of rest and exercise for your recovery. Plan to rest between activities and to take short naps as necessary. Resting also includes sitting quietly for 20-30 minutes. Rest 30 minutes after meals before exercising.

Walking: This is one of the best forms of exercise because it increases circulation throughout the body and to the heart muscle. It is important to increase your activity gradually. Walk at your own pace. Stop and rest if you get tired. Each person progresses at a different rate after heart surgery. Physical therapists will provide you with an individual plan for exercise before your discharge. It is important to pace your activities throughout the day. Do not try to do too many things at one time. In poor weather, lower than 40 degrees or above 80 degrees, you can walk at indoor shopping malls. In cold weather, wear a scarf or mask around your mouth and nose.

Stairs: Unless your doctor tells you differently, you can climb stairs. 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.

Sexual: You can resume sexual relations when you feel comfortable. For many people this is about two to four weeks after discharge unless instructed differently by your doctor. Please ask your nurse for more detailed information, if needed.

Driving: You can ride as a passenger in a car at any time. Avoid driving, outdoor bicycling, or motorcycle

riding for six weeks after surgery. This time period is recommended to allow your breastbone (sternum) to heal. Your movements might also be limited and slow before the six weeks are up. When traveling, be sure to get out of the car every two hours and walk around for a few minutes.

Lifting: You should not put too much strain on your sternum while it is healing. Avoid lifting, pushing, or pulling anything heavier than 10 pounds for six weeks after surgery. This includes carrying children, groceries, suitcases, mowing the grass, vacuuming, and moving furniture. Don't hold your breath during any activity, especially when lifting anything or when using the rest room.

Work: Most patients will begin to feel like returning to light work six to 12 weeks after surgery. Check with your surgeon before returning to work.

Visitors: Limit your visitors for the first couple of weeks. If you get tired, excuse yourself and lie down. Your visitors will understand.

EXERCISE GUIDELINES:

Stop any exercise if you experience shortness of breath, dizziness, leg cramping, unusual fatigue, and/or chest pain (angina). Notify your doctor if these symptoms persist.

If your post-exercise pulse rate is more than 30 beats faster than your resting pulse rate you have exercised too hard.

In order to correct these conditions, you will need to modify your next exercise session.

PULSE ASSESSMENT:

Monitoring your pulse rate helps to keep your activities within a safe heart rate range. To take your pulse, place your index and middle fingers on the lower part of your thumb, then slide your fingers down to your wrist. If you do not feel the pulse, try moving your fingers over a little bit in the same area. Once you can

WHEN TO RESUME USUAL ACTIVITIES

FIRST 6 WEEKS	→	AFTER 6 WEEKS	→	AFTER 3 MONTHS
Light housekeeping (dusting, setting the table, washing dishes, folding clothes)		Continue activities of first six weeks (but you may be able to tolerate more).		Continue activities of one to three months (but you may be able to tolerate more).
Light gardening (potting plants, trimming flowers)		Return to work part-time if your job does not require lifting, and returning is approved by your surgeon		Heavy housework (scrubbing floors)
Needlework, reading		Heavy housework (vacuuming, sweeping, laundry)		Heavy gardening (shoveling snow, digging)
Cooking meals		Heavy gardening (mowing lawn, raking leaves)		Sports: football, soccer, softball, baseball, tennis, bowling, golfing, swimming, water skiing, skydiving, hunting
Climbing stairs		Ironing		Jogging, bicycling, weight-lifting, push-ups
Small mechanical jobs		Business or recreational travel		Motorcycle riding
Shopping		Fishing, boating		
Attending sports events, church, movies, and restaurants		Light aerobics (no weights)		
Passenger in car		Walking dog on leash		
Walking, treadmill, stationary bike		Driving a small car or truck		
Shampooing hair				
Playing cards/games				

Keep in mind that all of these activities need to be in the 10 pound weight limit or less until six weeks after surgery.

feel the pulse, count it for 15 seconds and multiply by four. This will tell you how many times your heart is beating in one minute. Your doctor or their nurse can help you find your pulse if you have difficulty.

CARDIAC REHABILITATION:

Cardiac rehabilitation is a way for people who have had bypass, valve replacement, transplant, or other cardiac surgical procedures to get going again. A team of physicians, nurses, exercise physiologists and nutritionists will help you feel well again by lead-

ing you through a rehab program designed to fit your needs. There are four phases of cardiac rehabilitation.

PHASE 1

Phase I begins early after a cardiac event, while you are still in the hospital. This phase usually includes light supervised exercise such as walking the halls and stair climbing. Additional education is provided by hospital nurses and physical therapists. You should ask the hospital staff about risk factors, diet, medication instruction, sexual activity, exercise and normal life at home.

PHASE II

Phase II is the early outpatient phase of cardiac rehabilitation. This phase usually requires a physician referral and involves telemetry monitoring. Entrance into the program is usually two to six weeks after discharge from the hospital. Most programs meet for one hour three or more times per week for 12 weeks. Phase II aims to return you to normal active life.

To goals of Phase II are:

- Improve functional capacity and endurance
- Provide education of lifestyle changes
- Reduce fear and anxiety about increased activity or exercise
- Assist in making optimal social and psychological adjustments

Education is a major emphasis in the Phase II program and is accomplished through individual or group instruction. Educational topics include:

- Medication review
- Lifestyle changes and goal setting
- Nutrition counseling with a registered dietitian
- Stress management
- Safe performance of activities including sexual activity, vocational and recreational pursuits

Your spouse or other family members are encouraged to attend the education sessions with you.

PHASE III

Phase III is a continuation of the Phase II program. As a general rule, Phase III programs include participants who were discharged from the hospital six to 14 weeks earlier. A physician may refer you directly into this program without Phase II participation.

The goals of Phase III are:

- Provide an ongoing exercise program
- Offer support necessary to make lifestyle changes
- Achieve the desired goal, such as, independent lifestyle or return to work
- Prevent progression of heart disease

The program offers monitoring of heart rhythm, rate and blood pressure before, during and after exercise. Records of your exercise routines are required. These routines generally occur three or more times per week.

PHASE IV

Phase IV is a wellness program for those who have completed any of the other phases. Phase IV is a means to continue working on improving lifestyle changes. You exercise three or more times per week with minimal staff supervision.

DIET:

Your doctor will probably recommend that you follow a low fat, no added-salt diet after discharge. This may reduce your risk of a heart attack in the future and your risk for requiring angioplasty or surgery again. You should try to have less than 30 percent of your calories from fat. Try to control your weight and eat less saturated fat and cholesterol.

The American Heart Association recommends that saturated fatty acid intake should be 8 to 10 percent of calories. Polyunsaturated fatty acid intake should be up to 10 percent of calories. Monounsaturated fatty acids make up the rest of the total fat intake, about 10 to 15 percent of total calories. Cholesterol intake should be less than 300 milligrams per day. Sodium intake should be no more than 2,400 milligrams (2.4 grams) per day.

Avoid adding salt in cooking or at the table. Begin making changes to your diet when your appetite returns to normal.

DAILY WEIGHT

- Weigh yourself at the same time each morning after you urinate but before you eat breakfast. Use the same scale every day.
- Keep a record of your daily weight.
- Notify your doctor if you gain two pounds or more overnight.

If you have questions following your surgery, please contact your doctor's office.

DEPRESSION

When you first learn you have heart disease, it's normal to feel sad or low. These feelings may get better as you learn more about your condition and how to manage it. But if they continue or interfere with your normal activities, you may be experiencing depression.

Depression can slow your recovery and actually increase your risk of future cardiac events. You may be less likely to follow your treatment plan if you're suffering from depression.

Over the past 2 weeks, have you been bothered by:

1. Little interest or pleasure in doing things?
2. Feeling down, depressed, or hopeless?

If you answered "yes" to either question, you may be depressed.

Tips

- Talk to your healthcare professional. Depression is a common medical condition, not a character flaw, and you shouldn't be afraid to talk about your feelings.
- Ask about treatment for depression. Treatment options include counseling, anti-depression, medicine, or a combination.
- Confide in someone you trust, such as a family member, friend or a clergy person. Those close to you may already know you're depressed and want to help.
- Be active. Regular physical activity helps release endorphins that make you feel better. Physically active adults have lower risk of depression and cognitive decline.
- Recognize that depression is part of your condition rather than feeling as though it's one more thing wrong with you. Consider recovering from depression to be part of your overall treatment plan.

Linden Oaks at Edward Help Line - Counselors are available 24/7, 365 days a year by calling (630) 305-5500. www.edward.org/lindenoaks

CASE MANAGEMENT TOOLS

Rarely our patients may need Acute or Subacute Rehabilitation after surgery. During your hospitalization you will meet our Case Management and Social Work team who will help you to understand your needs and recommendations. The following pages contain information on area facilities. Please reach out to your surgeon's office or the care coordinator if you have any questions regarding your care after surgery.

Choosing one of these 6 facilities ensures...

- A dedicated Nurse Practitioner or Facility-Based Physician will work hand in hand with your Edward Physician to coordinate your care
- That the Facility has met Edward Medical Group's quality standards and is regularly monitored by EMG
- Should your condition dictate that you visit the hospital again; your re-admission will be carefully coordinated by EMG, Edward Hospital and the Facility
- For current quality information on service provided: visit the Medicare website <https://data.medicare.gov>
If assistance is needed locating the information please contact the case manager or social worker



1136 North Mill Street
Naperville, IL 60563
P 630-355-3300
www.cnrcilc.com

AMENITIES

Private rooms, highly trained and developed clinical staff on site 24/7, On site ownership, expansive, cutting-edge therapy gym, flat screen TVs, free Wi-Fi, menu-driven fine dining, hair salon, outdoor patios, complementary laundry service, gift shop

PROGRAMS

Physician-driven advanced rehab programs including pulmonary, cardiac, wound and orthopedic, physical therapy, occupational therapy, speech therapy, and respiratory Therapy 7 days/week, On-site hemodialysis, respite care, palliative care and hospice care programs, focused patient and family care education, to ensure your successful transition home

CLINICAL SPECIALTIES

Daily/weekly rounds by physicians including primary care, cardiology, pulmonology, infectious disease, nephrologist, podiatrist, wound care, palliative care, physiatrist, psychiatry and psychologist, also a nurse practitioner on site 7 days/ week, physician driven advanced physical rehabilitation with modalities including E-Stim, ultrasound, Ditheramy, VitalStim, Omni VR, registered dietician, clinical nurse liaison, certified wound care nurse, dedicated post-acute nurse team



2308 N. Rt 59 Naperville, IL 60563
630-300-1200

www.thespringsatmonarchlanding.com

AMENITIES

All private suites with full bathrooms. Complimentary Wi-Fi, Cable TV, and direct phone lines. Dine any time with daily menu options and made-to-order breakfast, hair salon, outdoor patios, and complimentary laundry services. Care personalized for the individual by highly trained clinical staff, along with advanced therapy programs including the Biodex Free Step System

GENERAL PROGRAMS

Post-acute rehab, therapy services-7 days/week (physical, occupational, speech), skilled nursing, assisted living with memory care (secured), respite care, restorative care, palliative care, and hospice

CLINICAL SPECIALTIES

Full-time Edward Medical Group physician on site 5 days/week and on-call weekends. Other on site providers include cardiologist, psychiatrist, gerontologist, neuropsychologist, psychologist, dentist, podiatrist, registered dietician, certified wound care nurse, clinical nurse liaison, and licensed clinical social worker, speech therapy - VitalStim Therapy System certified physical therapy, certified neuromuscular electrical stimulation therapist, and occupational therapy, certified lymphedema therapist

AMENITIES

Private & semi-private rooms, Wi-Fi, internet café, iPads, direct phone lines, state-of-the-art therapy gym with Omni-VR, complimentary guest meal, coffee shop with Starbucks coffee, hair salon, outdoor patios, insurance contracts

GENERAL PROGRAMS

Skilled nursing, post-acute rehab, therapy service-7 day/week (physical, occupational, recreational & speech), respiratory therapy, respite care, comfort care, palliative care, hospice care, 24/7 direct admissions, nurse liaison program

CLINICAL SPECIALTIES

Nurse practitioner, cardiologist, gastroenterologist, gerontologist, infectious disease physician, nephrologist, neuropsychologist, physiatrist, podiatrist, psychiatrist, psychologist, pulmonologist, wound care physician, registered dietician



200 W. Martin Ave.
Naperville, IL 60540
P 630-355-4111

<http://www.hcr-manorcare.com/>
manorcare/NAPERVILLE



1400 Brookdale Road
 Naperville, IL 60563
 P 630-416-6565
 www.stpatrickresidence.org

AMENITIES

Private & semi-private rooms, satellite TV, Wi-Fi, direct phone lines, home cooked meals, coffee shop, complimentary daily happy hour, hair salon, gift shop, chapel with daily mass served by Carmelite Sisters

GENERAL PROGRAMS

Skilled nursing, post-acute rehab, therapy services (physical, occupational, & speech), memory care (Alzheimer/dementia), respite care, comfort care, palliative care, hospice care, restorative care program, Admissions 7day/week

CLINICAL SPECIALTIES

Nurse practitioner, gerontologist, primary care physician, neuropsychologist, psychiatrist, psychologist, wound Care physician, registered dietitian



1347 Crystal Avenue
 Naperville, IL 60563
 P 630-778-6677
 www.taborhills.com

AMENITIES

Private and semi-private rooms, Wi-Fi, direct phone line, state-of-the-art therapy gym, buffet-style dining with personalized table service, ice cream parlor, hair salon, complementary laundry service, therapeutic gardens

GENERAL PROGRAMS

Skilled nursing, post-acute rehab, therapy services; in-house & outpatient (physical, occupational, & speech), memory care (specialized mid-stage dementia unit), independent & supportive (affordable assisted) living, palliative care, hospice care

CLINICAL SPECIALTIES

Nurse practitioner, gerontologist, neuropsychologist, ophthalmologist, physiatrist, podiatrist, psychiatrist, psychologist, psychotherapist, wound care physician, dentist



720 Raymond Drive
 Naperville, IL 60563
 P:(630) 355-0220

AMENITIES

On-site ownership, private rooms, flat screen TVs, complimentary Wi-Fi, direct phone lines, state-of-the-art therapy gym, fine dining & menu options for each meal, ice cream parlor, hair salon, library, spacious common areas, outdoor patio and private gardening area

PROGRAMS

Physician driven post-acute care programs including, cardiac, pulmonary, wound care, nephrology, infectious disease, and palliative care, onsite hemodialysis, respite care, memory care, palliative care and hospice services are provided, physical therapy, occupational therapy, speech therapy, and restorative therapy - 7 days a week. All programs are under the direction of an Edward Medical Group physician and are closely monitored by our interdisciplinary team of clinical professionals including but not limited to, registered nurses, a registered dietitian, licensed clinical social worker and therapists

CLINICAL SPECIALTIES

Weekly Rounds include an Edward Medical Group physician along with a variety of primary care physicians and specialists including a board certified cardiologist, pulmonologist, wound care physician, infectious disease physician, nephrologist and a palliative care physician. On site nurse practitioner - 5 days a week. Other services available are psychiatry, dentistry, podiatry, ophthalmology, and a VitalStim Certified Speech Therapist

If you wish to speak with a liaison from any of the facilities listed above, please call your

Social Worker : _____

Phone: _____



Edward Hospital Acute Rehab Facility List:

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 Federal law requires Edward Hospital to provide patients who require post acute care a list of service providers. The inclusion or exclusion of any agency on this list does not imply endorsement by Edward Hospital and Health Services. This list is a resource guide only and not a recommendation of facilities.

Facility Name	Address	City	Phone	Additional Information
Marianjoy Rehab Hospital	26W171 Roosevelt Rd	Wheaton, IL 60187	P: 630-909-8882 F: 630-909-8888	Physiatrist consult required Liaison: 630 532-8610
Rush Copley Hospital	2000 Ogden Ave	Aurora, IL 60504	P: 630-978-6846 F: 630-898-6481	Physiatrist consult required
Adventist LaGrange Hospital (Connected with Marianjoy)	5101 Willow Springs Rd.	LaGrange, IL 60525	P: 708 245-5292 F: 708 245-4681	No physiatrist consult Admission by 11:30 am
St. Peter Cross Hospital	1200 Maple Rd	Joliet, IL 60432	P: 815 300-5971 F: 815 462-6918	No physiatrist consult required
Provena St. Joseph Hospital	333 N. Madison	Joliet, IL 60432	P: 815 773-7426 F: 815 773-7405	No physiatrist consult required
Alexian Brothers Hospital (Affiliated with RIC)	800 Biesterfeld Rd	Elk Grove Village, IL	P: 847 956-5422 F: 847 437-5991	No physiatrist consult required Bed Coord. 847 437-5500 est. 5422
Loyola Hospital Rehab Unit	2160 S. First Ave	Maywood, IL 60153	P: 708 216-0560	No physiatrist consult required Bed coord. 708 216-0560
Lutheran General Rehab Unit	1772 Dempster Ave	Park Ridge, IL	P: 847 723-8224 F: 847 723-8075	
Rehabilitation Institute of Chicago (RIC)	345 E. Superior	Chicago, IL 60611	P: 312 238-1369	No physiatrist consult required Bed Coord. 312 238-1112
Oak Park Hospital Rehab Unit	520 S. Maple Ave	Oak Park, IL 60304	P: 708 383-9300	No physiatrist consult required Liaison pager: 630 722-1661
Schwab Rehabilitation	1401 S. California Blvd	Chicago, IL 60608	P: 773 522-5854	Physiatrist consult required Referral line: 773-522-5895
Van Matre HealthSouth	950 S. Mulford Rd	Rockford, IL 61108	P: 815 381-8500 F: 815 484-0974	Referrals will be reviewed by physiatrist No physiatrist consult required
Vista Health System Rehab Unit	2615 Washington St	Waukegan, IL 60085	P: 847 360-2170	Referral line: 847 360-2765

Your physician has recommended home care. Edward Hospital is required by Medicare rules and regulations to provide patients who require post-hospital home health care with a list of available Medicare-certified home health agencies (including home medical equipment providers). A list of Medicare-certified home health care agencies appears below. All of the agencies on the list are licensed as a home health agency by the State of Illinois, able to provide services in the patient's residence, and have requested to be included on the list.

All patients have the freedom to choose the agency to provide the care and services recommended by the patient's physician. The inclusion or exclusion of any agency on the list, and our ability to provide further information on agencies that maintain Clinical Liaison Agreements with Edward Hospital but not other agencies, is not intended to limit this freedom of choice. **For current quality data on service provided visit the Medicare website <https://data.medicare.gov>** - if you need assistance in locating the information contact the case manager or social worker. For additional information about home health care services, you may contact the DuPage County Senior Services "Senior Unit" at (630) 407-6500 or 1-800-942-9412 or e-mail seniorsvcs@dupagecc.org.

Agency	Address	City	Zip	Phone	Fax	Medicare	Medicaid	Aenta Better Health	Illinicare	Psy RN	Wound care RN	Telehealth	Wound vacs	Vent care	Arrange DME	Peds services	Heart failure program	CABG program	Diabetic program	Pneumonia program	Other info	
Residential Home Health - Edward Hospital/Elmhurst Hospital's parent company has ownership interest in Residential Home Health	1431 Opus Place Suite 310	Downers Grove	60515	866-902-4000	866-903-4000	x	x			x		x	x	x	x	x	x	x	x	x	LVAD	
Abco Home Health, Inc	3201 N. Wilke Rd	Arlington Heights	60004	847-670-8424	847-890-6505	x		x	x				x		x							
Advent Home Health Services Inc.	15450 Summit Ave Ste:350	Oakbrook Terrace	60108	630-705-9093	630-705-9031	x	x	x	x	x		x	x	x	x	x	x	x	x	x	COPD/Pain MGMT	
AIM Home Health	3033 Ogden Ave Ste:221	Lisle	60532	630-946-6693	630-946-6775	x	x								x							
Amazing Care, Inc	4300 Commerce St Ste:300-5	Lisle	60532	630-364-1727	630-748-4679		x															
American Home Care Corp	1640 N Farnsworth Ave Ste: 3	Aurora	60505	630-236-3501	630-236-3505	x	x				x		x	x	x	x						
American Home Health Care and Nursing Services (DBA Great Lakes Caring)	11753 Southwest Highway	Palos Hts	60463	855-727-9111	855-727-7111	x	x	x	x	x		x	x	x	x	x	x	x	x	x		
Apex Home Health Care, Inc	2607 W. 22nd St Ste: 47	Oakbrook	60532	630-908-4830	630-908-9837	x				x					x							
Assure Home Healthcare, Inc	7620 Gross Point Rd	Skokie	60077	847-297-4444	847-297-4447	x	x								x							
Avesena Home Health	221 E. Lake St. Ste:108	Addison	60101	630-833-2486	630-833-2487	x		x														
Best Care Home Health, Inc	600 22nd St. Ste: 301	Oak Brook	60532	630-645-9600	630-645-1455	x	x															
Better Care Home Health	2860 S. River Rd Ste: 430	DesPlaines	60018	800-518-8943	800-518-8953	x	x								x							IV infusion, LVAD, HVAD, lach care
Call Home Health Care, Inc	4433 W. Touhy Ave Ste: 602	Lincolnwood	60712	847-963-8883	847-963-8886	x	x								x							
Care For Life	2250 Point Blvd Ste:115	Elgin	60123	847-214-3633	847-214-3634	x				x					x							
Corlan Home Health, Inc	415 W. Golf Rd Ste: 46	Arlington Heights	60005	847-593-0050	847-739-7172	x									x							
Crystal Home Health Care	625 Plainfield Rd Ste:226	Willowbrook	60527	630-887-1600	630-887-1616	x	x															
First Home Health Services Corp	290 Town Center Lane St: B1	Lincolnwood	60721	847-565-4150	847-565-4151	x				x					x							
Health at Home	2255 Monarch Dr.	Naperville	60563	630-300-1152	630-300-1154	x				x					x							
Healthquest Home Care	2800 E. Peron Ave Ste: 375	DesPlaines	60018	847-297-0137	847-297-0138	x	x	x	x	x					x							
Help at Home, Inc	701 Essington Rd. Ste:100	Joliet	60435	815-744-3344	815-725-9027		x	x														
Home Touch Healthcare, Inc	2015 US Highway 31 Ste:1	Oswego	60543	680-585-1457	630-585-1461	x				x					x							
Illinois Healthcare Service, Inc	8430 Gross Point Rd 1st floor room B	Skokie	60077	847-966-9962	847-966-9906	x				x					x							
News@Home Health Care	920 Essington Rd	Joliet	60435	815-744-4770	815-744-4755	x				x					x							see patients 12yrs and up
MJM Health Agency	211 Hammes Ave	Joliet	60453	815-725-7880	815-725-7889	x	x	x	x	x					x							

Agency	Address	City	Zip	Phone	Fax	Medicare	Medicaid	Aenta Better Health	Illinicare	Psy RN	Wound care RN	Telehealth	wound vacs	Vent care	Arrange DME	Peds services	Heart failure program	CABG program	Diabetic program	Pneumonia program	other info
Midwest Healthcare Providers Inc.	5200 Main St. Ste:200	Stoble	60077	847-679-4387	847-679-4437	X		X			X		X		X		X	X	X	X	
Northwestern Medicine Home Health and Hospice	690 E. North Ave	Carol Stream	60188	630-665-7000		X							X		X		X	X	X	X	
Nightingale Home Healthcare	920 N. York Rd Ste:300	Hinsdale	60521	866-344-7777	866-878-0094	X	X	X	X	X	X	X	X	X	X		X	X	X	X	
Northshore Home Health Care, Inc.	719 Gold Rd	Schaumburg	60173	847-490-1112	847-490-1113	X						X			X		X	X	X	X	
Omnihome Care	19416 S. 88th Ave	Mokena	60448	708-532-4466	708-532-4477	X					X	X	X	X	X		X	X	X	X	
Omnicare Home Health, Inc	13242 S. Rt 59 Ste:202	Plainfield	60585	630-972-2068	630-972-0669	X					X		X		X		X	X	X	X	
Peak Home Health: Newsome	920 Eslington Rd	Joliet	60453	815-744-4770	815-744-4755	X		X			X		X		X		X	X	X	X	
Platinum Healthcare Services	7330 N. Cicero Ave Ste:220	Lombard	60712	224-251-7930	773-306-0185	X	X						X		X		X	X	X	X	
Qualify Plus Care, Inc	7230 N. Cicero Ave Ste:104	Lincolnwood	60712	847-677-4100	847-677-4104	X	X	X	X		X		X		X		X	X	X	X	
Rainbow Healthcare	101 Royce Rd Ste:200	Bolingbrook	60402	630-759-9640	630-759-9654	X				X	X		X		X		X	X	X	X	
Resilience Home Health, Corp	75 Executive Dr. Ste:106	Aurora	60504	630-236-8800	630-236-8802	X				X	X		X		X		X	X	X	X	
Serenity Home Healthcare, Inc	6677 N. Lincoln Ave Ste:320	Lincolnwood	60712	773-588-4000	773-588-4005	X	X	X	X		X		X		X		X	X	X	X	IV infusion
Shov Health Care	5730 W. 159th St.	Oak Forest	60452	708-535-4300	708-535-7520	X	X	X	X	X	X		X		X		X	X	X	X	limited Peds services
Vital Wellness Home Health Inc	651 Arnesdale Dr. Ste:105	Naperville	60540	630-369-5450	630-369-6984	X					X	X	X		X		X	X	X	X	Palliative care
VNA Healthtrends	200 E. Howard St	DesPlaines	60645	847-803-0774	224-612-5817	X	X				X		X		X		X	X	X	X	

SUB-ACUTE REHAB/SKILLED NURSING FACILITY LISTING - BY CITY

Facility	Address	City	Zip	Phone	Medicare	Medicaid	APN on staff	Vents	Dialysis :on site	Secured Dementia	Psych Care
Alden of Waterford	2021 Randi Dr.	Aurora	60540	630 851-7266	x						
Aurora Rehabilitation	1601 N. Farnsworth Ave	Aurora	60505	630 898-1180	x	x				x	
Countryside Care Center	2330 W. Galena Blvd	Aurora	60506	630 896-4689	x	x				x	
Elmwood Terrace	1017 W. Galena Blvd	Aurora	60506	630 897-3105	x	x					
Jennings Terrace	275 S. Lasalle St	Aurora	60505	630 897-6947	x	x					
Provena McAuley Manor	400 W. Sullivan Rd	Aurora	60506	630 859-3700	x	x					
Meadowbrook Manor Bolingbrook	431 W. Remington Blvd	Bolingbrook	60440	630 759-1112	x	x		x	x	x	
Ballard Healthcare	9300 Ballard Rd	Des Plaines	60016	847 294-2300	x	x		x			
Oak Trace Health	250 Village Dr	Downers Grove	60516	630 769-6000	x	x				x	
Providence Healthcare	3450 Saratoga Ave	Downers Grove	60515	630 969-2900	x	x					
Elmwood Care Center	7733 W. Grand Ave	Elmwood Park	60707	708 452-9200							
Manor Care- Hinsdale	600 W. Ogden Ave	Hinsdale	60521	630 325-9630	x	x					
Symphony of Joliet	306 N. Larkin Ave	Joliet	60435	815 744-5560	x	x			x	x	x
Alden Estates of Naperville **	1525 Oxford Ln	Naperville	60565	630 983-0300	x	x				x	
Community Nursing and Rehab **	1136 N. Mill St	Naperville	60563	630 355-3300	x	x			x	x	
Manor Care- Naperville **	200 W. Martin Ave	Naperville	60540	630 355-4111	x	x					
Meadowbrook Manor Naperville **	720 Raymond Dr.	Naperville	60563	630 355-0220	x	x				x	
St. Patrick's Residence **	1400 Brookdale Rd	Naperville	60563	630 416-6565	x	x				x	
Tabor Hills **	1347 Crystal Ave	Naperville	60563	630 778-6677	x	x				x	
The Springs At Monarch Landing **	2308 N. Rt 59	Naperville	60563	630 300-1200	x					x	
Holly Family Villa	1220 S. Will -Cook Rd	Palos Park	60464	630 257-2291	x	x					
Lakewood Care Center	14716 E. Eastern	Plainfield	60544	815 436-3400	x	x					
Sandwich Nursing and Rehab	902 E Arnold St	Sandwich	60548	815 786-8409	x	x					
Willow Crest Nursing Pavilion	515 N. Main St	Sandwich	60548	815 786-8426	x	x					
Alden Estates of Shorewood	710 W. Black Rd	Shorewood	60404	815 230-8700	x	x					
Bria of Westmont	6501 S. Cass Ave	Westmont	60559	630 960-2026	x	x					x
Burgess Square	5801 S. Cass Ave	Westmont	60559	630 971-2645	x	x				x	
Manor Care Westmont	512 E. Ogden Ave	Westmont	60559	630 323-4400	x	x				x	x
DuPage Convalescent Center **	400 N. County Farm Rd	Wheaton	60187	630 665-6400	x	x		x		x	
Wheaton Care Center	1325 Manchester Rd	Wheaton	60187	630 668-2500	x	x					x
Wynscape Nursing and Rehab	2180 Manchester Rd	Wheaton	60178	630 665-4330	x	x					
Chateau Center	7050 Madison St	Willowbrook	60527	630 323-6380	x	x				x	
Hillside Rehab and Care Center	1308 Game Farm Rd	Yorkville	60560	630-563-2740	x	x					

**Indicates Edward Partnership facility

This information is provided as a courtesy by Edward-Elmhurst Health. The inclusion or exclusion of any agency on this list does not imply endorsement by Edward-Elmhurst Health. This is a resource guide--it is not a list of recommended facilities. You may contact the facility of your choice if you desire a tour. Access www.medicare.gov or call 1-888-MEDICARE for details of inspections. For consumer information you may call the Illinois Citizens for Better Care at 312-663-5120 or log onto the website for the Better Government Association at www.illinoiscare.org.

SUBACUTE REHAB/SKILLED NURSING FACILITY LISTING - BY FACILITY

This list is sorted by 		Facility	Address	City	Zip	Phone	Medicare	Medicaid	APN on staff	Vents	Dialysis :on site	Secured Dementia	Psych Care
		Alden Estates of Naperville **	1525 Oxford Ln	Naperville	60565	630 983-0300	X	X	X			X	
		Alden Estates of Shorewood	710 W. Black Rd	Shorewood	60404	815 230-8700	X						
		Alden of Waterford	2021 Randl Dr.	Aurora	60540	630 851-7266	X						
		Aurora Rehabilitation	1601 N. Farnsworth Ave	Aurora	60505	630 898-1180	X	X				X	
		Balard Healthcare	9300 Balard Rd	Des Plaines	60016	847 294-2300	X	X		X	X		
		Bria of Westmont	6501 S. Cass Ave	Westmont	60559	630 960-2026	X	X					X
		Burgess Square	5801 S. Cass Ave	Westmont	60559	630 971-2645	X	X				X	
		Chateau Center	7050 Madison St	Willowbrook	60527	630 323-6380	X	X				X	
		Community Nursing and Rehab **	1136 N. Mill St	Naperville	60563	630 355-3300	X	X	X		X	X	
		Countryside Care Center	2330 W. Galena Blvd	Aurora	60506	630 896-4689	X	X				X	
		DuPage Convalescent Center **	400 N. County Farm Rd	Wheaton	60187	630 665-6400	X	X	X			X	
		Elmwood Care Center	7733 W. Grand Ave	Elmwood Park	60707	708 452-9200							
		Elmwood Terrace	1017 W. Galena Blvd	Aurora	60506	630 897-3105	X	X					
		Hillside Rehab and Care Center	1308 Game Farm Rd	Yorkville	60560	630-553-2740	X	X					
		Holly Family Villa	1220 S. Will -Cook Rd	Palos Park	60464	630 257-2291	X	X					
		Jennings Terrace	275 S. Lasalle St	Aurora	60505	630 897-6947	X	X					
		Lakewood Care Center	14716 E. Eastern	Plainfield	60544	815 436-3400	X	X					
		Manor Care- Hinsdale	600 W. Ogden Ave	Hinsdale	60521	630 325-9630	X	X					
		Manor Care- Naperville **	200 W. Martin Ave	Naperville	60540	630 355-4111	X	X	X				
		Manor Care Westmont	512 E. Ogden Ave	Westmont	60559	630 323-4400	X	X				X	X
		Meadowbrook Manor Bolingbrook	431 W. Remington Blvd	Bolingbrook	60440	630 759-1112	X	X			X	X	
		Meadowbrook Manor Naperville **	720 Raymond Dr.	Naperville	60563	630 355-0220	X	X				X	
		Oak Trace Health	250 Village Dr	Downers Grove	60516	630 769-6000	X	X				X	
		Provena McAuley Manor	400 W. Sullivan Rd	Aurora	60506	630 859-3700	X	X					
		Providence Healthcare	3450 Saratoga Ave	Downers Grove	60515	630 969-2900	X	X					
		Sandwich Nursing and Rehab	902 E Arnold St	Sandwich	60548	815 786-8409	X	X					
		St. Patrick's Residence **	1400 Brookdale Rd	Naperville	60563	630 416-6565	X	X	X			X	
		Symphony of Joliet	306 N. Larkin Ave	Joliet	60435	815 744-5560	X	X			X	X	X
		Tabor Hills **	1347 Crystal Ave	Naperville	60563	630 778-6677	X	X	X			X	
		The Springs At Monarch Landing **	2308 N. Rt 59	Naperville	60563	630 300-1200	X					X	
		Wheaton Care Center	1325 Manchester Rd	Wheaton	60187	630 668-2500	X	X					X
		Willow Crest Nursing Pavilion	515 N. Main St	Sandwich	60548	815 786-8426	X	X					
		Wynscape Nursing and Rehab	2180 Manchester Rd	Wheaton	60178	630 665-4330	X						

**Indicates Edward Partnership facility

This information is provided as a courtesy by Edward-Elmhurst Health. The inclusion or exclusion of any agency on this list does not imply endorsement by Edward-Elmhurst Health. This is a resource guide--it is not a list of recommended facilities. You may contact the facility of your choice if you desire a tour. Access www.medicare.gov or call 1-888-MEDICARE for details of inspections. For consumer information you may call the Illinois Citizens for Better Care at 312-663-5120 or log onto the website for the Better Government Association at www.illinoiscare.org.



Care to Live Better

residential
home health

Market-Leader of Home Nursing & Therapy Services

Residential Home Health's Clinical Team Includes:

- + Registered Nurses
- + Physical and Occupational Therapists
- + Speech Language Pathologists
- + Telehealth Nurses
- + Medical Social Workers
- + Certified Home Health Aides

Residential's Innovative Clinical Programs

CHAMP CHAMP stands for Cardiopulmonary Hospital Admit Management Program and incorporates Philips telehealth, cardiac rehab, and behavior modification to prevent hospital readmissions.

Joint Replacement Home Therapy Orthopedic therapy program helps patients recover faster after surgery

StepWise Fall awareness and prevention program increases independence and safety by improving mobility, balance, and strength.

MindCare Dementia care program increases patient participation in everyday activities and reduces caregiver stress.

LSVT® BIG & LOUD Intensive therapy programs help patients with Parkinson's and other neurological disorders walk and talk to their fullest potential.

Residential's Industry-Leading Technology

Electronic Medical Records & Physician Portal Residential uses electronic medical records ensuring efficient and immediate communication with the patient's care team. Through the physician portal, physicians can access the patient's electronic medical record and electronically send new referrals, review and approve all orders, and access billing information.

Philips Telehealth Residential nurses remotely monitor the patient's vital signs and evaluate short surveys about the patient's health status helping prevent unnecessary hospitalizations.

HemoSense PT/INR Monitor HemoSense PT/INR monitors provide Residential nurses with instant and accurate results to ensure proper dosing of Coumadin and other anticoagulants.

Solaris Light Therapy Residential therapists use Solaris Light Therapy to alleviate pain and inflammation caused by soft-tissue injuries.

Medicare covers 100% of services for eligible patients

Call a Home Care Specialist today at
866-902-4000 to find out how Residential Home Health

can provide the Care to Live Better

(866) 902-4000
fax (866) 903-4000
www.residentialhomehealth.com

WEDNESDAY WISHES: Advance Directives

We plan for weddings, childbirth, college and retirement but most of us never take the time to communicate our end-of-life wishes with our families. During a crisis or critical illness the burden of these decisions weighs heavily on our loved ones. Advance Directives are legal documents that speak for you when you cannot speak for yourself. These decisions are best made before being faced with a life-threatening illness or injury.

Wednesday Wishes is a complimentary program offered at Edward-Elmhurst Health's Naperville Campus one Wednesday per month. Meet one-on-one with a member of the Palliative Care Team who will be able to answer questions regarding Advance Directives.

They are also able to:

- Assist you in completing a Power of Attorney for Health Care
- Witness your document
- Make copies for your file

For additional information on Advance Directives please visit:

<http://www.edward.org/advancedirective>

Upcoming **Wednesday Wishes** dates:

- ALWAYS the second Wednesday of each month

Registration is required for these 1 hour sessions.

You may register online at www.healthydriven.com/wellness-events or by calling Edward-Elmhurst Health Class Registration 630-527-6363

**NOTICE TO THE INDIVIDUAL SIGNING THE ILLINOIS
STATUTORY SHORT FORM POWER OF ATTORNEY FOR HEALTH CARE**

PLEASE READ THIS NOTICE CAREFULLY. The form that you will be signing is a legal document. It is governed by the Illinois Power of Attorney Act. If there is anything about this form that you do not understand, you should ask a lawyer to explain it to you.

The purpose of this Power of Attorney is to give your designated “agent” broad powers to make health care decisions for you, including the power to require, consent to, or withdraw treatment for any physical or mental condition, and to admit you or discharge you from any hospital, home, or other institution. You may name successor agents under this form, but you may not name co-agents.

This form does not impose a duty upon your agent to make such health care decisions, so it is important that you select an agent who will agree to do this for you and who will make those decisions as you would wish. It is also important to select an agent whom you trust, since you are giving that agent control over your medical decision-making, including end-of-life decisions. Any agent who does act for you has a duty to act in good faith for your benefit and to use due care, competence, and diligence. He or she must also act in accordance with the law and with the statements in this form. Your agent must keep a record of all significant actions taken as your agent.

Unless you specifically limit the period of time that this Power of Attorney will be in effect, your agent may exercise the powers given to him or her throughout your lifetime, even after you become disabled. A court, however, can take away the powers of your agent if it finds that the agent is not acting properly. You may also revoke this Power of Attorney if you wish.

The Powers you give your agent, your right to revoke those powers, and the penalties for violating the law are explained more fully in Sections 4-5, 4-6, and 4-10(c) of the Illinois Power of Attorney Act. This form is a part of that law. The “**NOTE**” paragraphs throughout this form are instructions.

You are not required to sign this Power of Attorney, but it will not take effect without your signature. You should not sign it if you do not understand everything in it, and what your agent will be able to do if you do sign it.

Please put your initials on the following line indicating that you have read this Notice:

(Principal’s initials)

**ILLINOIS STATUTORY SHORT FORM
POWER OF ATTORNEY FOR HEALTH CARE**

1. I, _____,
(insert name and address of principal)

hereby revoke all prior powers of attorney for health care executed by me and appoint:

(insert name and address of agent)

(NOTE: You may not name co-agents using this form.)

as my attorney-in-fact (my “agent”) to act for me and in my name (in any way I could act in person) to make any and all decisions for me concerning my personal care, medical treatment, hospitalization and health care and to require, withhold or withdraw any type of medical treatment or procedure, even though my death may ensue.

- A. My agent shall have the same access to my medical records that I have, including the right to disclose the contents to others.
- B. Effective upon my death, my agent has the full power to make an anatomical gift of the following:

(NOTE: Initial one. In the event none of the options are initialed, then it shall be concluded that you do not wish to grant your agent any such authority.)

_____ Any organs, tissues, or eyes suitable for transplantation or used for research or education.

_____ Specific Organs: _____

_____ I do not grant my agent authority to make any anatomical gifts.

- C. My agent shall also have full power to authorize an autopsy and direct the disposition of my remains. I intend for this power of attorney to be in substantial compliance with Section 10 of the Disposition of Remains Act. All decisions made by my agent with respect to the disposition of my remains, including cremation, shall be binding. I hereby direct any cemetery organization, business operating a crematory or columbarium or both, funeral director or embalmer, or funeral establishment who receives a copy of this document to act under it.

- D. I intend for the person named as my agent to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records, including records or communications governed by the Mental Health and Developmental Disabilities Confidentiality Act. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and regulations thereunder. I intend for the person named as my agent to serve as my “personal representative” as that term is defined under HIPAA and regulations thereunder.
- (i) The person named as my agent shall have the power to authorize the release of information governed by HIPAA to third parties.
 - (ii) I authorize any physician, health care professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered health care provider, any insurance company and the Medical Informational Bureau, Inc., or any other health care clearinghouse that has provided treatment or services to me, or that has paid for or is seeking payment for me for such services to give, disclose, and release to the person named as my agent, without restriction, all of my individually identifiable health information and medical records, regarding any past, present, or future medical or mental health condition, including all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, drug or alcohol abuse, and mental illness (including records or communications governed by the Mental Health and Developmental Disabilities Confidentiality Act).
 - (iii) The authority given to the person named as my agent shall supersede any prior agreement that I may have with my health care providers to restrict access to, or disclosure of, my individually identifiable health information. The authority given to the person named as my agent has no expiration date and shall expire only in the event that I revoke the authority in writing and deliver it to my health care provider.

(NOTE: The above grant of power is intended to be as broad as possible so that your agent will have the authority to make any decision you could make to obtain or terminate any type of health care, including withdrawal of food and water and other life-sustaining measures, if your agent believes such action would be consistent with your intent and desires. If you wish to limit the scope of your agent’s powers or prescribe special rules or limit the power to make an anatomical gift, authorize autopsy or dispose of remains, you may do so in the following paragraphs.)

2. The powers granted above shall not include the following powers or shall be subject to the following rules or limitations:

(NOTE: Here you may include any specific limitations you deem appropriate, such as: your own definition of when life-sustaining measures should be withheld; a direction to continue food and fluids or life-sustaining treatment in all events; or instructions to refuse any specific types of treatment that are inconsistent with your religious beliefs or unacceptable to you for any other reason, such as blood transfusion, electro-convulsive therapy, amputation, psychosurgery, voluntary admission to a mental institution, etc.)

(NOTE: The subject of life-sustaining treatment is of particular importance. For your convenience in dealing with that subject, some general statements concerning the withholding or removal of life-sustaining treatment are set forth below. If you agree with one of these statements, you may initial that statement; but do not initial more than one. These statements serve as guidance for your agent, who shall give careful consideration to the statement you initial when engaging in health care decision-making on your behalf.)

I **do not** want my life to be prolonged nor do I want life-sustaining treatment to be provided or continued if my agent believes the burdens of the treatment outweigh the expected benefits. I want my agent to consider the relief of suffering, the expense involved and the quality as well as the possible extension of my life in making decisions concerning life-sustaining treatment.

Initialed _____

I **want** my life to be prolonged and I want life-sustaining treatment to be provided or continued, unless I am, in the opinion of my attending physician, in accordance with reasonable medical standards at the time of reference, in a state of “permanent unconsciousness” or suffer from an “incurable or irreversible condition” or “terminal condition”, as those terms are defined in Section 4-4 of the Illinois Power of Attorney Act. If and when I am in any one of these states or conditions, I want life-sustaining treatment to be withheld or discontinued.

Initialed _____

I **want** my life to be prolonged to the greatest extent possible in accordance with reasonable medical standards without regard to my condition, the chances I have for recovery or the cost of the procedures.

Initialed _____

(NOTE: This power of attorney may be amended or revoked by you in the manner provided in Section 4-6 of the Illinois Power of Attorney Act.)

3. This power of attorney shall become effective on: _____

(NOTE: In Line 3 above, insert a future date or event during your lifetime, such as a court determination of your disability or a written determination by your physician that you are incapacitated, when you want this power to first take effect.)

(NOTE: If you do not amend or revoke this power, or if you do not specify a specific ending date in paragraph 4, it will remain in effect until your death; except that your agent will still have the authority to donate your organs, authorize an autopsy, and dispose of your remains after your death, if you grant that authority to your agent.)

4. This power of attorney shall terminate on: _____

(NOTE: In Line 4 above, insert a future date or event, such as a court determination that you are not under a legal disability or a written determination by your physician that you are not incapacitated, if you want this power to terminate prior to your death.)

(NOTE: You cannot use this form to name co-agents. If you wish to name successor agents, insert the names and addresses of the successors in paragraph 5.)

5. If any agent named by me shall die, become incompetent, resign, refuse to accept the office of agent or be unavailable, I name the following (each to act alone and successively, in the order named) as successors to such agent:

(insert name and address of successor agent)

(insert name and address of successor agent)

For purposes of this paragraph 5, a person shall be considered to be incompetent if and while the person is a minor, or an adjudicated incompetent or disabled person, or the person is unable to give prompt and intelligent consideration to health care matters, as certified by a licensed physician.

(NOTE: If you wish to, you may name your agent as guardian of your person if a court decides that one should be appointed. To do this, retain paragraph 6, and the court will appoint your agent if the court finds that this appointment will serve your best interests and welfare. Strike out paragraph 6 if you do not want your agent to act as guardian.)

6. If a guardian of my person is to be appointed, I nominate the agent acting under this power of attorney as such guardian, to serve without bond or security.

7. I am fully informed as to all the contents of this form and understand the full import of this grant of powers to my agent.

Dated: _____ Signed: _____
(principal's signature or mark)

The principal has had an opportunity to review the above form and has signed the form or acknowledged his or her signature or mark on the form in my presence. The undersigned witness certifies that the witness is not: (a) the attending physician or mental health service provider or a relative of the physician or provider; (b) an owner, operator, or relative of an owner or operator of a health care facility in which the principal is a patient or resident; (c) a parent, sibling or descendant, or any spouse of such parent, sibling, or descendant of either the principal or any agent or successor agent under the foregoing power of attorney, whether such relationship is by blood, marriage, or adoption; or (d) an agent or successor agent under the foregoing power of attorney.

(Witness Signature)

(Print Witness Name)

(Street Address)

(City, State, ZIP)

(NOTE: You may, but are not required to, request your agent and successor agents to provide specimen signatures below. If you include specimen signatures in this power of attorney, you must complete the certification opposite the signatures of the agents.)

Specimen signatures of agent (and successors).

I certify that the signatures of my agent (and successors) are correct.

(agent)

(principal)

(successor agent)

(principal)

(successor agent)

(principal)

(NOTE: The name, address, and phone number of the person preparing this form or who assisted the principal in completing this form is optional.)

(name of preparer)

(address)

(address)

(phone)



REHABILITATION

REHABILITATION

UNDERSTANDING YOUR POST OP REHABILITATION

While you are recovering from your surgery in the hospital you will meet your rehabilitation team. Your team consists of physical and occupational therapists as well as cardiac rehabilitation Nurses. Your physical and occupational therapy team will focus on your physical strength and exercises while your cardiac rehab team will focus on education and exercise training. Your physical therapist will also assess your physical capabilities and physical needs after surgery. In the next few pages you will find a detailed description of the phases of Cardiac Rehab as well as the exercises and restrictions you will be educated on by the Physical and Occupational Therapy team.

CARDIAC REHABILITATION

Cardiac rehabilitation is an important step toward restoring your heart health and an essential part of the continuum of care. It is designed to help you get better and stay better following cardiovascular surgery.

The cardiac rehab program at Edward is led by a team that includes exercise physiologists, registered nurses, and respiratory therapists. Cardiac rehab begins while you are in the hospital and continues on an outpatient basis with the goal of continuing and/or integrating fitness and wellness into your daily life.

There are **three phases** to cardiac rehab at Edward. You will need a referral from your cardiologist, and you are welcome to join us. In the event you live beyond our service area we can provide phone numbers for surrounding and even nationwide cardiac rehab facilities.

Phase one: Inpatient rehab

- Begins on post-op day 1. Cardiac Rehab staff will visit in your room daily until education is complete. Patients (& their support system) seen in **phase one** are given education regarding your specific heart condition, activity/home walking program, nutrition, medications, risk factor and lifestyle changes, and emergency planning. Educational videos are offered via the hospital video system. You will go home with an initial appointment date/time for the phase two program.

Phase two: Outpatient fitness and wellness

- Starts 3-4 weeks after discharge from the hospital. You'll participate in a 12-week, monitored exercise program that meets three times a week. Staff will work closely with you, and monitor your heart rate and track your blood pressure to evaluate for concerns as well as improvements as you progress through the program.
- We will provide weekly educational topics, including stress management, heart healthy nutrition, managing risk factors, and overall cardiac education.

All of your information is confidential and handled with sensitivity and respect

Phase three: Exercise program to maintain cardiac health

- Begins after completion of the 12 week program. In this optional maintenance/self-directed program, you'll continue to exercise on your own and make fitness a regular habit. This program is open to anyone who has participated in any cardiac rehab program.

Edward Hospital Cardiac Rehabilitation (630-527-3388)

Dear Cardiac Rehab Participant:

APPOINTMENT DATE/TIME: _____/____

WELCOME! Thank you for choosing Edward Hospital for your Cardiovascular Rehabilitation.

WHAT YOU NEED TO DO BEFORE YOUR APPOINTMENT:

1. See Your Cardiologist – Get your order.
2. Schedule your Stress Test (Physician may waive this on your Order)
3. Verify with your Insurance for coverage and/or get referral, if needed.
4. Fill out this paperwork.

WHAT TO BRING:

1. Driver's License or photo identification and Insurance Cards
2. This packet
3. Reading glasses
4. Wear comfortable clothes and good aerobic or walking shoes
5. If you are **diabetic**, bring your glucometer

WHAT TO EXPECT:

1. Your first visit may last up to 2 hours.
2. A Registered Professional Nurse will complete a physical assessment, set goals and evaluate your emotional and mental health as it relates to heart disease.
3. You will choose an available class time to start the following day.
4. You will exercise for 20-30 minutes.

Naperville Facility – Heart Hospital (see map)

Mon-Wed-Fri

6:45 AM - 7:45AM 3:30 PM - 4:30 PM
8:00 AM - 9:00 AM 4:45 PM - 5:45 PM
9:20 AM - 10:20 AM 6:00 PM - 7:00 PM
10:45 AM - 11:45 AM

Naperville Facility ONLY

Make-Up Days: Tues – Thurs

Make-Up Times: 8:45AM – 9:45AM
 2:00PM – 3:00PM
 4:00PM – 5:00PM

Yorkville Facility – 76 W. Countryside Parkway, Lower Level

Mon-Wed-Fri

9:00 AM – 1000 AM 10:20AM – 11:20 AM 11:40 AM – 12:40 PM* (*upon availability)

If you need to cancel or reschedule, please notify us at least 24 hours in advance. The Cardiovascular Rehabilitation Department phone number is **630-527-3388**.

*Edward Hospital & Health Services
Cardiovascular Rehabilitation Staff*

Patient Name: _____

DOB: ___/___/_____

CARDIOVASCULAR AND PULMONARY REHABILITATION

QUESTIONS REGARDING PHYSICAL FUNCTIONING

The Cardiovascular and Pulmonary Programs involve regular, monitored exercise to improve your aerobic capacity, including the use of fitness machines such as a treadmill. The purpose of the following questions is to determine if you have any new or existing physical conditions, in addition to the cardiac or pulmonary condition for which you will be coming to rehabilitation that may interfere with your ability to participate. Your answers will help us make appropriate modifications to your rehabilitation program, if necessary. Furthermore, if your condition is significant enough to interfere with rehabilitation, we may be able to coordinate with other Edward Services, such as Physical Therapy, to provide you with appropriate treatment.

1. Do you have any new or pre-existing physical problems that cause you pain or discomfort, interfering with your ability to walk?
2. Do you have any significant or recurrent back pain, or been diagnosed with any spinal conditions (e.g. degenerative disc disease, spinal stenosis, etc.)? Please explain.
3. List any previous hip, knee, back, or neck surgery.
4. Do you have any new or pre-existing physical problems that interfere with shoulder function (e.g. frozen shoulder, rotator cuff strain/tear or surgery)?
5. Do you have any other physical conditions you think might interfere with your ability to participate in the rehabilitation program? Please explain.
6. Please describe other diseases/conditions that limit your physical functioning.

Thank you. This information will help us coordinate a Cardiovascular or Pulmonary Rehabilitation program that works for YOU.

Note: If you have any questions regarding Physical Therapy, please contact the Physical Therapy Department directly at 630-527-3375 and they will be happy to assist you.

CARDIOVASCULAR REHABILITATION

PATIENT NAME: _____

DATE OF BIRTH: _____

CARDIOLOGIST NAME: _____

MD PHONE #: _____

PRIMARY CARE PHYSICIAN: _____

MD PHONE #: _____

PULMONOLOGIST: _____

MD PHONE #: _____

DIAGNOSIS: _____
(ANGINA, HEART ATTACK, VASCULAR DISEASE, ETC)

DATE OF ONSET _____

PROCEDURE: _____
(BYPASS, ANGIOPLASTY, STENT, VALVE REPLACE/REPAIR)

DATE _____

MOST RECENT STRESS TEST DATE: _____ LOCATION: _____

ALLERGIES: _____ REACTION: _____

PHARMACY AND PHONE # _____

NON-SMOKER _____

SMOKER _____ AMT _____ per day YRS SMOKED _____ DATE QUIT _____

CURRENT MEDICATIONS:

MEDICATION (INCLUDE HERBAL, VITAMINS, AND OVER THE COUNTER DRUGS)	DOSE	FREQ	TIME TAKEN
--	-------------	-------------	-------------------

1. <u>EXAMPLE: (Your Medication Listed Here)</u>	<u>20 mg</u>	<u>2 times</u>	<u>7am / 7pm</u>
--	--------------	----------------	------------------

2. _____	_____	_____	_____
----------	-------	-------	-------

3. _____	_____	_____	_____
----------	-------	-------	-------

4. _____	_____	_____	_____
----------	-------	-------	-------

5. _____	_____	_____	_____
----------	-------	-------	-------

6. _____	_____	_____	_____
----------	-------	-------	-------

7. _____	_____	_____	_____
----------	-------	-------	-------

8. _____	_____	_____	_____
----------	-------	-------	-------

9. _____	_____	_____	_____
----------	-------	-------	-------

10. _____	_____	_____	_____
-----------	-------	-------	-------

11. _____	_____	_____	_____
-----------	-------	-------	-------

12. _____	_____	_____	_____
-----------	-------	-------	-------

OCCUPATIONAL THERAPY FOR THE CARDIOVASCULAR PATIENT

Occupational therapy helps people regain, develop and build skills that are important for independent functioning. Following your cardiovascular surgery, an occupational therapist can assist you to attain a better level of independence and safety in your activities of daily living through practice and retraining. During your stay at Edward Hospital, occupational therapy will help you:

- Begin a program of progressive activity and exercise to build your functional endurance
- Understand energy conservation/work simplification so that you may avoid undue strain to your heart
- Master relaxation, breathing, and stress management techniques

Please take a moment to read this handout. Your therapist will review these with you. Our goal is that you resume and independent lifestyle.

Precautions/guidelines

Following pacemaker and/or defibrillator placement:

Do not raise the arm on the pacemaker side above the shoulder

Following heart surgery:

- Do not lift, push or pull more than 10 pounds
- 8 pounds equals a gallon of milk
(This includes grocery bags, pets, infants, children, garbage bags, heavy purses and briefcase)
- No resistive exercises (no lifting weights)
- Do not twist or turn your upper body
- Do not keep hands/arms above your head for a sustained period of time
- Do not hold your breath during any exertion.
- Logroll to the side to get out of bed.
- Do not drive until cleared by Doctor

Do not continue any activity if you notice any of the following symptoms:

- Lightheadedness
- Dizziness
- Fatigue
- Headache
- Sweating
- Shortness of breath
- Angina/chest pain
- Paleness
- Leg pain

OCCUPATIONAL THERAPY FOR THE CARDIOVASCULAR PATIENT *(continued)*

Stress management ideas

- Take 15 to 20 minutes a day to sit quietly, breathe deeply, and think of a peaceful picture.
- Try to use simplification strategies to minimize daily activity demands.
- Take walks, do things you enjoy. Let go of the tension in your body.
- Limit caffeine. Also, limit alcohol and do not smoke.
- Think about problems in order to come up with good solutions. Get help when you have too much to do.
- Learn to say no. Do not promise too much. Give yourself time to get things done.
- Deep breathing exercises
- Exhale through mouth, pushing air out using of abdominal muscles.
- Inhale slowly through nose while counting to three.
- Exhale slowly through mouth counting to six.

Repeat as necessary.

WORK SIMPLIFICATION AND ENERGY CONSERVATION

Work simplification is a method of simplifying your work and conserving your energy that you will be able to accomplish a task without experiencing fatigue or shortness of breath. The following are guidelines, which may be of benefit to you for use at home or work.

Basic principles

- Think ahead and plan your day and week. Spread heavy/light task throughout the week.
- Allow enough time to realistically complete each activity.
- The time of day you have the most energy is when you should do the most difficult or strenuous tasks.
- When doing activity, if you do experience shortness of breath, stop the activity.
- Sit whenever possible and take rest breaks.

Hygiene and grooming

- Arrange items within reach.
- Sit at a table with the freestanding mirror or at a vanity to shave or put on makeup.
- Think of ways to simplify your grooming routine or set up.

Bathing or showering

- Put a chair or stool into the shower or tub and sit while bathing. As needed.
- Have adequate ventilation in the bathroom.
- Use oxygen while showering or bathing if it is prescribed for activity.
- Hotter water might make you feel more fatigued.

Dressing

- Before starting, gather clothing and shoes.
- To dress, sit on a chair or the edge of the bed.
- It is easier for some people to put underwear and pants, put both on the same time, and pull them up over the hips together.
- Wear comfortable clothes that are not too tight.
- Choose dresses, blouses, bra, or shirts that button or zip in front.
- Wear slip on shoes rather than lace ones.
- Do not bend down to put on shoes and socks.

Homemaking

- Layout work areas in storage areas within normal reach.
- Slide- Don't lift and carry. Slide pots from sink to range using the counter. Use a cart to transport items.
- When wiping counters or tables utilize a circular motion rather than back and forth

STERNAL PRECAUTIONS FOLLOWING OPEN HEART SURGERY

Do **NOT** lift greater than 10 lbs

Do **NOT** lift both arms over head at the same time

Do **NOT** bend forward at the waist

After surgery it is important to allow your chest incision to heal properly. In order to facilitate healing, uphold the following 3 precautions during daily activities until instructed otherwise by your surgeon.

INCORRECT



CORRECT



Do **NOT** lift, push, or pull greater than 10 lbs.

Do not push through both arms when standing up .

Examples of activities to avoid:

- ◆ Pushing or pulling a heavy door
- ◆ Vacuuming
- ◆ Pulling on a bedrail



Do **NOT** lift both arms over your head at the same time.

This puts too much stress on the surgical incision.

- ◆ You can lift both arms to shoulder level
- ◆ You can bend elbows for self-care; lifting one arm at a time, over your head.



Do **NOT** bend forward at the waist.

Bending forward at the waist increases stress on the surgical incision.

- ◆ You can bend at the knees to reach something on the floor.
- ◆ You can cross your leg onto the opposite knee to tie your shoes.

ACTIVITIES OF DAILY LIVING ~ WHAT YOU SHOULD KNOW

Upper Body Dressing

- Wear front-open, button shirts.
- If wearing a pull-over shirt, get a bigger size. First, place one arm through the sleeve. Second, place the shirt over your neck. Third, place your other arm through the sleeve.
- Avoid lifting both arms up at the same time to pull a shirt on.
- Wear a front-closure bra or fasten the bra in the front first and turn it around.
- Avoid bringing your arms behind you.

Lower Body Dressing

- Wear comfortable clothing (elastic waist, loose fitting).
- While seated, do not bend down. Instead, bring foot up across opposite knee.
- Repeat for socks and shoes.
- Wear slip-on shoes rather than laced ones.
- If it is hard to bring foot up, use reacher, sock-aid and shoe horn to help you get dressed. (Ask your Occupational Therapists for the instructions)

Showering

- When your doctor clears you to take a shower, avoid using hot temperature water. This may make you feel more tired.

Walking Your Dog

- Remember that you should not be pulling or pushing anything over 10 lbs until your doctor upgrades your activity level.
- Check your endurance before going for a walk.

Door Opening

- When opening or closing any door, cabinets, microwave, etc., stand close to the door and pull or push.

Activities in General

- Go slowly & pace yourself. - Sit down if possible for prolonged activities.
- Avoid activities that require you to raise your arms above shoulder height repeatedly.

BED MOBILITY

Getting Out of Bed/Returning to Bed

- You should “log roll” to minimize discomfort in the chest area and to avoid putting extra pressure around the incision site.
- Bend your knees up while lying on your back.
- Roll onto your side keeping your hips, shoulders, and ears moving together to avoid twisting (i.e., roll like a log)
- As you slide your feet off the bed, use your arms to push up into a sitting position.
- Scoot your hips forward until your feet are on the floor.





Returning to Bed

- Reverse the technique for returning to bed.
- Back up to the bed until you feel the bed at the back of your legs.
- Reach for the bed with your hands as you lower to a sitting position on the bed.
- Scoot your hips back onto the bed.
- The further back you scoot, the easier it will be for you to lay down on your side.
- As you lean down on your arm, bring your feet up onto the bed until you are lying down on your side.
- Then, roll onto your back, keeping your shoulders, hips, & ears in alignment.

CAR TRANSFER

Into the Car

- Back up to the car seat until you feel it at the back of your legs.
- Reach a hand to the side for the back of the seat and the other hand to secure a spot on the frame or dashboard. Remember not to put your hands behind your back.
- Lower yourself slowly to sitting.
- Scoot your hips back until you are securely on the seat.
- Leading with your hips, bring one foot into the car at a time until you are facing forward.



Out of the Car

- Bring your legs out one at a time.
- Make sure to lead with your hips and shoulders and do not pull yourself out of the car.

TRANSFER FROM CHAIR OR TOILET

- Scoot your bottom closer to the front of the chair or toilet
- Try to avoid pushing through arms too much
- If you are able, put hands on knees and use legs to push yourself up from the chair



GOING UP AND DOWN A STOOP

Going up a curb/stoop

- ✚ Get close to front of stoop
- ✚ Place rolling walker (if you are required to use one) onto the stoop
- ✚ Do not take a step unless all 4 legs of the walker are firmly on the curb/stoop
- ✚ Step up with your stronger leg, then your weaker leg



Going down a stoop

- ✚ Get close to edge of the stoop
- ✚ Place rolling walker down below you
- ✚ Do not take a step unless all 4 legs of the walker are firmly on the ground
- ✚ Step down with your weaker leg, then your stronger leg



GOING UP AND DOWN STAIRS

- Going up stairs
 - ✚ Step up with your stronger leg, then your weaker leg
 - ✚ Use handrails to help your balance
- Going down stairs
 - ✚ Step down with your weaker leg, then your stronger leg



ARM EXERCISES AFTER HEART SURGERY

Perform 10 repetitions, 3x a day for each exercise

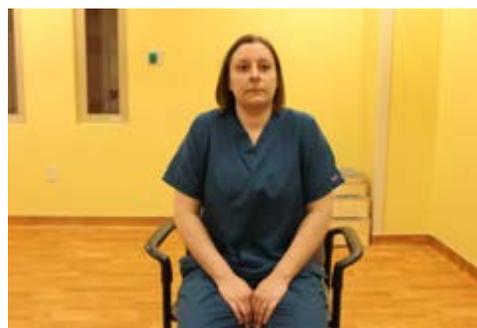
Head Turns: Turn head slowly from Left to Right



Hand Pumps: Open and close your hand into a fist and repeat



Shrugs: Raise your shoulders toward your ears



ARM EXERCISES AFTER HEART SURGERY *(continued)*

Bicep Curls – Bend your elbow up and down



Shoulder Flexion – start with both arms at side, and raise them up in the air to shoulder height



Wall Climb – stand facing wall, place one hand on wall and walk up wall (ONE ARM AT A TIME)



LEG EXERCISES AFTER HEART SURGERY

Perform 10 repetitions, 3x a day for each exercise

Ankle Pumps – Bend your foot up and down at your ankle joint



Ankle Circles – Move your ankle in a circular pattern



Heel Raises – Raise up heels, but leave toes in contact with ground



LEG EXERCISES AFTER HEART SURGERY *(continued)*

Single Leg Kick – Lift up leg until your knee is straight; then bring leg back down



Seated Marching – lift up your knee, then bring leg back down (alternate your legs)



Partial Squat – from standing position, bend your knees and hinge hips back and down, then return to starting position



CHEST EXERCISES AFTER HEART SURGERY

Perform 10 repetitions, 3x a day for each exercise

Shoulder Squeeze – sit with good posture, and pinch shoulder blades together. Relax and Repeat



Elbow Circles – finger tips on top of shoulders – make forward/backward circles with tips of elbows



CHEST EXERCISES AFTER HEART SURGERY *(continued)*

Trunk Rotation – cross both arms over chest, and turn trunk/shoulders to right and left



Chest Fly's – Elbows bent at 45 degrees at side, move together and apart - When moving elbows back, pinch shoulder blades together.



Name: _____ Date: _____



EDUCATION PRESCRIPTION

- Cardiopulmonary Rehab/Exercise 630-527-3388
Cardiac, Pulmonary and Peripheral
Vascular supervised/monitored exercise
programs
- Diabetes Education 630-527-3213
Type 1 & Type II diabetes programs
- Lifestyle Under Construction 630-527-2825
Metabolic Syndrome/Weight Loss Program- Group led
education and support for behavioral change and risk
reduction

Cardiovascular Screenings for You,

Your Family & Friends

630-527-2800

- CT Heart Scan
- Stroke & Vascular Screening
- Cholesterol
- Blood Pressure

Call 630-527-6363 for dates, fees, and to register for

- Delicious Meets Nutritious
Two-part heart healthy cooking instruction. **Free** to heart
hospital patients when scheduled within 30 days of discharge
- American Lung Association's Freedom from Smoking
program
Eight group sessions led by an ALA certified instructor
who understands how hard it is for smokers to quit
- CPR Training Classes
Certification as well as informational classes available--teaching
cardiopulmonary resuscitation (CPR) and automated external
defibrillators (AED)

Signature: _____, M.D./R.N.

Name: _____ Date: _____



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Signature: _____, M.D./R.N.



NUTRITION

NUTRITION

EAT TO LIVE

Inside this section you will find information on eating healthy – nutrition that is good for your heart and good for you. A Heart Healthy Meal Plan and a sample heart healthy menu are included. In addition, the nutritional guide includes:

- First Steps
- Tips on lowering your cholesterol and triglycerides through diet
- Tips on lowering your sodium intake
- Reducing your risk of heart disease
- Shop smart
- Cooking tips
- Sample menu
- Fast and convenience foods
- Delicious Meets Nutritious class information

While you're recovering from heart surgery it is very common to have a poor appetite. At your request a dietician is available for further diet education.

Delicious Meets Nutritious 2018

What is good for your heart can also be great for your taste buds

This two-part series focuses on flavorful food choices you can make while still maintaining a well-balanced diet. Learn smart shopping secrets and the best choices for snacking and restaurant eating. Also included is a recipe demonstration with a registered dietitian. All classes are located in the Edward Heart Hospital conference room.

Week 1

Heart Healthy Meal Planning & Shopping Savvy

- ▶ Learn American Heart Association dietary recommendations and healthy lipid levels
- ▶ Learn tips for reducing fat, cholesterol and sodium in the diet
- ▶ Learn tips for lowering LDL and triglycerides
- ▶ Learn heart healthy foods and healthy portion sizes
- ▶ Review meal planning
- ▶ Review components of a heart healthy meal plan
- ▶ Learn to read food labels and understand food label claims
- ▶ Aisle-by-aisle examples of heart healthy foods to choose at the grocery store

Week 2

Eating on the Run & Heart Smart Cooking

- ▶ Learn healthy alternatives at fast food restaurants
- ▶ Learn healthy vs. high fat foods at restaurants
- ▶ Learn tips on nutritious ethnic food selections
- ▶ Learn healthy substitutions for lower fat and lower sodium cooking
- ▶ Learn heart healthy cooking techniques
- ▶ Learn how to stock your pantry
- ▶ Recipe makeover with preparation of a low fat dish including samples to taste

The two-part series is offered on the following dates:

Tuesday Series 10 – 11:30 a.m.

January 23 and 30
March 20 and 27
May 22 and 29
July 17 and 24
September 18 and 25
November 20 and 27

Thursday Series 7 – 8:30 p.m.

January 4 and 11
February 8 and 15
March 1 and 8
April 12 and 19
May 10 and 17
June 14 and 21
July 5 and 12
August 9 and 16
September 6 and 13
October 11 and 18
November 8 and 15
December 6 and 13

\$40.00 for the two-part series (Classes are free to Heart Hospital patients when scheduled within 30 days of discharge.)

Call (630) 527-6363 to register.

Heart-Healthy Eating: Shopping Tips

Tips

Shop for foods that do not have a lot of added ingredients, such as salt, fats, or sugar. Learn your goals for fat, calories, and sodium. Then use food labels to help you make choices that keep you on target. For example:

- If you are on an eating plan that limits sodium, choose foods with less than 300 milligrams of sodium per serving.
- Choose foods with very little or no saturated fat or trans fat.

Remember: Not everything that is advertised or labeled as healthy is really good for you!

Fruits and Vegetables

Start with fresh fruits and vegetables. These do not have added fats, sugar, or sodium.

When you buy frozen or canned produce, read labels:

- Look for types that do not have anything added to the fruits or vegetables, such as sauces, gravies, or seasonings.
- Canned vegetables may be high in sodium. However, you can enjoy many lower-sodium or salt-free varieties.

Breads, Cereals, and Grains

Choose breads and cereals that are made from whole grains and are high in fiber:

- Look for products with whole grains (such as whole wheat, rye, or oats) as the first ingredient.
- Breads with at least 2 grams (g) fiber per serving are good choices.
- Select cereals that contain at least 5 g fiber per serving.
- Limit cereals that list added sugars on the label.
- Check the label for the amount of sodium if you are on a reduced-sodium plan.

Milk and Dairy

When choosing milk or dairy products, pick nonfat or low-fat types:

- Choose nonfat (skim), ½% fat, or 1% fat milk.
- Look for tasty cheeses that are low in saturated fat and sodium. Choose them more often than regular cheese.

Meats and Other Protein Foods

You can get protein from poultry, fish, beef, pork, dried beans, soy products, and other vegetable proteins.

- When choosing chicken or other poultry, look for breast or white meat without the skin
- When choosing beef and veal, pick cuts without much marbling (fat). Healthy types include round steak, tenderloin, and sirloin tips.
- Lean center cuts are the best cuts of pork and lamb.
- You can buy any type of fresh fish that you enjoy. Do not always choose the same kind because some types may contain mercury or other contaminants that you don't want to eat in large amounts.
- Canned fish (such as tuna) can be high in sodium. Choose low-sodium brands.
- Add vegetarian entrees and vegetable protein foods, like beans, veggie burgers, or tofu. Look for products that are low in saturated fat and sodium and high in fiber.

Other Foods

- Convenience foods, such as canned soups, pasta sauces, and prepackaged or frozen dinner entrees and side dishes, can be high in sodium and/or fat. Read labels and choose carefully.
- There are many snack foods that you can enjoy:
- Nuts, seeds, and pretzels make good snacks. Avoid those with added salt.
- Keep your sodium and saturated fat limits in mind while you shop.
- Look for snacks that are free of trans fat. If the ingredients include hydrogenated oil, then the food has trans fat
- It's okay to have desserts once in a while if you choose wisely:
- Fresh fruit and nonfat or low-fat frozen yogurt are good choices.
- There are many kinds of reduced-fat and fat-free candies, cakes, cookies, pastries, and frozen desserts. They may fit within your limits for fat and sodium. However, many fat-free or low-fat desserts are high in calories and low in healthy nutrients. Have them only occasionally.

Notes

Reduce Cholesterol and Sodium

Ways to Reduce Cholesterol

- Limit saturated fats and trans fats:
 - Foods high in saturated fats include fatty meat, poultry skin, bacon, sausage, whole milk, cream, and butter.
 - Trans fats are found in stick margarine, shortening, some fried foods, and packaged foods made with hydrogenated oils.
 - Instead of butter or stick margarine, try reduced-fat, whipped, or liquid spreads.
- Limit the amount of cholesterol that you eat to less than 200 milligrams (mg) per day.
 - Foods high in cholesterol include egg yolks (one egg yolk has about 212 mg of cholesterol), fatty meat, whole milk, cheese, shrimp, lobster, and crab.
- Limit the amount of sodium that you eat to less than 2,000 milligrams (mg) per day.
 - It is good to select foods with no more than 140 mg per serving.
 - Foods with more than 300 mg sodium per serving may not fit into a reduced-sodium meal plan.
 - Remember to check serving sizes on the label. If you eat more than one serving, you will get more sodium than the amount listed.
 - Use caution when you eat outside of your home. Restaurant foods can be high in sodium, and you cannot always get information about this.
- Limit the total amount of fat that you eat (including heart-healthy fats) to 25% to 35% of the calories that you eat. If you should eat 2,000 calories per day, your fat intake can be between 50 grams (g) and 75 g per day.
 - Eat more omega-3 fats (heart-healthy fats):
 - Good choices include salmon, tuna, mackerel, and sardines. Aim to eat fish twice a week.
 - Other foods with omega-3 fats include walnuts and canola and soybean oils.
- Flaxseed is another source of omega-3 fats. Have it as flaxseed oil or ground flaxseed.
- Get 20 g to 30 g of dietary fiber per day:
 - Fruits, vegetables, whole grains, and dried beans are good sources of fiber:
Aim for 5 cups of fruits and vegetables per day.
 - Have 3 ounces (oz.) of whole grain foods every day.
- Plan to eat more plant-based meals, using beans and soy foods for protein.
- Talk with your dietitian or doctor about what a healthy weight is for you. Set goals to reach and maintain that weight.
- Talk with your health care team to find out what types of physical activity are best for you. Set a plan to get about 30 minutes of exercise on most days.

Ways to Reduce Sodium

- A low-sodium (salt) diet may help prevent buildup of extra water in your body.
- This may be for high blood pressure, heart failure, kidney disease or other conditions in which swelling or fluid retention can occur.
- Even if you take a pill for blood pressure or a water pill (diuretic) to remove fluid, it is still important to have less salt in your diet.
- If you follow this diet strictly and avoid processed foods, the sodium content will be about 1,500 mg/day. This will allow you to have about 1/8 tsp table salt to season your food. Use “lite” salt and you may have 1/4 tsp.

You should usually avoid these items:

- Salt – 1/4 teaspoon of table salt has almost 600 milligrams sodium.
- Processed foods—salt is added in large amounts to some regular foods. Examples are:
 - canned foods—soups, stews, sauces, gravy mixes, and some vegetables
 - frozen foods—dinners, entrees, vegetables with sauces
 - snack foods—salted chips, popcorn, pretzels, pork rinds and crackers
 - packaged starchy foods—seasoned noodle or rice dishes, stuffing mix, macaroni and cheese dinner instant cooking foods to which you add hot water and stir—potatoes, cereals, noodles, rice, etc. Mixes—cornbread, biscuit, cake, pudding
 - meats and cheeses
 - deli or lunch meats—bologna, ham, turkey, roast beef, etc.
 - cured or smoked meats—corned beef, sausage of any kind (patty, link, Kielbasa, Italian, wieners or hot dogs), bacon
 - canned meats—potted meats, spreads, Spam, Vienna sausage, etc.
 - cheeses—read labels and avoid those with more than 140 mg sodium per serving; examples are American cheese, Velveeta, and Cheez Whiz
- Condiments, Sauces and Seasonings
 - mustard, ketchup, salad dressings, bouillon cubes or granules sauces—Worcestershire, barbecue, pizza, chili, steak, soy or horseradish sauce meat tenderizer, monosodium glutamate
 - any seasoning that has “salt” in the name or on the label;
 - avoid celery salt, garlic salt and onion salt; however, it is okay to have garlic or onion powder or flakes
 - read labels carefully—lemon pepper often has salt pickles and olives

What can you use to season your food?

- Tart flavor – try lemon or lime juice, vinegar
- Hot flavor - peppers are low in sodium; hot sauce has salt, but if you use just a drop or two it will not add up to much
- Herbs and spices - onions, garlic, salt-free seasonings like Mrs. Dash

Foods Recommended

Food Group	Foods Recommended
Milk	<p>2 servings a day. 1 serving has about 150 milligrams (mg).</p> <p>Nonfat (skim), low-fat, or 1% fat milk</p> <p>Nonfat or low-fat yogurt</p> <p>Fat-free and low-fat cheese with less than 150 milligrams sodium per serving</p> <p>Hard cheese, such as low-fat cheddar or mozzarella</p> <p>Low-fat cottage cheese - ½ cup washed under cold water in a sieve to remove most of the sodium</p>
Meat and Other Protein Foods	<p>3 servings a day. 1 serving has about 60 mg.</p> <p>Lean cuts of beef and pork (loin, leg, round, extra lean hamburger), skinless poultry, fish (3 oz. cooked meat)</p> <p>Venison and other wild game</p> <p>Dried beans and peas</p> <p>Nuts and nut butters</p> <p>Egg whites or egg substitute</p> <p>Read all meat labels! Many raw meats now have added broth with sodium salts that make the meat hold moisture and taste juicy and tender. Choose a product with less than 5% of the DV for sodium.</p>
Fruits and Vegetables	<p>5 or more servings a day. 1 serving has only about 10 mg.</p> <p>Fresh, frozen, or canned vegetables without added fat or salt</p> <p>Tomato or vegetable juice, canned, without salt</p> <p>Tomatoes, tomato sauce, canned, without salt</p> <p>Fresh, frozen canned, or dried fruit</p> <p>Fruit juices</p>

Foods Recommended

Grains	<p>5 servings a day. 1 serving has about 150 mg of sodium.</p> <p>Whole grain bread, rolls, pitas low-sodium crackers, pretzels, and chips</p> <p>These foods have almost no sodium and do not need to be counted in the 5 servings per day:</p> <ul style="list-style-type: none">shredded or puffed wheat, puffed ricecooked cereals—regular or quick, such as oatmealbrown ricewhole grain pastayeast bread made at home with no salt <p>Other ready-to-eat cereals with more than 5% DV for sodium – serving size is ½ cup (1 cup = 2 of your 5 servings/day)</p>
Fats and Oils	<p>Use small amounts.</p> <p>Unsaturated oils (olive, peanut, soy, sunflower, canola) Soft or liquid margarines and vegetable oil spreads Unsalted seeds and nuts Avocado</p>

Foods Not Recommended

Food Group	Foods Not Recommended
Grains	<p>Breads or crackers topped with salt</p> <p>Cereals (hot or cold) with more than 300 mg sodium per serving</p> <p>Biscuits, cornbread, and other “quick” breads prepared with baking soda</p> <p>Bread crumbs or stuffing mix from a store (homemade can be okay if from a low-sodium recipe)High-fat bakery products, such as doughnuts, biscuits, croissants, Danish pastries, pies, cookies</p> <p>Snacks made with partially hydrogenated oils, including chips, cheese puffs, snack mixes, regular crackers, butter-flavored popcorn</p>
Fruits and Vegetables	<p>Fried fruits or vegetables</p> <p>Fruits or vegetables prepared with butter, cheese, or cream sauce</p> <p>Canned vegetables (unless they are salt free)</p> <p>Frozen vegetables with sauces</p> <p>Sauerkraut and pickled vegetables</p> <p>Canned or dried soups (unless they are low sodium or salt free)</p> <p>French fries and onion rings</p>
Milk	<p>Whole milk</p> <p>2% fat milk</p> <p>Whole milk yogurt or ice cream</p> <p>Cream</p> <p>Half-&-half</p> <p>Cream cheese</p> <p>Sour cream</p> <p>Processed cheese and cheese</p>
Meat and Other Protein Foods	<p>Higher-fat cuts of meats (ribs, T-bone steak, regular hamburger)</p> <p>Bacon</p> <p>Sausage</p> <p>Cold cuts, such as salami or bologna</p> <p>Corned beef</p> <p>Hot dogs</p> <p>Organ meats (liver, brains, sweetbreads)</p> <p>Poultry with skin</p> <p>Fried meat, poultry, and fish</p> <p>Whole eggs and egg yolks</p>

Fats and Oils	Butter Stick margarine Shortening Partially hydrogenated oils Tropical oils (coconut, palm, palm kernel oils)
Condiments	Salt, sea salt, garlic salt Seasoning mixes containing salt Bouillon cubes Catsup Barbeque sauce Worcestershire sauce Soy sauce Miso Salsa Pickles, olives, relish
Alcohol	Check with your doctor. Generally, do not have more than one drink per day (1 drink = 5 ounces [oz.] wine, 12 oz. beer, or 1½ oz. liquor)

Reducing Cholesterol and Sodium Sample 1-Day Menu

Breakfast	<p>1/2 cup apple juice 3/4 cup oatmeal 1 cup fat-free milk 1 small banana 1 cup brewed coffee</p>
Lunch	<p>2 slices whole-wheat bread 2 oz. lean deli turkey breast 1 oz. low-fat Swiss cheese 2 slices tomato 2 lettuce leaves 1 pear 1 cup nonfat milk</p>
Afternoon Snack	<p>1 oz. trail mix (with nuts, seeds, raisins) 1 cup blueberries 1 cup nonfat milk</p>
Evening Meal	<p>3 oz. broiled fish 1 cup brown rice 1 tsp margarine 1 medium stalk broccoli 1 medium carrot 1 cup tossed salad 1/8 cup chickpeas, for salad 1 tablespoon olive oil and vinegar dressing 1 small whole-wheat roll 1 tsp margarine 1/2 cup nonfat frozen yogurt 1/4 cup blueberries, with frozen yogurt 1 cup tea</p>

Low-Sodium Nutrition Therapy

- A low-sodium (salt) diet may help prevent buildup of extra water in your body.
- This may be for high blood pressure, heart failure, kidney disease, or other conditions in which swelling or fluid retention can occur.
- Even if you take a pill for blood pressure or a water pill (diuretic) to remove fluid, it is still important to have less salt in your diet.
- If you follow this diet strictly and avoid processed foods, the sodium content will be about 1,500 milligrams per day. This will allow you to have about 1/8 teaspoon table salt to season your food. Use “lite” salt and you may have 1/4 teaspoon table salt.

You should usually avoid these items:

- Salt: 1/4 teaspoon table salt has almost 600 milligrams of sodium.
- Processed foods: salt is added in large amounts to some regular foods. Examples are: Canned foods: soups, stews, sauces, gravy mixes, and some vegetables Frozen foods: dinners, entrees, vegetables with sauces
 - Snack foods: salted chips, popcorn, pretzels, pork rinds, and crackers
 - Packaged starchy foods: seasoned noodle or rice dishes, stuffing mixes, macaroni and cheese dinners
 - Instant cooking foods to which you add hot water and stir, such as potatoes, cereals, noodles, and rice
 - Mixes: cornbread, biscuit, cake, pudding
 - Meats and cheeses:
 - Deli or lunch meats such as bologna, ham, turkey, and roast beef
 - Cured or smoked meats such as corned beef, sausage of any kind (patty, link, Kielbasa, Italian, wieners or hot dogs), and bacon
 - Canned meats such as potted meats, spreads, Spam, and Vienna sausage
 - Cheeses—read labels and avoid cheeses with more than 140 milligrams sodium per serving (for example, American cheese, Velveeta, and Cheez Whiz)
- Condiments, sauces, and seasonings
 - Mustard, ketchup, salad dressings, bouillon cubes or granules
 - Sauces: worcestershire, barbecue, pizza, chili, steak, soy, or horseradish sauce
 - Meat tenderizer, monosodium glutamate (MSG)
 - Any seasoning that has “salt” in the name or on the label:
 - Avoid celery salt, garlic salt, and onion salt; however, it is okay to have garlic or onion powder or flakes
 - Read labels carefully—lemon pepper often has salt
 - Pickles and olives

What can you use to season your food?

- Tart flavor: try lemon or lime juice, vinegar
- Hot flavor: peppers are low in sodium; hot sauce has salt, but if you use just a drop or two it will not add up to much
- Herbs and spices: onions, garlic, salt-free seasonings such as Mrs. Dash

Foods Recommended

Food Groups	Servings	Best Choices (Serving Size)
Milk/Dairy	<ul style="list-style-type: none"> • 2 servings a day • 1 serving has about 150 milligrams sodium 	<ul style="list-style-type: none"> • Milk, all types (1 cup) • Yogurt (6 ounces) • Low-sodium cheese (1 ounce) • Hard cheese such as cheddar, Swiss, Monterey Jack, mozzarella (1 ounce)
Meat/Protein	<ul style="list-style-type: none"> • 3 servings a day • 1 serving has about 60 milligrams sodium 	<ul style="list-style-type: none"> • Plain meats, fish, and poultry are very low in sodium (3 ounces cooked meat) • Eggs (1 large) <p>Read all meat labels! Many raw meats now have added broth with sodium salts that make the meat hold moisture and taste juicy and tender. Choose a product with less than 5% of the Daily Value (DV) for sodium.</p>
Vegetables and Fruit	<ul style="list-style-type: none"> • 1 serving has only about 10 milligrams sodium 	<ul style="list-style-type: none"> • All unsalted fresh, frozen, or canned • Tomato or vegetable juice canned without salt (6 ounces) • Tomatoes, tomato sauce canned without salt • Fresh, frozen, canned fruits • Fruit juices
Bread and Cereals	<ul style="list-style-type: none"> • 5 servings a day • 1 serving has about 150 milligrams sodium 	<ul style="list-style-type: none"> • Bread, roll, pita, tortilla, crackers (1 ounce) • These foods have almost no sodium and do not need to be counted in the 5 servings per day: <ul style="list-style-type: none"> • Shredded or puffed wheat, puffed rice • Cooked cereals—regular or quick • Plain rice or pasta • Yeast bread made at home with no salt • Other ready-to-eat cereals with less than 5% DV for sodium; serving size is ½ cup (1 cup = 2 of your 5 servings per day)
Others	<ul style="list-style-type: none"> • Use small amounts 	<ul style="list-style-type: none"> • Ice cream (½ cup) • Sherbet (½ cup) • Homemade pie made without salt • Homemade pudding (count as milk serving) • Unsalted nuts • Butter or margarine (1 teaspoon); buy the unsalted kind as it has almost no sodium

Foods Not Recommended

Food Groups	Limit or Avoid
Milk/Dairy	Buttermilk (1 cup) Cottage cheese (½ cup); wash it under cold water in a sieve to remove most of the sodium Cheese spread (2 tablespoons) Processed cheese (1 ounce)
Meat/Protein	Lunch meat (1 ounce) Sausage (1 ounce) Deli ham (1 ounce) Bacon (1 medium strip) Turkey dark meat (4 ounces)
Vegetables	Tomato juice (6 ounces) Sauerkraut (½ cup) Pickled vegetables
Bread and Cereals	Instant hot cereals (1 cup cooked instant oatmeal has 420 milligrams sodium) Quick breads made with baking powder or baking soda (biscuit, pancake, waffle, muffin) Crackers with salted tops
Others	Commercial dessert mixes Cake Pie

Cardiac-TLC Nutrition Therapy

A plan called Therapeutic Lifestyle Changes (TLC) can help people who have high amounts of cholesterol in their blood.

- Following the TLC plan can help reduce the low-density lipoprotein (LDL) cholesterol (also called
- “bad” cholesterol) in your blood.
- High-density lipoprotein (HDL) cholesterol (sometimes called “good” cholesterol) helps rid your body of LDL cholesterol.

Keys to TLC

- Limit saturated fats and *trans* fats:
 - Foods high in saturated fats include fatty meat, poultry skin, bacon, sausage, whole milk, cream, and butter.
 - *Trans* fats are found in stick margarine, shortening, some fried foods, and packaged foods made with hydrogenated oils.
 - Instead of butter or stick margarine, try reduced-fat, whipped, or liquid spreads.
- Limit the amount of cholesterol that you eat to less than 200 milligrams (mg) per day.
 - Foods high in cholesterol include egg yolks (one egg yolk has about 212 mg of cholesterol), fatty meat, whole milk, cheese, shrimp, lobster, and crab.
- Eat more omega-3 fats (heart-healthy fats):
 - Good choices include salmon, tuna, mackerel, and sardines. Aim to eat fish twice a week.
 - Other foods with omega-3 fats include walnuts and canola and soybean oils.
 - Flaxseed is another source of omega-3 fats. Have it as flaxseed oil or ground flaxseed.
- Limit the total amount of fat that you eat (including heart-healthy fats) to 25% to 35% of the calories that you eat. If you should eat 2,000 calories per day, your fat intake can be between 50 and 75 grams (g) per day.
- Get 20 to 30 g of dietary fiber per day:
 - Fruits, vegetables, whole grains, and dried beans are good sources of fiber:
 - Aim for 5 cups of fruits and vegetables per day.
 - Have 3 ounces (oz) of whole grain foods every day.
- Plan to eat more plant-based meals, using beans and soy foods for protein.
- Talk with your registered dietitian or doctor about what a healthy weight is for you. Set goals to reach and maintain that weight.
- Talk with your health care team about what types of physical activity are best for you. Plan to get about 30 minutes of exercise on most days.

Foods Recommended

Food Group	Foods Recommended
Grains	Whole grain breads and cereals, including oats and barley Pasta, especially whole wheat or other whole grain types Brown rice Low-fat crackers and pretzels
Vegetables	Fresh, frozen, or canned vegetables without added fat or salt
Fruits	Fresh, frozen, canned, or dried fruit
Milk and Milk Products	Fat-free (skim) or low-fat (1%) milk or buttermilk Nonfat or low-fat yogurt or cottage cheese Fat-free and low-fat cheese
Meat and Other Protein Foods	Lean cuts of beef and pork (loin, leg, round, extra-lean hamburger) Skinless poultry Fish Venison and other wild game Dried beans and peas Nuts and nut butters Meat alternatives made with soy or textured vegetable protein Egg whites or egg substitute Cold cuts made with lean meat or soy protein
Fats and Oils	Unsaturated oils (olive, peanut, soy, sunflower, canola) Soft or liquid margarines and vegetable oil spreads Salad dressings Seeds and nuts Avocado

Foods Not Recommended

Food Group	Foods Not Recommended
Grains	High-fat bakery products, such as doughnuts, biscuits, croissants, danish pastries, pies, cookies Snacks made with partially hydrogenated oils, including chips, cheese puffs, snack mixes, regular crackers, butter-flavored popcorn
Vegetables	Fried vegetables Vegetables prepared with butter, cheese, or cream sauce
Fruits	Fried fruits Fruits served with butter or cream
Milk and Milk Products	Whole milk Reduced-fat (2%) milk Whole milk yogurt or ice cream Cream Half-and-half Cream cheese Sour cream Cheese
Meat and Other Protein Foods	Higher-fat cuts of meats (ribs, T-bone steak, regular hamburger) Bacon Sausage Cold cuts, such as salami or bologna Corned beef Hot dogs Organ meats (liver, brains, sweetbreads) Poultry with skin Fried meat, poultry, and fish Whole eggs and egg yolks
Fats and Oils	Butter Stick margarine Shortening Partially hydrogenated oils Tropical oils (coconut, palm, palm kernel oils)

Cardiac Nutrition (TLC) Sample 1-Day Menu

Breakfast	1/2 cup apple juice 3/4 cup oatmeal 1 cup fat-free milk 1 small banana 1 cup brewed coffee
Lunch	2 slices whole-wheat bread 2 oz lean deli turkey breast 1 oz low-fat Swiss cheese 2 slices tomato 2 lettuce leaves 1 pear 1 cup nonfat milk
Afternoon Snack	1 oz trail mix (with nuts, seeds, raisins) 1 cup blueberries 1 cup nonfat milk
Evening Meal	3 oz broiled fish 1 cup brown rice 1 tsp margarine 1 medium stalk broccoli 1 medium carrot 1 cup tossed salad 1/8 cup chickpeas, for salad 1 tablespoon olive oil and vinegar dressing 1 small whole-wheat roll 1 tsp margarine 1/2 cup nonfat frozen yogurt 1/4 cup blueberries, with frozen yogurt 1 cup tea

SODIUM COUNTS

LUNCH FOODS	SODIUM (mg)	SODIUM(mg)	
Ham & Cheese Sandwich	772	Chicken noodle soup (low sodium, 1 cup)	36
Roast Beef Sandwich	792	Vegetable beef soup (1 cup)	957
Tuna Salad (1 cup)	434	Vegetable soup (low sodium, 1 cup)	38
Cottage cheese, low-fat (1 cup)	918	Tomato; whole (1)	10
Fruit Salad (1 cup)	9	Dill pickle (1 medium)	928
Chef's salad, ham & cheese (1 cup)	1134	Potato chips (14 chips)	131
Green salad, tossed (1 cup)	53	Corn chips (1 oz)	164
Hamburger, fast food	500	Coleslaw (1/2 cup)	16
Cheeseburger, fast food	750	Potato salad (1 cup)	1323
Cheese pizza (1 slice)	261	French Fries (20 fries), unsalted	30
Hot dog on bun	671	Cola (12 oz)	12
Chicken Noodle Soup (1 cup)	1107	Diet cola (12 oz)	24

DINNER FOODS	SODIUM (mg)	SODIUM(mg)	
Roast turkey breast, without skin 1C	89	Beef or pork chop suey, homemade (1 cup)	1052
Broiled sirloin steak (4 oz)	74	Macaroni and cheese, homemade (1cup)	1086
Fried chicken breast	385	Rice, cooked (1 cup)	4
Roast chicken breast	138	Potato, peeled & boiled	7
Broiled codfish (1 fillet)	141	Dinner roll	144
Fish sticks (4 oz)	651	Broccoli, raw/boiled (1 cup)	16
Broiled pork chop	49	Peas & carrots, frozen/boiled (1cup)	110
Spaghetti with tomato-meat sauce (1 cup)	1009	Green beans, frozen/French (1 cup)	17
Fettuccine Alfredo, frozen(1 portion)	1195	Red wine (4 oz)	76
Chili con carne (1 cup)	1354	White wine (4 oz)	72
Beef burrito, fast food	746	Beer (12 oz)	24
Chicken chow mein, homemade (1 cup)	717	Light beer (12 oz)	12

DESSERT FOODS	SODIUM (mg)	SODIUM (mg)	
Brownie with nuts (1)	50	Orange sherbet (1/2 cup)	44
Angel food cake (1 slice)	142	Hot fudge sundae (2 scoops)	190
Cheesecake (1 slice)	189	Apple pie (1 slice)	207
Devil's food cake with chocolate icing (1)	180	Lemon meringue pie (1 slice)	223
Yellow cake with white icing (1 slice)	191	Chocolate pudding (1 cup)	335
Pound cake (1 slice)	58	Rice pudding with raisins (1 cup)	188
Chocolate chip cookies (2)	76	Fresh strawberries (1 cup)	2
Oatmeal-raisin cookies (2)	74	Fresh pineapple (1 cup)	1
Vanilla ice cream (1/2 cup)	58	Banana	1

CONDIMENTS	SODIUM mg)	SODIUM (mg)	
Mustard, prepared (1 tbsp)	195	Hollandaise sauce (1/4 cup)	284
Catsup (1 tbsp)	156	Barbecue sauce (1/4 cup)	508
Mayonnaise (1 tbsp)	104	Pancake syrup (2 tbsp)	70
Italian dressing (1 tbsp)	116	Parmesan cheese (1 tbsp)	116
Italian dressing (lo cal, 1 tbsp)	118	Soy sauce (1 tbsp)	1029
Thousand Island Dressing (1 tbsp)	109	Worcestershire sauce (1 tbsp)	147
Thousand Island dressing (lo cal 1 tbsp)	153	Butter, regular (1 pat)	41
White sauce (1/4 cup)	199	Butter, unsalted (1 pat)	<1
Brown gravy (1/4 cup)	31	Margarine (1 pat)	47
Mushroom gravy (1/4 cup)	340	Cream cheese (1 tbsp)	85

Adapted from Nutritionist III® software program ©1990 N² Computing, Inc.
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JUST THE FACTS

JUST THE FACTS

UNDERSTANDING HEART DISEASE

How the Heart Works

The heart is a muscular organ at the center of the cardiovascular system. The beating heart continuously pumps blood throughout the body. Blood supplies oxygen and nutrients to the body. In adults, a normal, healthy heart weighs less than a pound and is slightly larger than a fist. The heart has four chambers and four main vessels that pump blood into and out of the heart. A wall, called the septum, divides the heart into the 'right heart' and the 'left heart.' Each side is divided into an upper chamber, the atrium, and a lower chamber, the ventricle. The sides work together like a double pump. With each heartbeat, the pump on the right side receives blood from the body and pumps it into the lungs to pick up oxygen. The pump on the left side receives this oxygen-rich blood from the lungs and pumps it throughout the body. The heart muscle then relaxes so the chambers can fill up with blood again and continue this process. A system of valves ensures that blood flows in the right direction, in and out of the heart's chambers. Blood is delivered to the heart muscle itself via the coronary arteries, which are on the outside of the heart.

What is coronary artery disease?

Coronary artery disease is the narrowing or blockage of the [coronary arteries](#), usually caused by atherosclerosis. Atherosclerosis (sometimes called "hardening" or "clogging" of the arteries) is the buildup of cholesterol and fatty deposits (called plaques) on the inner walls of the arteries. These plaques can restrict blood flow to the heart muscle by physically clogging the artery or by causing abnormal artery tone and function.

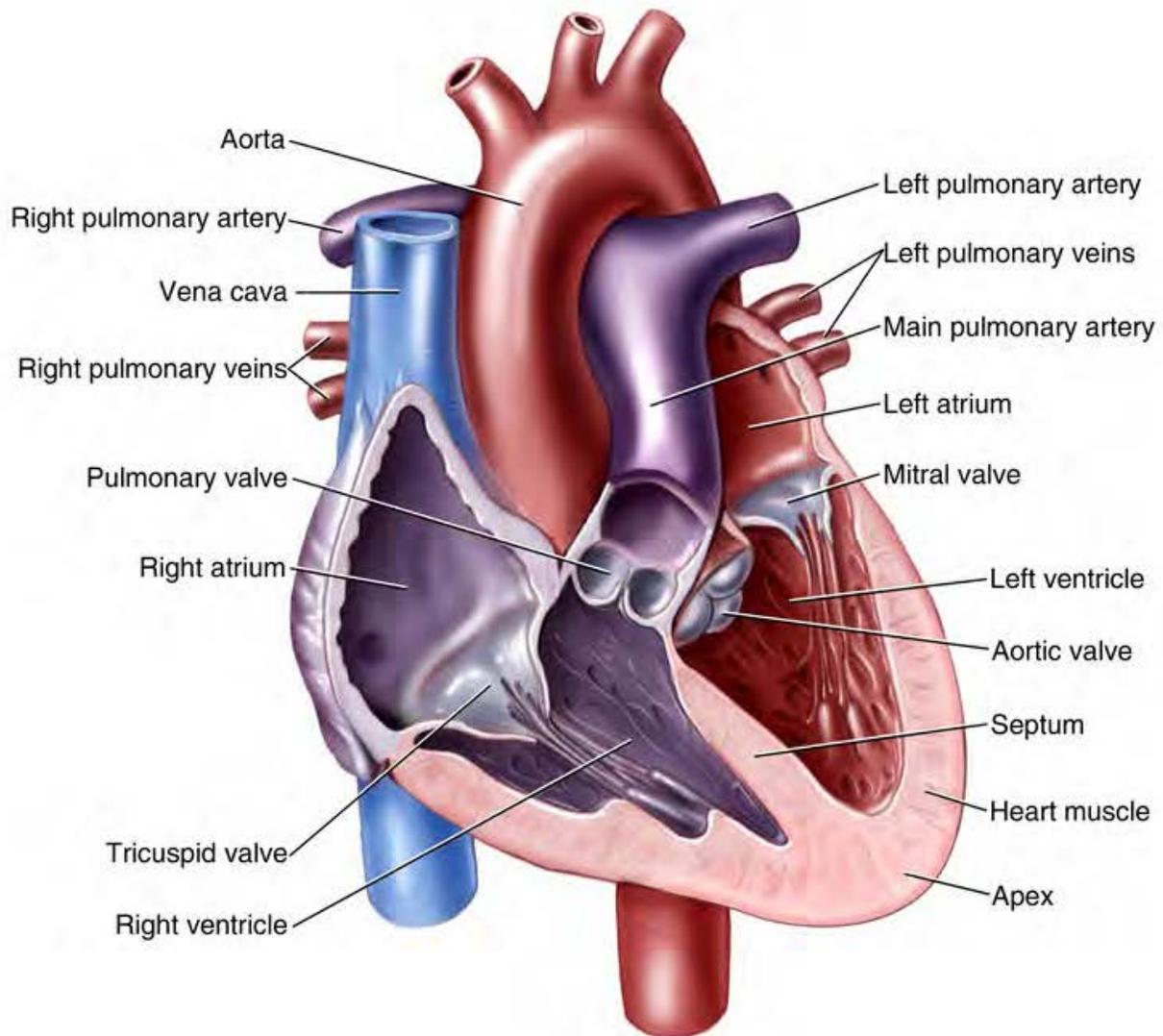
Without an adequate blood supply, the heart becomes starved of oxygen and the vital nutrients it needs to work properly. This can cause chest pain called angina. If blood supply to a portion of the heart muscle is cut off entirely, or if the energy demands of the heart become much greater than its blood supply, a [heart attack](#) (injury to the heart muscle) may occur.

Coronary Artery Bypass Graft Surgery (CABG) treats blocked heart arteries by creating new passages for blood to flow to your heart muscle. It works by taking arteries or veins from other parts of your body - called grafts - and using them to reroute the blood around the clogged artery.

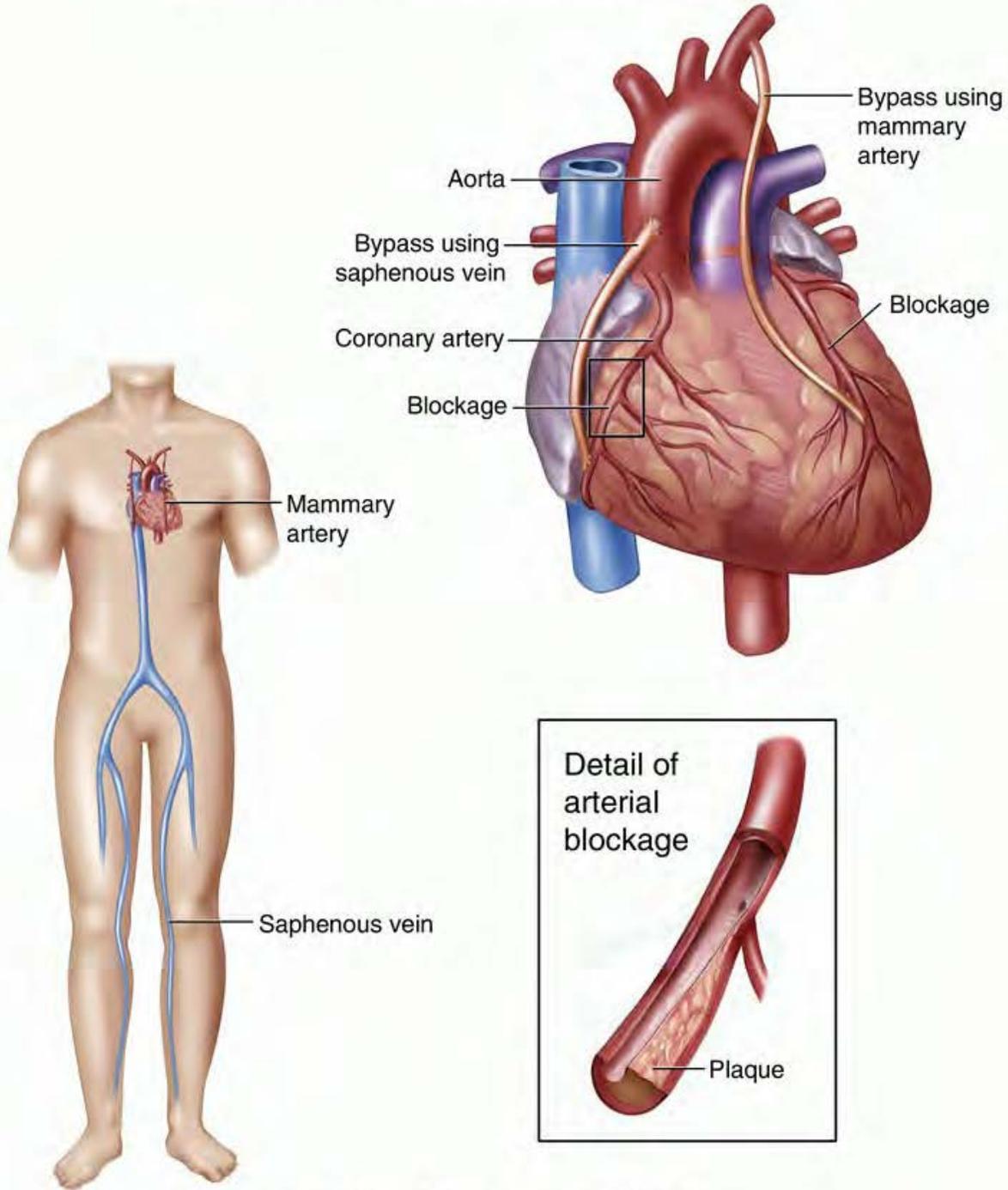
Heart valve surgery is done to replace or repair heart valves that aren't working correctly. Most valve replacements involve the aortic and mitral valves. The aortic valve separates the left ventricle (your heart's main pumping chamber) and the aorta (the major artery that carries blood to your body). The mitral valve separates the left atrium from the left ventricle.

Please refer to the *Krames* booklet at the back of this binder for a more detailed explanation of your specific disease.

Heart: Interior View



Coronary Artery Bypass Surgery



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ATRIAL FIBRILLATION

What is atrial fibrillation (AF)?

AF is a disorder found in about 2.2 million Americans. In this disorder the heart's two small upper chambers (the atria) quiver instead of beating effectively. Blood is not pumped completely out of them so it may pool and clot. If a piece of a blood clot in the atria leaves the heart and becomes lodged in an artery in the brain, a stroke results. About 15 percent of strokes occur in people with AF.

How is AF treated?

Several approaches are used to treat and prevent abnormal beating:

- Medications are used to slow down rapid heart rate associated with AF. These treatments may include drugs such as digoxin, beta blockers (atenolol, metoprolol, propranolol), amiodarone, disopyramide, calcium antagonists (verapamil, diltiazam), sotalol, flecainide, procainamide, quinidine, propafenone, etc.
- Electrical cardioversion may be used to restore normal heart rhythm with an electric shock when medication does not improve symptoms.
- Radiofrequency ablation may be effective in some patients when medications do not work. In this procedure thin and flexible tubes are introduced through a blood vessel and directed to the heart muscle. Then, a burst of radiofrequency energy is delivered to destroy tissue that triggers abnormal electrical signals or to block abnormal electrical pathways.
- Surgery (rarely performed) can be used to disrupt electrical pathways that generate AF.
- Atrial pacemakers can be implanted under the skin to regulate the heart rhythm.

AHA recommendation for stroke prevention

Treating AF is an important way to help prevent stroke. For this reason the American Heart Association recommends aggressive treatment of this heart arrhythmia.

Drugs are also used to help reduce stroke risk in people with AF. Long-term use of anticoagulants (drugs that help prevent blood from clotting) in patients with AF and other stroke risk factors can reduce stroke by 68 percent. Aspirin and warfarin are now used for this purpose.

- Physicians differ on the choice of drugs to prevent embolic stroke – a stroke caused by a blood clot. It is clear that warfarin is more effective against this type of stroke than aspirin; however, warfarin has more side effects than aspirin.
- Patients at high risk for stroke should probably be treated with warfarin rather than aspirin unless there are clear reasons not to do so. Examples include potential bleeding problems or ulcer. Patients over 75 should be monitored carefully.
- Aspirin is the standard treatment for patients at low risk for stroke.

Source: The American Heart Association. For stroke information, visit strokeassociation.org or call the American Stroke Association at 1-888-4-STROKE. For information on life after stroke, ask for the Stroke Family Support Network.

HIGH BLOOD PRESSURE

What is blood pressure?

When your heart beats, it pumps blood into your arteries and creates pressure in them. This pressure (blood pressure) causes your blood to flow to all parts of your body. The top number, systolic pressure (SBP), measures the pressure in your arteries when the heart is beating. The bottom number, diastolic pressure (DBP), measures the pressure while your heart is resting between beats.

What is high blood pressure?

A sustained elevation of blood pressure is called hypertension. When blood pressure is too high and remains high, the walls of the arteries become damaged and prone to atherosclerosis, a build-up of fatty substances on the inner walls of the arteries. The heart must work harder to try and pump oxygenated blood through the clogged arteries. The clogged arteries are more prone to blood clots that can block the flow of blood entirely. High blood pressure can also cause arteries to bulge (aneurysm) or burst (hemorrhage). High blood pressure damages all the arteries and organs of the body.

What are the guidelines for adult blood pressure ranges?

Category	SBP (mm Hg)		DBP (mm Hg)
Normal	< 120	and	< 80
Pre-Hypertension	120-139	or	80-89
Hypertension Stage 1	140-159	or	90-99
Stage 2	> 160	or	> 100

Notes:

When SBP and DBP fall into different categories, use the higher category.

People with Diabetes or kidney disease should maintain a blood pressure below 130/80.

Taken from the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7, 2003)

High Blood Pressure Has No Symptoms!

How can I lower my high blood pressure?

- ◆ Maintain a healthy weight
- ◆ Be physically active
- ◆ Follow a healthy eating plan which includes foods lower in salt
- ◆ If you drink alcoholic beverages, do so in moderation
- ◆ If you have high blood pressure and are taking medication, take it as directed
- ◆ Stop smoking

How do I take an accurate blood pressure reading?

- Sit quietly for 5 minutes prior to recording your blood pressure
- Keep your arm free of tight clothing at the level of your heart
- Always use the correct cuff size: Standard cuff upper arm measurement 9-13” or Large cuff 13-17”
- Do not smoke or drink caffeine 30 minutes prior to taking your blood pressure
- Discuss with your doctor how often to take your blood pressure and when to report high readings

Remember that a single elevated blood pressure reading does not mean that you have high blood pressure, but it is a sign that further observation is needed.

What foods will help lower my blood pressure?

The DASH DIET (Dietary Approaches to Stop Hypertension)

Food Group	Daily Servings	Serving Sizes
Grains	7-8	1 slice of bread, 1 cup ready-to-eat cereal, ½ cup cooked rice, pasta
Vegetable juice	4-5	1 cup raw leafy vegetable, ½ cup cooked vegetable, 6 oz.
Fruits	4-5	1 medium fruit, ¼ cup dried fruit, ½ cup fresh, frozen or canned, 6 ounces fruit juice
Low-fat/fat-free dairy	2-3	8 ounces milk, 1 cup yogurt, 1 ½ ounces cheese
Lean meats, poultry, fish	2 or less	3 ounces cooked lean meats, skinless poultry or fish
Nuts, seeds, and dry beans seeds	4-5 per wk.	1/3 cup or 1 ½ ounces nuts, 1 tablespoon or ½ ounce ½ cup cooked or dry beans
Fats & Oils	2-3	1 tsp. soft margarine, 1 Tbsp. low-fat mayonnaise 2 Tbsp. light salad dressing, 1 tsp. vegetable oil
Sweets lemonade	5 per wk.	1 T. sugar, 1 T. jelly or jam, ½ oz. jelly beans, 8 oz.

Limit alcohol, sugars, and desserts (eat melons, berries, grapes, fruit salads). Use unhydrogenated oils in place of any solid or animal fat. Limit salt and salty foods to less than 2300 mg/day.

“A diet rich in fruits, and vegetables, and low-fat dairy products, and with reduced saturated fat and salt, significantly lowers blood pressure.” Ralph Paffenbarger, Harvard Alumni Study

What medications treat high blood pressure?

If you have high blood pressure, a lifestyle of healthy eating and increased activity may not be enough to control it. Your doctor may prescribe medications. The more that you eat healthy foods rich in fruits and vegetables and low in fat along with regular exercise, the less medicine your doctor may need to prescribe to control your blood pressure.

There are many drugs to lower blood pressure. Often, two or more drugs work better than one. It may take some time to get your blood pressure under control with the right medicine for you. Work with your doctor and keep up the healthy lifestyle.

Medications commonly used to treat hypertension:

- Diuretics – These medications are also known as “water pills” because they flush excess water and sodium from the body in the urine which reduces the amount of fluid in the blood; thus lowering blood pressure. Lasix, HCTZ (Hydrochlorothiazide)
- Beta-Blockers – These drugs reduce nerve impulses to the heart and blood vessels. The heart beats more slowly and with less force. Blood pressure drops and the heart does not work as hard. Toprol, Tenormin, Inderal
- Angiotensin Converting Enzyme (ACE) Inhibitors – These pills prevent the formation of a hormone called angiotensin II, which normally causes blood vessels to narrow. ACE inhibitors relax the blood vessels and blood pressure goes down. Altace, Prinivil, Zestril, Vasotec
- Angiotensin II Receptor Blockers (ARB) – These medicines are a new type of drug which shields the arteries from the effects of angiotensin II. As a result, the vessels become wider and blood pressure is lowered. Cozaar, Diovan, Atacand
- Calcium Channel Blockers – Calcium is kept from entering the muscle cells of the heart and blood vessels relax. Blood pressure goes down. Norvasc, Verapamil, Cardizem
- Alpha Blockers – These drugs reduce nerve impulses to blood vessels, which allows blood to pass more easily. Minipress, Cardura, Hytrin
- Vasodilators – These medications directly open blood vessels by relaxing the muscle in the vessel wall. Nitroglycerin, Apresoline

Caution: Certain drugs, such as Viagra, when combined with your blood pressure medication may lower your blood pressure to dangerous levels!

What are some guidelines for taking my medications?

When you start taking a medication, work with your doctor to get the right drug and dose level for you. If you have side effects, report them to your doctor immediately so that the medication can be adjusted. If you are worried about the cost, tell your doctor or pharmacist. There may be a cheaper drug or generic form to use.

It is important that you take the medication as prescribed by your physician and continue your healthy lifestyle changes.

- ◆ Take the medication the same time each day.
- ◆ Never abruptly stop taking your medication without checking with your doctor.
- ◆ Use a pillbox or calendar (crossing off your medications after taking).
- ◆ Do not store your medications in the bathroom (humidity and temperature may damage your medicines).
- ◆ Wear support stockings and change your position every two hours.
- ◆ Rise slowly as blood may pool in your lower legs and may cause sudden drops in your blood pressure.
- ◆ Profuse sweating enhances the effect of your medications.
- ◆ Avoid extremely “hot” (over 105 degrees) showers or tub baths.
- ◆ Sit down if you feel faint or dizzy and report any prolonged dizziness to your doctor.
- ◆ Notify your doctor if you have prolonged vomiting, diarrhea, or fever.

What questions should I ask my doctor?

- ◆ When is my next follow-up visit?
- ◆ When should I take my blood pressure readings at home?
- ◆ When should I call my doctor for high readings?
- ◆ When should I take my medications?
- ◆ Should my medications be taken on an empty stomach or with food?
- ◆ Are there potential side effects? Will they pass with time?
- ◆ Should I avoid certain activities while taking this medication?
- ◆ Will any foods or other medications interfere with my prescriptions?
- ◆ What if I forget to take my pill?

Check with your physician before taking medications that may increase your blood pressure.

Drugs that can raise blood pressure:

Prescription Drugs:

Anabolic steroids	Cortisone (Prednisone)	Bromocriptine	Cafergot
Disulfiram	Erythropoetin	Estrogens	Tacrolimus
MAO Inhibitors(Lithium)	Tricyclic antidepressants		

Over-the-Counter Drugs:

Non-steroidal anti-inflammatory drugs: aspirin, ibuprofen (Advil), naproxen
Phenylephrine (found in nasal sprays)
Phenylpropanolamine (found in appetite suppressants)
Pseudoephedrine (found in cold and allergy preparations)

Please call our Nurse Heartline, 630-527-2825, to learn more about high blood pressure management

CHOLESTEROL

What is cholesterol?

Cholesterol is one of many types of fats (lipids) that circulate throughout the blood stream. Cholesterol is used in the body to maintain cell walls and to manufacture hormones. It plays a role in neurological development.

We receive cholesterol in two ways. The first is in the food we eat. Cholesterol is found only in animal products like meats, cheeses, eggs, and milk. Foods with saturated fats and trans fatty acids cause the body to make more cholesterol. The second source is our liver. Our livers make cholesterol from the fats we eat. Genes inherited from our parents frequently determine how easily this happens, or how much cholesterol our livers make.

Studies have shown that high levels of cholesterol have been linked to the formation of plaque in the artery walls (atherosclerosis). This plaque can block arteries leading to heart attack or stroke.

Total Cholesterol is the sum of the HDL (high-density lipids or “good cholesterol”), the LDL (low-density lipids or “bad cholesterol”), and the VLDL (very low-density lipids).

Low-Density Lipids (LDL) are the fat molecules that migrate into the walls of the arteries to create plaque. They are also called “bad cholesterol.” LDL can often be lowered through low-fat and healthy eating habits.

High-Density Lipids (HDL) are the fat molecules that collect the LDL molecules and take them back to the liver for disposal. They may also be referred to as healthy or “good cholesterol.” HDL can be improved or increased through exercise and smoking cessation (when that applies). Estrogen also tends to increase HDL. HDL cannot be too high. A low HDL level indicates a greater risk for heart disease.

Very Low-Density Lipids (VLDL) may contribute to plaque formation but their role is not currently well understood.

Triglycerides are the molecules that travel with the VLDL in the blood stream. High triglycerides may contribute to plaque formation indirectly. Triglycerides are lowered by maintaining an ideal weight and by exercising. High triglycerides can occur if you eat more calories each day than you use in physical activity, if you consume too much alcohol, if you eat too many sweets, carbohydrates or fats, or if your genetic make-up programs your body to make too many triglycerides.

Low fat eating and exercise as recommended by your physician and the American Heart Association can help lower your cholesterol. (Please consult your physician before starting an exercise program.)

What are the Harmful Effects of High Cholesterol?

Plaque Formation - Arteries carry blood from the heart to all the cells in the body. The LDL fat molecules migrate into the walls of arteries, creating a fatty plaque. This plaque sits within the

wall of the artery. When LDL numbers are higher than recommended, this process occurs more readily. Plaque can affect all arteries in the body. This plaque tends to increase and can cause a narrowing that restricts blood flow. Many times even small plaques rupture and a clot will form on the inside of the artery. Depending on the size of the clot, it may block blood flow, causing the death of some tissue. Obstruction of the arteries of the heart leads to a heart attack. Obstruction of the arteries that feed the brain leads to a stroke. When it happens in one of your extremities, you can have loss of limb.

Am I at Risk?

If your mother or sister had a heart attack or peripheral vascular (PV) disease at age 65 or younger, or if your father or brother had a heart attack or PV disease at age 55 or younger, you should be screened for high cholesterol. If high cholesterol or heart disease is a problem for your parents, grandparents, or siblings, you are also at greater risk for having high cholesterol. The American Heart Association even recommends screening children if they have a family history of high cholesterol.

How do I know if I have High Cholesterol?

There are usually no symptoms that would let you know you have high cholesterol. A blood test (lipid profile) is the best way to see if you have high cholesterol.

Lipid Profile: A blood test after a 12 hour fast. Includes:

Total Cholesterol: Desirable = less than 200mg/dl
 Borderline High = 200-239mg/dl
 High = greater than 240mg/dl

HDL Cholesterol: Low = less than 40mg/dl A major risk factor for heart disease
 High = greater than 60mg/dl Protects against heart disease

Triglycerides: Normal = less than 150mg/dl
 Borderline High = 150-199mg/cl
 High = 200-499mg/dl
 Very High = greater than 500mg/dl

LDL Cholesterol: Your LDL goal depends on how many other risk factors you have. Risk Factors include: increasing age (women over 55; men over 45), family history of heart disease, smoking, high LDL cholesterol, low HDL, high blood pressure, diabetes, obesity, and physical inactivity. *If your HDL cholesterol is over 60mg/dl, subtract one risk factor.*

70 – 100 mg/dl	The goal for Coronary Heart Disease or Diabetes
Less than 100mg/dl	Best for all
100-129mg/dl	The goal if you have 2 or more risk factors
130-159mg/dl	The goal if you have 1 or no risk factors
160-189mg/dl	High
>190mg/dl	Very High

How Can I Improve My Cholesterol?

Limit dietary cholesterol to less than 300 mg per day (200 mg per day if diagnosed with high cholesterol).

Follow a Low Fat Eating Plan

- Eat chicken, fish, and turkey more often than red meats or pork.
- Choose skimmed milk products when eating dairy, including cheeses.
- Limit the amount of animal fat to 7-10% of your total caloric intake for the day.
- Limit the amount of plant fats to 20% of your total caloric intake for the day.
- Limit the amount of trans fatty acid intake each day.
- Use stanols/sterols such as *Take Control* or *Benecol* spreads instead of butter or margarine if you have high LDL cholesterol

Saturated Fats

(Avoid)

- Butter
- Beef fat
- Lard
- Poultry Fat
- Coconut Oil
- Palm Kernel Oil
- Milk Fat
- Cheese Fat
- Organ Meats

Polyunsaturated Fats

(Recommended)

- Vegetable Oils:
 - Safflower Oil
 - Sunflower Seed Oil
 - Soybean Oil
 - Corn Oil
- Omega-3:
 - White Fish
 - Salmon
 - Tuna

Monounsaturated Fats

(Best Choice)

- Canola Oil
- Olive Oil

Select Foods High in Fiber

- Include 20-35 grams of fiber in your diet daily.
- Choose whole grain products when eating starches (i.e., brown rice, whole grain pastas or bread).
- Choose Cereals with Oat Bran, All Bran, 40% Bran Flakes, Shredded Wheat or oatmeal.
- Sprinkle Wheat Germ on foods
- Add more beans and legumes
- Increase Fruits and Vegetables

What to Look for on Labels when Increasing Fiber (100% whole grain or first ingredient whole grain)

Increasing your intake of fiber will help decrease absorption of LDL cholesterol, increase nutrients, slow absorption, and decrease insulin requirements.

Whole Wheat
Whole Barley
Whole Oats

Cracked Wheat
Graham Flour
Whole Cornmeal

What Are Other Ways I Can Improve My Cholesterol?

If you smoke, QUIT! Smoking decreases the HDL Cholesterol.

Add physical activity to your day. Exercise lowers triglycerides and raises the protective HDL levels. The American Heart Association recommends aerobic exercise for at least 30 minutes per day, most days of the week. An exercise session should include 5 minutes of warm-up and end with 5 minutes of cool-down. Resistance training is recommended on two or more days per week. Including flexibility training and an increase in daily lifestyle activities can round out the regimen. Significant improvement has even been demonstrated with multiple short bouts of exercise (10 minutes, 3-4 times per day). Always check with your doctor before starting an exercise program.

What Medicines Lower Cholesterol?

Type of Medication	Name	Action	Possible Side Effects
Statins	Lipitor (Atorvastatin) Zocor (Simvastatin) Crestor (Rosuvastatin) Pravochol (Pravastatin) Lescol XL (Fluvastatin)	Slow down production of cholesterol and increase liver's ability to remove LDL cholesterol from the blood. Decrease total cholesterol, LDL cholesterol, and triglycerides and modestly increases HDL.	Side effects are uncommon but can include gastrointestinal upset or constipation. Should muscle soreness, pain, weakness or brown urine occur, contact your doctor right away. -Increased liver enzymes - monitor
Cholesterol Absorption Inhibitor	Zetia	Works in the small intestine to reduce the amount of cholesterol your body absorbs. Decreases total cholesterol and LDL. Often used in combination with other medications.	Rare side effects. Report stomach pain and unusual tired feelings to your doctor.
Niacins	Niacin Niaspan (extended release) Slo-Niacin (sustained release)	Reduces the production of LDL and triglycerides in the liver. Decreases total cholesterol, LDL cholesterol, and triglyceride level, while raising HDL cholesterol level.	Common side effect is flushing or hot flashes. Can be decreased by taking during or after meals or by taking aspirin as recommended by your doctor. Side effects may include decreased blood pressure, nausea, indigestion, itching, or rash. This may not be indicated for patients with gout, peptic ulcer, liver disease, or diabetes.

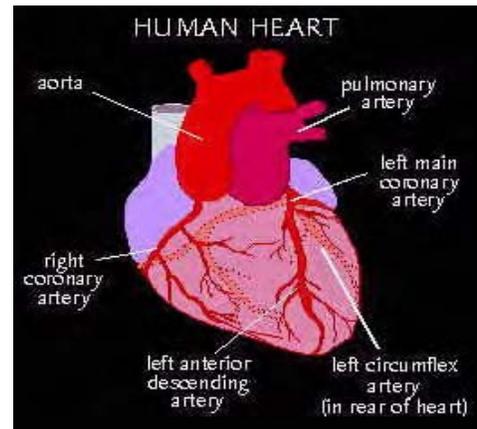
Type of Medication	Name	Action	Possible Side Effects
Fibric Acid Derivatives	Tricor (Fenofibrate) Antora (Fenofibrate) Lopid (Gemfibrozil) Trilipix	Decreases the production of triglycerides in the liver and stimulates the breakdown of triglyceride-rich particles. Lowers triglycerides and may increase HDL cholesterol.	May include gall stones, GI disturbances, diarrhea, and muscle aches. Talk with your doctor when taking with statins or anticoagulant medicine such as coumadin.
Bile Acid Binding	Cholestyramine (Questron Lo Cholest, Prevalite) Cholestipal or Colestid	Binds bile acids (made largely of cholesterol) for excretion in the stool. As the liver makes more bile, it uses cholesterol from the blood.	Constipation, bloating, gas, or fullness. Take other medications at least 2 hour before or 4-6 hours after taking.
Combination Medications	Advicor (Lovastatin + Niacin) Vytorin (Zocor + Zetia) Simcor (Erniacin + Simvastatin) Caduet (Amlodipine + Atorvastatin)	Action same as above medications	Same as individual medication.
Omega-3 Acids	Omacor	Used with diet to decrease high triglyceride levels.	Belching, infection, flu symptoms, GI upset, or rash.

To learn more about cholesterol, Call the Nurse Heartline at 630-527-2825.
Read about cholesterol on the following websites: www.americanheart.org
www.nhlbi.nih.gov/index.htm

Source: ATP III Adult Treatment Pane 2004, American Heart Association Update 2004

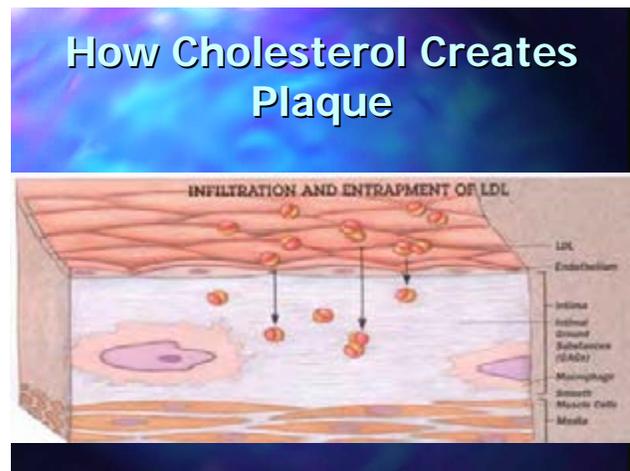
CONTROLLING YOUR RISK FACTORS

Heart disease is the leading cause of death in the United States, and half of all patients die before reaching the hospital. Often, the first warning sign is a massive heart attack. Your individual risk for heart attack and stroke can be greatly reduced by controlling the risk factors for these diseases.

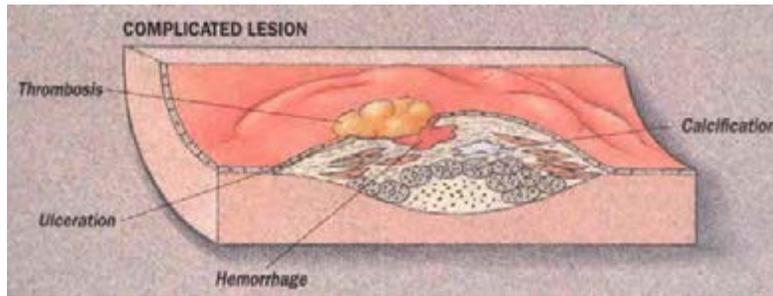


What is atherosclerosis or coronary artery disease?

Atherosclerosis is a process in which plaque builds up in the wall of an artery. Plaque is made up of deposits of fats, cholesterol and other substances. Plaque formations can grow large enough to significantly reduce the blood's flow through an artery. This plaque build up in the coronary arteries is Coronary Artery Disease (CAD).



Low density lipoprotein (LDL) or “bad” cholesterol travels in the blood and becomes trapped in the lining of the arterial wall. The body sends white blood cells to this area to try and remove the trapped LDL particles. Once trapped, the LDL cannot be removed. Inflammation occurs around this area, leading to the formation of plaque. As this plaque and inflammation worsen, calcium deposits form within the plaque. This is what is often referred to as “hardening of the arteries.”



Wherever plaque is found, that inside lining of the artery is weakened, making it vulnerable to rupture or tear. This tearing causes the body to form a clot to stop the bleeding. The opening of the artery becomes blocked, causing a heart attack. No blood can get through that blocked artery. Anything below the blockage begins to die from lack of oxygenated blood. If this blockage occurs high in the heart it can be fatal. The entire heart may stop working as it begins to beat abnormally.

Much of this process of coronary artery disease can be prevented by controlling risk factors. If discovered early, hardening of the arteries can be halted. There are tests available to detect plaque in the very early stages. There are tests available to detect plaque in the very early stages such as the Ultra Fast Heart Scan.

What are the symptoms of a heart attack or stroke?

Heart Attack
<ul style="list-style-type: none"> • Pressure, squeezing pain in the chest • Pain that spreads to the neck, arms, or jaw • Pain accompanied by sweating, nausea, or shortness of breath <p>Note: Symptoms may or may not be present</p>

Stroke
<ul style="list-style-type: none"> • Facial drooping • Slurred speech • Trouble speaking • Sudden unexplained headache • Weakness or numbness on one side • Visual changes • Dizziness • Confusion

Seek Medical Attention Immediately! Call 911!

Become CPR Certified – call 630-527-6363 to register.

What are the risk factors that I cannot change?

- ◆ **Personal History:** If you have ever had a heart attack, stroke, angioplasty, stent placement, or heart bypass procedure, there is a much greater risk for having another one compared to the person who has never had an event.
- ◆ **Age & Gender:** If you are a men over 45 or women over 55, there is a greater risk for having a heart attack or stroke. The plaque build-up process tends to worsen as we age.
- ◆ **Family History:** You are at greater risk if you had a father or brother who had a heart attack or stroke before the age of 55 or a mother or sister who had a heart attack or stroke before the age of 65.

What are the risk factors that I can change?

- ◆ **Smoking:** Smoking is the leading preventable cause of disease and death. It increases the risk of heart disease and damages the arteries by increasing blood pressure, heart rate, and tendency for the blood to clot. Smoking decreases the high density lipoprotein (HDL). Call our **Nurse Heartline @ (630) 527-2825** or the **American Lung Association @ 1-800-LUNGUSA** for strategies to help you quit smoking.
- ◆ **High Blood Pressure:** High blood pressure damages the arteries by causing a “sandpaper” effect that makes it easier for the LDL cholesterol to get caught in those rougher areas as it travels through the blood. Plaque increases much more easily. High blood pressure is a leading risk factor for stroke! Increasing exercise, maintaining a healthy weight, eating a diet rich in fruits and vegetables, and reducing your salt intake can help to reduce your blood pressure.
- ◆ **Abnormal Cholesterol:** Your blood consists of both HDL (healthy or good) and LDL (lousy or bad) cholesterol.

HDL cholesterol helps decrease the LDL cholesterol. Exercise helps increase your HDL levels.

LDL cholesterol gets trapped in the walls of the arteries leading to plaque build-up. You can reduce your LDL levels by eating a low-fat diet. Some families have inherited a liver which just makes too much LDL cholesterol. Medications may be needed to lower LDL to safe levels. The more you lower your LDL through healthy eating, the less medicine your doctor may need to prescribe to reduce your risk for heart disease and stroke.
- ◆ **Lack of Exercise:** Exercise strengthens and improves many areas of the body. Some of the cardiovascular benefits include raising HDL cholesterol levels, lowering blood pressure, helping to control weight, reducing stress, and preventing diabetes. ***Always check with your doctor before beginning an exercise program.*** The best benefits are provided from regular aerobic exercise 3-5 times per week for at least 30 minutes. Exercise should always begin with a 5 minute warm-up period and should be followed by a 5 minute cool-down period. Resistance training (light weights) should be part of a good routine at least 2-3 times per week. Try to do something active every day.
- ◆ **Diabetes:** Diabetes is a progressive disease in which your body does not make enough insulin or does not respond properly to insulin. High blood sugar levels are dangerous and damaging to the arteries. The extra sugar in the blood slows down the flow of blood and irritates the walls of the arteries. As LDL travels more slowly in the blood it gets trapped more easily in the walls of the arteries. Maintaining a healthy weight, exercising, and limiting simple carbohydrates help to prevent high blood sugar.
- ◆ **Pre-Diabetes** or insulin resistance occurs when a person’s blood glucose levels are higher than normal or when the body cannot use insulin efficiently. It is important to monitor blood sugars.

What are the other lifestyles which increase your risk for heart attack or stroke?

- ◆ **Stress:** If you think that you are experiencing too much stress, you probably are. Stress tends to make everything worse! When you are anxious your body secretes too much adrenaline which increases your heart rate and blood pressure. Over time the increased blood pressure causes great damage to the heart and arteries leading to an increased risk for heart attack and stroke. Exercise, deep breathing techniques or talking with friends helps to reduce stress and blood pressure.
- ◆ **Obesity:** Too much extra weight increases your blood pressure and blood sugar which increase the plaque build-up. Extra weight is also hard on the joints, lungs and many parts of the body. It is almost as dangerous to the body as smoking. Aerobic exercise along with strength training, healthier food choices and stress reduction will help control your weight.
- ◆ **Unhealthy Eating (Saturated Fats):** A diet rich in fiber and low in saturated fats, trans fatty acids, and cholesterol has been shown to lower LDL cholesterol levels and thus reduce your risk for heart attack and stroke.

Tips for heart healthy eating:

- ◆ Eat foods in natural form
- ◆ Increase your fruits and vegetables,
- ◆ Eat more beans, whole grain breads and cereals
- ◆ Eat low-fat dairy products
- ◆ Eat less processed meats and packaged food
- ◆ Reduce foods high in salt
- ◆ Avoid junk or fast foods
- ◆ Watch your proportions, especially when eating out
- ◆ Drink alcohol in moderation

Do you know your numbers?

Total Cholesterol (fasting)		LDL (bad) Cholesterol		HDL (good) Cholesterol		Triglycerides		
Below 200	Desirable	Below 100	Optimal	Above 60	High (good) *	Below 150	Normal	
200-239	Borderline High	100-129	Good	Below 40	Low (bad)	150-199	Borderline high	
Over 240	High	130-159	Borderline High	Higher levels are best		200-499	High	
		160-189	High	* You may subtract one risk factor when your HDL is above 60		Above 500		Very High
		Above 190	Very High					
Blood Pressure			Waist Circumference			Blood Sugar (fasting)		
Below 120/80	Normal		Women should be less than 35"			70 - 100	Normal	
120/80 - 139/89	Pre-Hypertension		Men should be less than 40"			101 – 124	Pre-Diabetes	
140/90 - 159/99	Stage 1 Hypertension					125 or greater	Diabetes	
Over 160/100	Stage 2 Hypertension							

Remember: *“An ounce of prevention is worth a pound of cure” (Old English proverb).*

DIABETES

What is Diabetes?

Diabetes is a disease that affects the body's use of glucose, the best fuel for the cells in our body. Normally, after eating, the body breaks down food made from carbohydrates (i.e. pasta, fruit, cereal, milk) into glucose. There is an elaborate communication system that signals the pancreas to release the correct amount of insulin (a hormone produced by the beta cells in the pancreas) into the bloodstream. Those with diabetes either do not make enough insulin or their body does not use it efficiently. Without enough insulin, glucose builds up in the blood which can lead to health problems over time.

What are the Types of Diabetes?

- ◆ **Type 1 Diabetes** - is a condition that results from the destruction of beta cells, cells in the pancreas that make insulin. It is most often diagnosed in children and young adults under age 30. People with this form of diabetes need insulin in order to survive. This represents 5-10% of patients that have diabetes in the US.
- ◆ **Pre-Diabetes** – is a condition that occurs when a person's blood glucose levels are higher than normal (i.e. fasting blood glucose 100-125mg/dL) but do not meet the criteria for Type 2 Diabetes. Research has demonstrated that if people with pre-diabetes are given lifestyle counseling, support and education, 58% of those people will not progress to Type 2 Diabetes.
- ◆ **Type 2 Diabetes** - There are approximately 24 million Americans with diabetes and 90-95% have Type 2 Diabetes. In type 2 Diabetes, initially, the pancreas produces enough insulin. Obesity, especially abdominal obesity, can contribute to insulin resistance, where the cells in the body do not respond to insulin as well. To compensate for this, the pancreas begins to over-produce insulin, to keep blood glucose at target. Over time, the pancreas makes less insulin. As insulin production drops, the blood glucose starts to rise and this is when Type 2 Diabetes can be diagnosed. It is most often diagnosed in middle-aged adults. Unfortunately, we are now seeing children diagnosed with Type 2 Diabetes, which many think is related to the epidemic of childhood obesity.
- ◆ **Gestational Diabetes** - is a form of diabetes that can occur during pregnancy, usually between 24th and 28th week. Treatment includes a regimented meal plan and testing blood glucose levels first thing in the morning (fasting) and 2 hours after meals. GDM usually resolves after delivery but women who have had gestational diabetes have an increased risk for developing Type 2 Diabetes within 5-15 years.

What are the Symptoms of Type 2 Diabetes?

- ◆ Increase hunger and thirst
- ◆ Increased urination
- ◆ Unexplained weight loss
- ◆ Feeling tired
- ◆ Non-healing infections
- ◆ Blurred vision

What are the Risk Factors for Type 2 Diabetes?

- ◆ Obesity
- ◆ Inactivity
- ◆ High blood pressure or high cholesterol
- ◆ Family history of diabetes
- ◆ Diabetes during pregnancy or having a baby weighing more the 9 pounds at birth
- ◆ Over the age of 45 years
- ◆ Belonging to one of the following cultural groups: African American, American Indian, Hispanic, Asian, Alaska Native, Native Hawaiian, or Pacific Islander

How is Diabetes usually diagnosed?

Diabetes is diagnosed when the fasting blood glucose is equal or greater than 126 mg/dL after no caloric intake for at least 8 hours.

What is a Hemoglobin A1c test?

This test gives you average blood sugar over the past 2 to 3 months. It can help to determine how well diabetes has been controlled. Through research, the American Diabetes Association recommends that patients need to keep their A1c less than 7% to reduce the risks of complications. Endocrinologists prefer that patients keep their A1c less that 6.5%, a little closer to the normal range which is 4-6%.

What is the treatment plan for Diabetes?

- ◆ Regular physical activity – at least 150 minutes per week.
- ◆ Healthy meal plan
- ◆ Stress Management
- ◆ Medications when indicated
- ◆ Blood glucose monitoring
- ◆ Standard of care includes keeping BP and cholesterol at target

What are the possible complications associated with uncontrolled diabetes?

- ◆ Heart Attack
- ◆ Stroke
- ◆ Changes in vision
- ◆ Kidney disease
- ◆ Gum disease
- ◆ Neuropathy
- ◆ Sexual Dysfunction
- ◆ Feet and leg problems

How can I reduce my risk of developing insulin resistance, Type 2 Diabetes, and Heart Disease?

- ◆ Maintain a healthy weight
- ◆ Be physically active-ideally 1 hour of some kind of physical activity daily.
- ◆ Keep cholesterol at target. Keep Total cholesterol less than 200 mg/dL, LDL cholesterol below 130 mg/dL, HDL cholesterol over 40 mg/dL for men and over 50 mg/dL for women, and triglycerides under 150mg/dL.
- ◆ Eat a low fat, high fiber diet most of the time.
- ◆ Eat 3 meals a day and watch portion sizes.
- ◆ Keep blood pressure at target.
- ◆ If you have any of the risk factors for diabetes, talk to your doctor about screening for type 2 diabetes

What are the Medications Used to Treat Diabetes?

By choosing to eat healthy, be physically active and control your weight, you are lowering your risk for heart disease and helping to control your diabetes. Often medication is needed to get/keep your A1c at goal.

- ◆ Sulfonylureas – These drugs stimulate the pancreas to make more insulin. It is important to eat 3 meals a day to reduce our risk of hypoglycemia, a possible side effect of this drugs.
- ◆ Meglitinides – These drugs are taken with the first bite of food before each meal. Like sulfonylureas, this class of drugs stimulates the pancreas to release insulin
- ◆ Biguanides – These drugs stop the liver from releasing excessive glucose into the bloodstream. They also reduce insulin resistance by making the fat and muscle cells more sensitive to your own insulin.
- ◆ Thiazolidinediones (TAD) – These drugs decrease insulin resistance by making your muscles, liver and fat more sensitive to your own insulin. They may take up to 12 weeks to see the best results. There have been some concerns that Avandia (rosiglitazone) may increase risk of heart disease, so Actos (pioglitazone) is more frequently prescribed TSD.
- ◆ Alpha-Glucosidase Inhibitor – These medications block the enzymes that digest the starches you eat. They cause a slower and lower rise of blood sugar during the day, especially after meals. The most common side effect is gas.
- ◆ Insulin – is an injectable hormone. Insulin is used when there is too little or no insulin made by the pancreas and the oral medication are unable to keep A1c at target. A patient with type 2 diabetes is frequently start with one injection at bedtime.
- ◆ Byetta – is an injectable hormone. It replaces a naturally occurring hormone produced in the gut. Byetta addresses several of the defects of type 2 diabetes: stops the liver from releasing too much glucose, slows down digestion, stimulates the satiety center in the brain (which can reduce appetite) and stimulates the pancreas to release just the amount of insulin needed based on the amount of carbohydrates consumed.

RESOURCES FOR ADDITIONAL INFORMATION:

Edward Diabetes Education Center	630-646-6721	
Edward Heart Hospital Nurse Line	630-527-2825	
American Diabetes Association	1-800-342-2383	www.diabetes.org
American Dietetic Association	1-800-877-1600	www.eatright.org

EXERCISE

What is Aerobic Exercise?

Aerobic means “uses oxygen”. Aerobic activity involves exercises that utilize large muscle groups over prolonged periods of time. These exercises are rhythmic in nature (i.e. walking, hiking, running, or swimming). Being active is not the same as aerobic exercise! Physical activity as defined by the American College of Sports Medicine is “any bodily movement produced by the contraction of skeletal muscles that result in a substantial increase over resting energy expenditure. Exercise is a type of physical activity consisting of planned, structured, and repetitive bodily movement done to improve or maintain one or more components of physical fitness”. So being active can cause increased energy expenditure but does not necessarily improve your overall fitness level.

What is the effect of exercise on our bodies?

Exercise may decrease:

- Resting heart rate
- Blood Pressure
- Stress Symptoms
- Cholesterol, Triglycerides
- Blood Sugar
- Blood Clot Formation
- Pain
- Weight

Exercise may increase:

- Overall Circulation
- Metabolism to help lose weight
- High Density Lipoproteins
- Oxygen Utilization
- Muscular Strength/Endurance
- Flexibility
- Mental Awareness
- Immunity
- Bone Density
- Better Quality Sleep

Being sedentary—or lack of exercise—can increase the risk for heart disease, obesity, diabetes, and high blood pressure.

How can risk factors be controlled with exercise?

Regular aerobic exercise performed 3-6 days a week improves cardiovascular response. Cardio-respiratory fitness should include 20-60-minutes of continuous or intermittent aerobic exercise (intermittent exercise consists of 10 minute bouts throughout the day to accumulate 30 minutes total).

What are the four components of an exercise prescription? FITT Principle

Frequency - This is how often you perform your exercise regimen.

Intensity - Refers to the difficulty of the exercise. Use Target Heart Rate (THR), Rate of Perceived Exertion (RPE), or the Talk Test (if you can talk fairly easily while exercising you are probably working hard enough) to determine how hard you are working. (RPE and THR information on the following pages.)

Time- How long the exercise session lasts (20-60 minutes). It is not recommended to exercise greater than 60 minutes to guard against musculoskeletal injuries and overuse syndrome.

Type- The form of exercise (i.e. aerobic, strength training or flexibility)

Remember : Always check with a physician before beginning an exercise program

Doing activity that requires moderate effort is safe for most people. However, if you have a chronic health condition such as heart disease, arthritis, diabetes or other symptoms. Be sure to talk with your doctor about the types and amounts of physical activity that are right for you.

What should an exercise routine include?

Warm-ups - warming up prepares the body for increased activity. Warm-ups consist of 5-10 minutes of gradually increasing intensity.

Exercise - an exercise routine should last 20-60 minutes. Frequency, intensity and time should increase as you become more fit.

Aerobic/Cardiovascular – **FITT Principle**

Frequency

- 3-6 times/week

Intensity

- Rate of Perceived Exertion between 2-6
- Target Heart Rate
- Talk test

Time

- 20-60 minutes
- Minimum-20 minutes of high intensity
- Otherwise, 30-60 minutes/session

Type – Walking, biking, swimming, running, elliptical machine

Strength Training – **FITT Principle**

Frequency

- 2-3 times/week allowing a 48-72 hours rest period between sessions
- Promotes adaptations associated with gains in strength

Intensity

- Chosen resistance should induce muscle fatigue by end of the set

Time

- 2-4 sets for each muscle group
- 8-12 repetitions for strength and conditioning
- 15-25 repetitions for endurance

Type – Weights, machines, body weight, etc.

Flexibility – **FITT Principle**

Frequency

- 2-3 times/week
- Greater gains seen with daily flexibility exercise

Intensity

- Hold at point of tightness or slight discomfort, should not be painful

Time

- Hold the stretch for 10-30 seconds; Adults 65 and older should hold a stretch for 30-60 seconds
- Goal is to attain 60 seconds of total stretching time per exercise adjusting duration and repetitions according to individual needs

Type – Static stretch (most commonly used), dynamic

Cool-downs - cooling down allows gradual recovery from exercise and prevents complications such as cramping and blood pooling. Cool-downs consist of 5-10 minutes of gradually decreasing intensity.

What are some helpful hints for exercise?

Do activities you enjoy
Take a walk after dinner
Use the buddy system and exercise with a friend
Set short and long term goals
Set clothes out or pack them up the night before
Keep spare shoes in the car
Walk at lunch
Schedule exercise into your day

Be prepared
Drink plenty of water
Park further away
Avoid outside exercise in extreme weather
Take an activity break
Avoid exercising immediately after eating
Do housework at a brisk pace
Mow the lawn
Go dancing instead of a movie

***Listen to your body!

Seek medical attention if you experience any of the following***

- ✓ Extreme shortness of breath
- ✓ Chest/arm/jaw pain
- ✓ Dizziness
- ✓ Unexplained fatigue

Target Heart Rate Determination

Heart rates vary from person to person. You can calculate your individual target heart rate ranges by following the Heart Rate Reserve Method below:

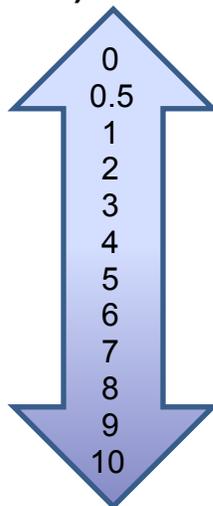
1. Estimate your maximum heart rate:
 $208 - 0.7 \times \text{your age} = \text{Maximum Heart Rate (MHR)}$
 $208 - 0.7 \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$
2. Take your pulse in the morning before getting out of bed:
Resting Heart Rate (RHR) = $\underline{\hspace{2cm}}$
3. Calculate your Heart Rate Reserve (HRR)
 $\underline{\hspace{2cm}}(\text{MHR}) - \underline{\hspace{2cm}}(\text{RHR}) = \underline{\hspace{2cm}}(\text{HRR})$
4. 50% training intensity (low end of target heart rate range)
 $\underline{\hspace{2cm}}(\text{HRR}) \times 0.5 = \underline{\hspace{2cm}} + \underline{\hspace{2cm}}(\text{RHR}) = \underline{\hspace{2cm}}(\text{low range})$
5. 85% training intensity (high end of target heart rate range)
 $\underline{\hspace{2cm}}(\text{HRR}) \times 0.85 = \underline{\hspace{2cm}} + \underline{\hspace{2cm}}(\text{RHR}) = \underline{\hspace{2cm}}(\text{high range})$

Always listen to your body's signals to help regulate the intensity of your exercise program.

The above calculations are inappropriate for use if you are currently taking a beta blocker (refer to medication insert for information on beta blockers). Utilize Rate of Perceived Exertion Chart (RPE) instead!

Rate of Perceived Exertion (RPE) Chart

Studies have shown that exercise ratings on the scale between 2 and 6 give the best indication of optimal exercise intensity.



0 Nothing at all
0.5 Very, Very Light (just noticeable)
1 Very Light
2 Fairly Light
3 Moderate
4 Somewhat Hard
5 Hard
6
7 Very Hard
8
9 Extremely Hard
10 Very, Very Hard (Maximal Effort)

Additional Exercise Options at Edward:

- **Lifestyle Under Construction (LUC)** A 6-month medically supervised program for Metabolic Syndrome to teach you the tools you need to succeed.
Call 630-527-2825
- **Cardiopulmonary Rehabilitation** For more information on phase 2, phase 3 or beginners yoga
Call 630-527-3388
- **Peripheral Arterial Conditioning & Exercise (PACE)** An individualized, medically supervised exercise program for those with claudication (pain in the calf/buttocks experienced while walking and is relieved by rest)
Call 630-527-3388
- **Edward Health and Fitness Centers**
Naperville 630-646-5900
Seven Bridges in Woodridge 630-646-7900

Source: American College of Sports Medicine

If you have any questions please call the Edward Hospital Nurse Heartline at 630-527-2825

OBESITY

What is obesity?

Obesity is defined as too much body fat. Your body is composed of water, fat, protein, carbohydrates, vitamins, and minerals. The development of obesity involves many things including genetic, metabolic, physiological, cultural, social and behavioral factors. Why obesity develops is still not well understood. In most people, obesity is caused by taking in more calories than are used up in physical activity and daily life. If you carry most of your body fat within the waistline, you are at higher risk for developing hypertension, diabetes, heart disease, and stroke.

Why is obesity harmful?

Being overweight or obese can have a harmful effect on your overall health. Obesity puts you at greater risk for the following conditions:

◆ Heart disease	◆ Gallbladder Disease
◆ Stroke	◆ Fertility Problems
◆ Hypertension	◆ Poor Self Esteem
◆ Type 2 Diabetes	◆ Depression
◆ Dyslipidemia: (abnormal cholesterol and triglycerides)	◆ Respiratory problems
◆ Metabolic Syndrome	◆ Sleep apnea
◆ Some Cancers	◆ Arthritis
◆ Varicose Veins	◆ Gout

Studies have shown that even a small amount of weight loss (5-7% of weight) has a huge effect on improving your overall health including lowering blood pressure, decreasing LDL (lousy) cholesterol, triglycerides, and blood sugar, and increasing HDL (healthy) cholesterol. It is not easy, but it is possible to control your weight with a lifestyle of healthy eating and increased activity.

How is body fat measured?

Waist circumference and Body Mass Index (BMI) are the recommended ways to estimate body fat. A high-risk waistline is greater than 35 inches for women and greater than 40 inches for men. The BMI formula assesses body weight relative to height. It is a useful, indirect measure of body composition because in most people it correlates highly with body fat.

What is your Body Mass Index?

Height	<u>Minimal Risk</u> (BMI under 25)	<u>Moderate Risk</u> (BMI 25-29.9) <i>Overweight</i>	<u>High Risk</u> (BMI 30 and above) <i>Obese</i>
4'10"	118 lbs. or less	119-142 lbs.	143 lbs. or more
4'11"	123 or less	124-147	148 or more
5'0"	127 or less	128-152	153 or more
5'1"	131 or less	132-157	158 or more
5'2"	135 or less	136-163	164 or more
5'3"	140 or less	141-168	169 or more
5'4"	144 or less	145-173	174 or more
5'5"	149 or less	150-179	180 or more
5'6"	154 or less	155-185	186 or more
5'7"	158 or less	159-190	191 or more
5'8"	163 or less	164-196	197 or more
5'9"	168 or less	169-202	203 or more
5'10"	173 or less	174-208	209 or more
5'11"	178 or less	179-214	215 or more
6'0"	183 or less	184-220	221 or more
6'1"	188 or less	189-226	227 or more
6'2"	193 or less	194-232	233 or more
6'3"	199 or less	200-239	240 or more
6'4"	204 or less	205-245	246 or more

To calculate your exact BMI value, multiply your weight in pounds by 703, divide by your height in inches, then divide again by your height in inches.

(Adapted from Obesity Education Initiative: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, National Institutes of Health, National Heart, Lung, and Blood Institute, Obesity Research 2003.

Body Mass Index (BMI):	Less than 18.5	Underweight
	18.5 to 24.9	Healthy
	25.0 to 29.9	Overweight
	30.0 to 39.9	Obese
	Greater than 40.0	Extreme Obesity

Heart disease, diabetes, and high blood pressure are all linked to being overweight. A BMI of 30 and over increases the risk of death from any cause by 50 to 150%, according to some estimates. Health experts note people who are overweight but have no other health risk factors (high cholesterol or high blood pressure) should eat healthier and exercise to keep from gaining additional weight. For people who are overweight and have health risks, they recommend trying to actively lose weight. The initial goal of weight loss should be to reduce body weight by approximately 10 percent from the baseline. Weight loss should be about 1 to 2 pounds per week.

What are some weight loss strategies?

A healthy diet low in calories, combined with increased physical activity, behavior modification and group support provides the best chance for permanent weight control.

Healthier Eating

- ◆ Eat a well balanced selection of foods
- ◆ Eat frequent small meals
- ◆ Avoid skipping meals, especially breakfast
- ◆ Increase fruits and vegetables
- ◆ Increase fiber (beans, whole grain breads and cereals)
- ◆ Drink eight glasses of water a day
- ◆ Decrease your alcohol intake
- ◆ Eat less processed convenience foods
- ◆ Decrease sweets
- ◆ Read labels and note portion size
- ◆ Decrease saturated fat intake – eat more lean cuts of meat
- ◆ Keep a food journal of everything you eat

Find your balance between food and physical activity. Let **ChooseMyPlate** guide your daily choices.

Log on to www.ChooseMyPlate.gov for more information.



Increase Your Activity

- ◆ Any exercise program should begin with your doctor's clearance
- ◆ Start by simply being more active in your daily routine: Park farther away, take short walks at lunch or after dinner, take the stairs
- ◆ Warm up 5 – 10 minutes prior to exercise
- ◆ Strive to get at least 30 minutes of exercise per day
- ◆ Working up a sweat is a good indication of adequate intensity
- ◆ Cool down 5 – 10 minutes after exercise
- ◆ Add light weight training to your routine
- ◆ Encourage the entire family to be more active; biking, walking, dancing

Get Support to Make this a Lifestyle Change

- ◆ Find a buddy to exercise with
- ◆ Join a weight loss group to learn healthy eating and for encouragement
- ◆ Take a class on healthy eating
- ◆ Weigh yourself no more than once a week
- ◆ Give yourself frequent rewards for sticking to your lifestyle changes – a movie, new article of clothing, extra pampering

Need additional help?

If you are having difficulty starting or maintaining your lifestyle changes or need some extra help, please contact the following resources:

- ◆ Edward Heart Hospital Heartline 630-527-2825 www.edward.org
- ◆ Lifestyle Under Construction 630-527-2825
A 6-month medically supervised program for
Metabolic Syndrome to equip you with the tools you
need to succeed.
- ◆ Edward Cardiac Rehab 630-527-3388
(Aerobic, Conditioning & Toning - ACT) Exercise
physiologists help to create an exercise program)
- ◆ American Heart Association 800-242-8721 www.americanheart.org
- ◆ Delicious meet Nutritious 630-527-6363 www.deliciousdecisions.org
A two part series focusing on flavorful food choices
you can make while maintaining a well-balanced diet
- ◆ Weight Watchers www.weightwatchers.com
- ◆ Overeaters Anonymous (OA) www.oa.org

SMOKING

Smoking is a major cause of cardiovascular disease. Cigarette smoking, in addition to harming the lungs, causes great damage to ALL of the arteries of the body, and frequently leads to heart attacks, strokes, and many cancers.

What does smoking do to the body?

Inhaling cigarette smoke or being exposed to significant amounts of second-hand smoke causes different effects on the heart and blood vessels. The cigarette is a “highly engineered nicotine drug-delivery device”. Nicotine rapidly gets into the blood system, immediately increasing the heart rate and blood pressure. With each puff the arteries of the body constrict or tighten as blood pressure rises. Blood sugar also rises, which accounts for the temporary suppression of appetite. The most dangerous side effect of smoking is that the blood becomes “stickier” as platelets (important for blood clotting) cluster together. An average 1 pack per day smoker gets 300 nicotine “hits” a day. These “hits” cause damage to ALL the arteries of the body. Atherosclerosis (hardening of the arteries) or plaque formation is abundant in most smokers. This disease process puts smokers at great risk for heart attacks and stroke! It can lead to a process called peripheral arterial disease (PAD) which may result in loss of limbs.

What are some harmful effects of smoking?

- ◆ Heart attack
- ◆ Stroke
- ◆ Cancer of lung
- ◆ Loss of limbs
- ◆ Sudden death
- ◆ Can't taste food
- ◆ “Hairy” tongue
- ◆ Tooth loss
- ◆ Delayed healing of wounds
- ◆ Cancer of mouth
- ◆ Harms unborn baby
- ◆ Emphysema
- ◆ Smoker's face (dried wrinkly skin)
- ◆ Sores in mouth
- ◆ Gum disease
- ◆ Cancer of throat
- ◆ Hoarse voice
- ◆ Hearing loss
- ◆ Impotence
- ◆ Fatigue
- ◆ Yellow teeth

What are the benefits of living smoke-free?

- ◆ Feel better
- ◆ Have more energy
- ◆ Sense of smell will return
- ◆ No more withdrawal symptoms
- ◆ Save money
- ◆ Food will taste better
- ◆ Mood and temperament will improve
- ◆ The confidence to know that you have conquered a big addiction!

How addicting is smoking?

The nicotine in the cigarettes causes addiction. Addiction is defined as a compulsive drug-seeking behavior to stop cravings even in the face of negative consequences! Nicotine is an addiction just like heroin and cocaine. It stimulates the dopamine center in the brain, producing pleasurable sensations. When withdrawing from nicotine the smoker experiences symptoms such as nervousness, headaches, irritability, and difficulty sleeping. These symptoms can affect mood and temperament. With each “hit” of nicotine the smoker is immediately rewarded and smokes throughout the day to maintain high levels of the drug.

Quitting Smoking takes work, but the rewards are definitely worth the effort—you help to improve your health!

What happens when you quit?

- ◆ 20 minutes after quitting: Blood pressure drops to a level close to that before smoking. Temperature of hands and feet returns to normal.
- ◆ 8 hours after quitting: Carbon monoxide level in blood returns to normal.
- ◆ 24 hours after quitting: Chance of heart attack is reduced.
- ◆ 2 weeks to 3 months after quitting: Circulation improves, lungs improve by 30%.
- ◆ 1 to 9 months after quitting: Coughing, shortness of breath, fatigue, sinus congestion, and cilia (tiny hairs) in lung return to normal function. Mucus is removed and lungs clear more easily.
- ◆ 1 year after quitting: The extra risk of having a heart attack is half that of a smoker.
- ◆ 5 years after quitting: Somewhere between 5-15 years after quitting your risk for a stroke is similar to a non-smoker.
- ◆ 10 years after quitting: Lung cancer death rate is about half that of a current smoker. The risk of throat, esophagus, bladder, kidney, and pancreatic cancer decreases greatly.
- ◆ 15 years after quitting: Risk of a heart attack is that of a non-smoker.

You **CAN** quit smoking and it is never too late to quit. The sooner you do, the better you will feel.

Plan for success:

- ◆ Talk with a smoking counselor about how to quit smoking.
- ◆ Talk to your doctor about medications to help you with the quitting process.
- ◆ Set a quit date.
- ◆ Have a friend or family member quit with you.
- ◆ Tell everyone you know that you plan to quit smoking and may be irritable at times.

Prior to your quit date:

- ◆ Smoke in a different place/outdoors only.
- ◆ Change smoking to the other hand.
- ◆ Keep your cigarettes in a different place.
- ◆ Don't do anything else while smoking.
- ◆ When you want a cigarette, wait 5 minutes.
- ◆ Chew gum, drink water instead of smoking.
- ◆ Buy one pack of cigarettes at a time.
- ◆ Switch to a brand that you do not like.

On your quit day:

- ◆ Get rid of all your cigarettes.
- ◆ Put ashtrays away.
- ◆ Change your routine and keep busy.
- ◆ When you have a craving, do something else, go for a walk, or call a friend.
- ◆ Carry other things to your mouth: gum, cinnamon hard candy, or a toothpick.
- ◆ Reward yourself each day that you do not smoke.

Staying smoke-free:

- ◆ Get lots of rest, you will feel tired for a while.
- ◆ Keep up the exercise and take long walks.
- ◆ Maintain a positive attitude about the benefits of not smoking.
- ◆ Practice deep breathing techniques and exercise to relieve stress and tension.
- ◆ Eat regular meals. Feeling hungry is mistaken for a need to smoke.
- ◆ Start a money jar with the money you save from not smoking.
- ◆ Seek support and encouragement from family and friends.
- ◆ If you slip, don't get discouraged. It may take a few attempts to stay smoke-free.

The best way to prevent relapse is to be prepared for the chance of it happening. Don't get discouraged, just try quitting again. Avoid the common smoking triggers of hunger, anger, loneliness and fatigue.

Smoking Cessation Medications

Please speak with your doctor regarding these medications. Some patients may have medical conditions preventing them from using these drugs. *Note: These medications may raise your blood pressure.*

Chantix (Varenicline) (prescription) This is the newest prescription smoking cessation drug. Chantix works in two ways – by cutting the pleasure of smoking and by reducing the withdrawal symptoms that lead smokers to light up again and again. Chantix is started 7 days prior to quit date. During those 7 days the dose is increased to a maintenance dose. Patients are generally on this medication for 3 months. The primary side effect is nausea.

Bupropion SR (Zyban) (prescription) An antidepressant medication which was found to reduce cravings. Smokers taking Zyban tend to gain less weight as well. It should be taken for at least 2 weeks prior to quitting. Patients are generally on this medication for 3 months during the quitting process. It may increase blood pressure slightly and needs to be monitored under the care of your physician. Patients who should not take the medication include:

- ◆ History of seizure disorder
- ◆ Anorexic or bulimic eating disorders
- ◆ Head trauma
- ◆ Taking other antidepressants

Nicotine Replacements (patients must **NOT** smoke while taking a nicotine replacement!)

Nicotine Lozenges (over-the-counter) Patients are directed to slowly dissolve the lozenge in the mouth for 20-30 minutes. Do not eat or drink for 15 minutes before and after using the lozenge. The lozenge may cause some belching or hiccups.

Nicotine Gum (over-the-counter) Patients are directed to chew the gum until tingling occurs, and then pocket the gum in the side of the mouth once craving is gone. Some patients complain about the taste and find it difficult to use.

Nicotine Inhaler (prescription) Patients carry the inhaler in their hand. Many find it comforting to hold a familiar hand-to-mouth device.

Nicotine Nasal Spray (prescription) This spray is an extremely effective substance, especially with people who smoke more than 2 packs per day. It can cause some nasal burning which is eliminated by spraying the medication on a Q-tip and rubbing the nostrils with the drug.

Nicotine patch (over-the-counter) The patch is applied directly to the skin. It takes several hours before the medication is absorbed. It works well for people who smoke less than a pack per day and may not be enough nicotine for heavier smokers.

Source: American Lung Association

Additional Resources:

Edward Nurse Educators offer Freedom From Smoking classes	
For dates and times of upcoming sessions	Call Class Registration 630-527-6363
Tobacco Hotline	1-866 QUIT YES; 1-866-784-8937
American Lung Association	1-800 LUNG USA 1-800-586-4872 (Counselors to help with quitting)
Freedom From Smoking On-line	www.ffsonline.org
Learn How To Quit On-Line Program	www.lungusa.org

*If you would like more information, please call our Nurse Heartline (630) 527-2825
Appointments are available to help you with smoking cessation*

STRESS

What is stress?

Stress is defined as your body's response to any demand placed on it. Stress is an unavoidable part of everyone's life. Most people think of stress as synonymous with tension and pressure, but not all stress is negative. There are positive stresses in our lives, such as celebrating a birthday, running a marathon, or having a baby. However, our bodies are unable to tell the difference between negative and positive stress. In either case the "stress response" is activated. (Research shows; however, that we recover more quickly from positive stresses with little adverse effect on our system.)

What is the effect of stress on our bodies?

When the stress response is activated there are many physiological changes that take place in our bodies. The brain is telling the body to be prepared to act. This is called the "*Fight or Flight*" mechanism. The brain sends a message to the adrenal glands on our kidneys telling them to release the hormone adrenaline. This adrenaline surge causes the following:

- ◆ Increased heart rate
- ◆ Blood vessel constriction
- ◆ Increased blood pressure
- ◆ Increased production of stomach acids
- ◆ Blood sugar elevation
- ◆ Possible increased release of cholesterol
- ◆ Increased muscle tension
- ◆ Release of blood coagulants

When stress continues over a prolonged period of time, illness can occur.

How do I know if stress is a problem for me?

If you think that you have too much stress in your life... you probably do. Our bodies send signals to warn us when we are becoming overloaded. Everyone experiences some of these symptoms at one time or another. However, demonstrating several of these over an extended period of time may reduce your ability to cope with stress and have long-term negative effects on your health. Chronic adrenaline surges are very harmful to your body. Learning to control those surges is very important. Listen to your body and watch for the following signals:

- ◆ **Emotional:** The "blahs" are not going away. You feel out of control. You have low self-esteem or you often feel angry. You tend to withdraw from family and friends or have difficulty resolving angry feelings
- ◆ **Behavioral:** Your personal relationships have changed, you are doing things to the extreme, or showing addictive behaviors (alcohol, overeating, cigarettes, or recreational drug use)
- ◆ **Physical:** You experience frequent illness, insomnia, headaches, weight changes, "sour" stomach, chronic fatigue, or irritability

How can stress be controlled?

- ◆ **Deep breathing:** Breathe slowly and naturally. Consciously breathe from the abdomen. A deep sigh can be helpful to initiate a more deliberate, slow breathing pattern
- ◆ **Exercise:** Adding any kind of physical activity to your routine helps to reduce stress. Exercise has been shown to increase one's sense of well-being, reduce depression, improve sleep patterns, improve self-image, and provide a time for socialization
- ◆ **Stretching:** Head to toe stretching of all muscles promotes relaxation. Avoid bouncing and quick jerky movements while stretching. Stretches should be deliberate and held for 10 to 12 counts
- ◆ **Sleep:** Sleep is a natural way to recharge and is often one of the first things to suffer when you are under stress. Lack of sleep causes irritability and an inability to concentrate. If sleep deprivation is a continuing problem, talk with your physician
- ◆ **Communication:** Seek out someone you can confide in and express your feelings. Talking out your problems with another person usually helps relieve stress
- ◆ **Humor:** A sense of humor can be a powerful weapon to battle the negative effects of stress. Laughter actually releases chemicals in your brain that can reduce stress. See a funny movie or spend time with a friend. Try to do things that promote positive feelings and fun.
- ◆ **Identify your values:** Identify the priorities in your life. Decide what really matters to you and decide if you are spending enough time in those areas
- ◆ **Hobbies:** Explore interests for diversion from the stresses in your life
- ◆ **Time management:** Balance is important. You may need to learn to say no to some things. Plan ahead to avoid last minute stress

What if I need more help to manage my stress?

- ◆ Talk to your physician or healthcare professional. Help is available to develop the skills you need to manage your stress

Try these stress busters!

- ◆ Laugh at yourself
 - ◆ Sit by a fire
 - ◆ Walk barefoot in the grass
 - ◆ Plant a flower
 - ◆ Wash the car
 - ◆ Learn to say no
 - ◆ Dance
 - ◆ Look out the window
 - ◆ Meditate
 - ◆ Stand up and stretch
 - ◆ Work a crossword puzzle
 - ◆ Go for a walk
 - ◆ Watch a really good movie
 - ◆ Take a minute to yawn
 - ◆ Develop a new hobby
 - ◆ Switch off the media!
- ◆ Get a good night's sleep
 - ◆ Go fishing
 - ◆ Get a massage
 - ◆ Daydream
 - ◆ Go swimming
 - ◆ Tell a joke
 - ◆ Spend your coffee break at the beach
 - ◆ Do one thing at a time
 - ◆ Count your blessings
 - ◆ Tell someone you love them
 - ◆ Call an old friend
 - ◆ Count to 10 - or 1,000
 - ◆ Get a pet
 - ◆ Take your dog for a walk
 - ◆ Apologize for a mistake
 - ◆ Take a vacation from the daily news
 - ◆ Ask for help

(turn off TV's, smart phones, iPods, laptops and video games. Being flooded with stimuli --even entertaining stimuli—is a tremendous source of stress.

If you have any questions, please contact the Nurse Heartline @ 630-527-2825.

If you feel you need professional counseling call Linden Oaks: 630/305-5000

Sources : Guidelines for Cardiac Rehabilitation and Secondary Prevention, 4th edition AACVPR ,2004

ACSM's Guidelines for Exercise Testing and Prescription, 6th edition, 2000
Is It Worth Dying For? Dr. Robert S. Eliot and Dennis L. Breo
Mayo Foundation for Medical and Educational Research 1998-2012

Take the following Stressful Attitudes Test:

Attitude or Feeling	Almost Never	Occasionally	Frequently	Almost Always
Things must be perfect	1	2	3	4
I must do things myself	1	2	3	4
I feel isolated from my family/friends	1	2	3	4
I feel that people should listen better	1	2	3	4
My life is running me	1	2	3	4
I must not fail	1	2	3	4
When overworked, I cannot say "no" to new demands without feeling guilty	1	2	3	4
I need to generate excitement again and again to avoid boredom	1	2	3	4
I feel a lack of intimacy with people around me	1	2	3	4
I am unable to relax	1	2	3	4
I feel increasingly cynical and disenchanted	1	2	3	4
I am unable to laugh at myself	1	2	3	4
I avoid speaking my mind	1	2	3	4
I feel under pressure to succeed	1	2	3	4
I often express negative attitudes	1	2	3	4
I seem further behind at the end of the day than when I started	1	2	3	4
I forget deadlines, appointments, and personal possessions	1	2	3	4
I am irritable, short-tempered, or disappointed in the people around me.	1	2	3	4
Sex seems like more trouble than it's worth	1	2	3	4
I consider myself exploited	1	2	3	4
I wake up earlier and cannot sleep	1	2	3	4
I feel unrested	1	2	3	4
I feel dissatisfied with my work	1	2	3	4
I feel dissatisfied with my personal life	1	2	3	4
I am not where I want to be in my life	1	2	3	4
I avoid being alone	1	2	3	4
I have trouble getting to sleep	1	2	3	4
I have trouble waking up	1	2	3	4
I cannot seem to get out of bed	1	2	3	4
Total Your Points				

Grand Total of the Four Columns: _____

What is your stress level?

Your Score	
29	Low stress
30 – 58	Mild stress
59 – 87	Moderate stress
88 – 116	High stress



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