

Healthy Driven™

Edward-Elmhurst
HEALTH



ELMHURST HOSPITAL

A GUIDE FOR CARDIAC SURGERY
Your Road to a Healthy Recovery

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ELMHURST HOSPITAL
A GUIDE FOR CARDIAC SURGERY

WELCOME

WELCOME

Healthy Driven[™]
Edward-Elmhurst
HEALTH

Welcome to Elmhurst Hospital

As you prepare for open heart surgery, it is normal to feel anxious and nervous. Knowing what to expect will ease your anxiety and help with your recovery. We are providing this binder to you and your family to guide you through your surgical experience at Elmhurst Hospital. The 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 your surgeon, nurse or other health care team member 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. We ask you to bring the binder with you to the hospital on the day of your surgery and keep the binder in your room until you go home. Please bring it with you any time you return to the hospital so we can provide consistent education along with excellent medical treatment.

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 are unsure or do not understand.

Elmhurst Hospital Resources

Patient Advocate	331-221-1115
Cardiac Administration	331-221-0152
Cardiac Rehabilitation	331-221-6061
Progressive Critical Care Unit	331-221-2003
Cardiac Central Scheduling	331-221-0005
Diabetes Center	331-221-6440
Dr. DaValle's Office (Cardiac Surgeon)	630-782-1500
Website	www.EEHealth.org

Need Additional Help?

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

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

Bariatric Weight Management & Surgical Center (Elmhurst Hospital)

331-221-6140

Live a Healthy Driven Life and Take a Free 5 Minute Health Aware Test Today!

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.

Find our assessments at <https://www.eehealth.org/health-aware/>

**Take a
FREE, FIVE MINUTE
TEST
that could save your
life**

**ARE YOU
AWARE?**

HEART AWARE I want to learn my risk for heart disease to escape this often silent killer. Assess Your Risk	ANXIETY AWARE I want to know if I have anxiety so I can get relief and get on with life. Assess Your Risk		
DIABETES AWARE I want to catch diabetes early before it leads to serious complications. Assess Your Risk	STROKE AWARE I want to protect myself from stroke to avoid serious after effects. Assess Your Risk	ADDICTION AWARE I want to uncover an alcohol or drug problem to save what matters most. Assess Your Risk	DEPRESSION AWARE I want to know if I have depression so I can treat it and feel better. Assess Your Risk
LUNG AWARE I want to detect a lung problem early to breathe easier and live better. Assess Your Risk	BREAST AWARE I want to detect breast cancer early, when it's most treatable. Assess Your Risk	COLON AWARE I want to know my risk for colon cancer so I can stop it before it starts. Assess Your Risk	SLEEP AWARE I want to find out if I have a sleep disorder to protect my long-term health. Assess Your Risk



Learn.

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



Listen.

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



Live Healthy Driven.

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

Elmhurst Hospital Hospitalist Program

Staying at Elmhurst Hospital? You're in good hands. You can be assured that one of our hospitalists will be dedicated to you while you stay with us.

Once your hospital stay is complete, the hospitalist will refer you back to your primary care physician or a physician from our medical staff should you not already have one.

What is a hospitalist?

Hospitalists are physicians who focus on the general medical care of hospitalized patients. Think of each hospitalist as your "on-site expert"—someone in constant communication with your primary care physician who has access to all of your medical records but is only a few footsteps away.

What are the benefits of a hospitalist?

Hospitalists spend most or all of their day in the hospital and are more readily available to you. By focusing on hospitalized patients, they can dedicate themselves to the unique aspects of your needs during your hospital stay.

After all, your needs are what matters most.

Who are the Hospitalists?



Shah Alam, M.D.
Board Certified
in Family Medicine



Margaret Knight, D.O.
Board Certified
in Internal Medicine



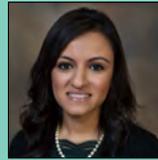
Feras Bankosly, M.D.
Board Certified
in Internal Medicine



Carlo LaForgia, M.D.
Board Certified
in Internal Medicine



LaMenta Conway, M.D.
Board Certified in Pediatrics
and Internal Medicine



Azemina Poonja, M.D.
Board Certified
in Internal Medicine



Lalitha Dileep, M.D.
Board Certified
in Internal Medicine



Barbara Potaczek, M.D.
Board Certified
in Internal Medicine



Farah Ghouse, M.D.
Board Certified
in Internal Medicine



Linas Smulkstys, M.D.
Board Certified
in Internal Medicine



James Ha, M.D.
Board Certified
in Internal Medicine



Wayne Wong, M.D.
Board Certified
in Internal Medicine



Samiya Hashmi, M.D.
Board Certified
in Internal Medicine



Ramzi Zureikat, M.D., FACP
Hospitalist Director
Board Certified
in Internal Medicine



Christine Jankowski, M.D.
Board Certified in
Internal Medicine and
Critical Care medicine

Healthy Driven

Edward-Elmhurst
HEALTH

EEHealth.org

Main Campus

155 E. Brush Hill Road,
Elmhurst, IL 60126

February, 2016

1 Emergency Department

RETAIL

4 Walgreens

5 The Wild Rose Floral & Gift Shop

6 WILDFLOWER Café

7 Starbucks

8 Falling Water Boutique

DIAGNOSTICS

9 Diagnostics Main

10 Diagnostics East

OUTPATIENT

11 Registration

BUS STOP

12 PACE

PARKING

2 Valet

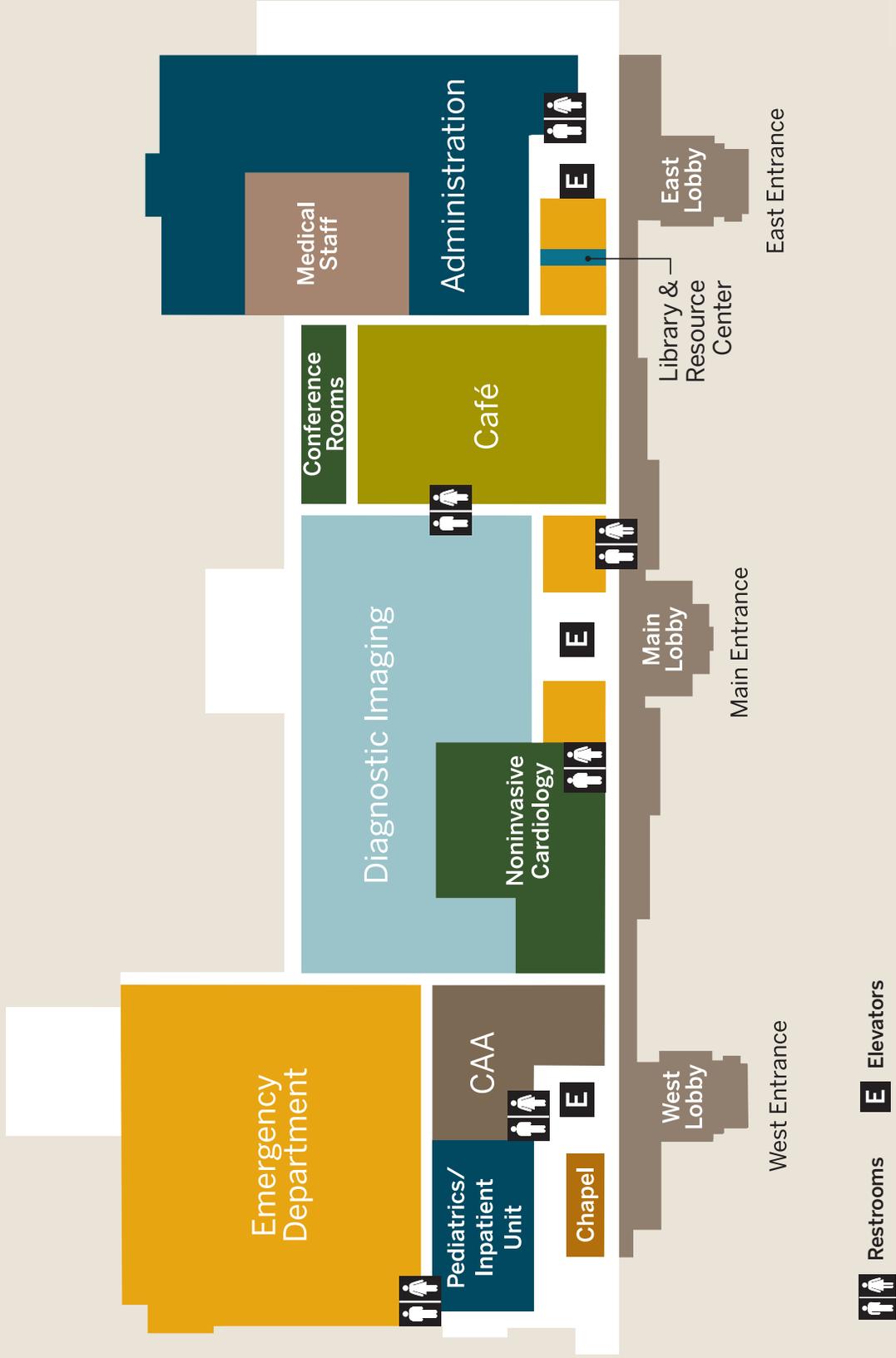
3 Expectant Mothers

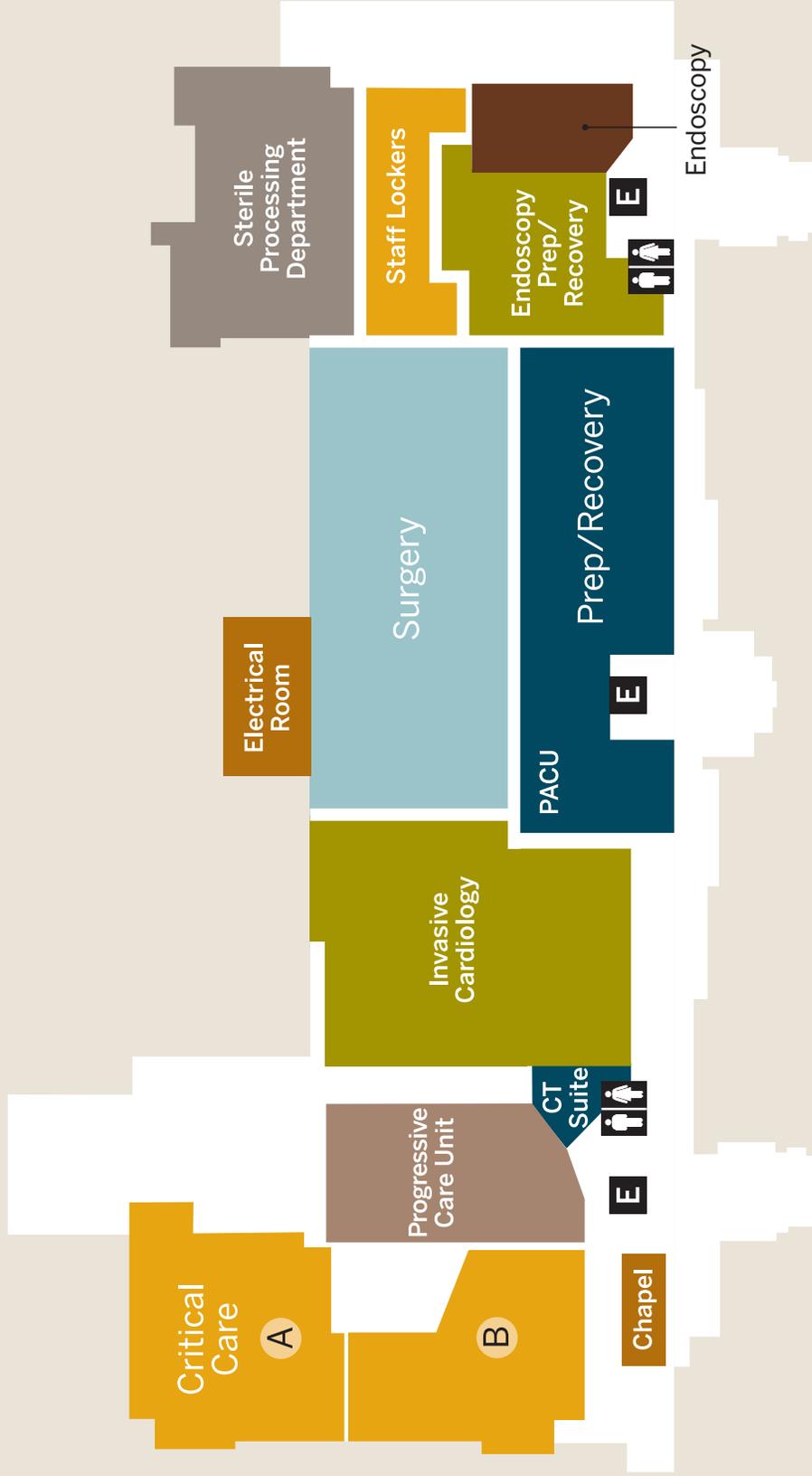
E Entrance



Floor

1





Restrooms Elevators



ELMHURST HOSPITAL
A GUIDE FOR CARDIAC SURGERY

PREPARING FOR YOUR SURGERY

PREPARING FOR YOUR SURGERY

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HEALTH

OPEN HEART SURGERY PRE-OPERATIVE PREPERATION

1. Shower with BETACEPT soap every day for 3 days prior to surgery, including the day of surgery. No powder, lotion, deodorant, or nail polish and do not apply makeup as well on the day of surgery. On the morning of surgery, remove ALL jewelry and leave all valuables at home. Do not shave chest area.
2. Nothing to eat or drink after midnight the day before your surgery.
3. **NO** ASPIRIN, PLAVIX, OR BLOOD THINNERS.
4. Please take the following medications with only sips of water the morning of surgery:

5. Please **STOP** taking the following medications:

6. Please arrive at the hospital at _____ as your surgery is scheduled for _____. Park in the green parking lot at the Elmhurst Hospital Main Campus. Complimentary valet parking is available at the main entrance Monday-Friday between 7:30am-4pm. Enter the hospital at the main entrance and use the elevators within the main entrance lobby to get to the second floor. Check in at the Surgery Reception Desk, which will be on your left when you exit the elevator.
7. You will be taken to the surgery suite at about _____. Once you are taken to the surgery suite, your family will be directed to the critical care lounge area in the Critical Care Unit on the second floor. They are also welcome to visit the retail and lounge spaces on the first floor and the Interfaith Chapel on the first and second floor near the Critical Care Unit.
8. Your surgery will last approximately 4-6 hours. Your family will be notified about 30 minutes prior to completion. Your cardiovascular surgeon will meet with your family once you are transferred out of the surgery suite and into a private room where you will recover for the remainder of your hospital visit, which can be expected to last about four to five days.

If you have any special needs, concerns or questions, feel free to call us.

Warmest Regards.

While you are in surgery...

It is our goal to make you and your loved ones feel as comfortable as possible during your hospitalization. Therefore, while you are in surgery, the Operating Room Nurses will be calling one of your family members to give them updates. It is important to note that we will be calling the number that you or your family member has provided to the nurse before going to surgery. Please make sure the phone is turned “on” so that you are able to receive this phone call.

There will be a total of 2 phone calls:

- Phone Call #1
 - This phone call will be after we have started the operation. This is typically within a couple hours after you have come to the operating room.
- Phone Call #2
 - This phone call will be when we have nearly completed surgery. This will be approximately twenty minutes before the surgeon will come out to give you a complete update on the surgical details.

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) or 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
Walgreens brand (CHG liquid soap)	Sold over the counter for \$4.95 (8-ounce bottle) at Elmhurst Hospital Walgreens . **Prices may vary at independent Walgreens stores.
Hibiclens (CHG liquid soap)	Sold over the counter for up to \$12 (8 -ounce bottle) at following stores: Walgreens, CVS Pharmacy, Jewel, and Walmart.
Betasept (CHG liquid soap)	Sold over the counter at Elmhurst Outpatient Pharmacy. The average cost for a 4-ounce bottle is \$3.55.
Dial Gold Antibacterial Body Wash (Antibacterial liquid soap)	Sold over the counter for up to \$6 at following stores: Walgreens, Target, Jewel, and Walmart.

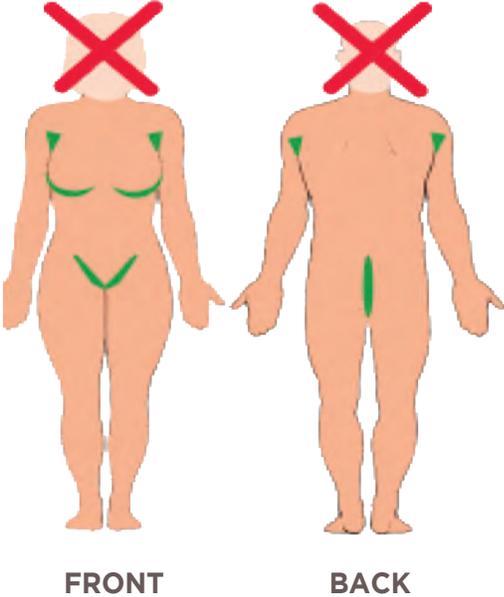
Preparation Schedule

ONE (1) week before procedure	<u>DO NOT</u> remove any body hair below the neck; face shaving is okay.
THREE (3) days before procedure	Shower or bathe with liquid soap (CHG or Dial) once daily for 3 total 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 (the morning of your procedure)
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="flex: 1;"><p style="text-align: center;">FRONT BACK</p></div><div style="flex: 1; border: 1px solid black; border-radius: 15px; padding: 10px;"><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.

Before you are discharged from the hospital you will need to have the following items:

- **A SHOWER CHAIR**
- **A THERMOMETER**
- **A SCALE**

Home Health Care

Your physician and hospital healthcare providers may determine that you will benefit from home healthcare. Elmhurst Hospital has a home healthcare agency, Residential Home Health. The staff members planning your discharge will assist you with these arrangements.

Residential 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
- Helping you regain your energy and strength
- Showing you how to reduce the chance of falling

If you feel that you may need assistance after your discharge, please let a member of the healthcare team know or call your physician and request home healthcare.

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.

For more information, call Residential Home Health at 866-902-4000.

Elmhurst Hospital has partnered with Superior Ambulance to offer a patient transportation service for patients who need help with transportation from home to the hospital for medical visits. The service provides transportation to patients who live in communities surrounding the hospital campus. An experienced driver will provide service from a patient's door and with stops at the Main Entrance of Elmhurst Hospital, the Elmhurst Memorial Center for Health, the Nancy W. Knowles Cancer Center, and the Edward-Elmhurst Health Center in Lombard.

The Healthy Driven Van is available for the following services:

Nancy W. Knowles Cancer Center

- ▶ Chemotherapy/Infusion
- ▶ Radiation oncology
- ▶ CyberKnife

Ambulatory Clinics

- ▶ Diabetes Education Center
- ▶ Wound Center
- ▶ Clinics – Congestive Heart Failure, Atrial Fibrillation, COPD
- ▶ Bariatric and Weight Management

Radiology

- ▶ PET Scan
- ▶ MRI
- ▶ CT
- ▶ Mammography
- ▶ X-ray
- ▶ Ultrasound
- ▶ DEXA Scan
- ▶ Nuclear Medicine

Rehab Services

- ▶ Physical Therapy
- ▶ Occupational Therapy
- ▶ Speech Therapy

Phase II Cardiac Rehab

Pulmonary Rehab

Please note:

- ▶ The service is not available for patients being discharged from the hospital.
- ▶ Patients must be ambulatory or wheelchair independent.
- ▶ Oxygen can be transported if properly secured. Patients must have their own oxygen. Let the service know at the time the appointment is scheduled so that mounting equipment can be provided.

Travel boundaries

The Healthy Driven van is available for patients who live in a 7-10 mile radius of the hospital. If you have a question about whether you live within the boundaries, please call (331) 221-RIDE (7433) to learn more.

- ▶ North to Thorndale/Irving Park Rd. including Bensenville/Wood Dale
- ▶ East to Harlem
- ▶ South to I55 including Burr Ridge/Darien excluding Bolingbrook
- ▶ West to N/S Park Blvd./Glenn Ellyn Rd. including Glen Ellyn/Wheaton

Hours of operation

Monday through Friday from 7 a.m. to 5 p.m. The last available home pickup appointment is 4 p.m.

Cost

\$5 charge for one-way

\$10 for two-way

Payment will be collected by the driver.

To schedule a ride

Call (331) 221-RIDE (7433) 24-48 hours prior to the scheduled appointment. A scheduling representative is available 24 hours a day/7 days a week. For the return visit, hospital departments must call the service 30 minutes in advance of pick-up.

Elmhurst Hospital

Skilled Nursing Facility Preferred Partners

Elmhurst Hospital is committed to ensuring you or your loved one a smooth transition from the hospital to your chosen skilled nursing facility. We have recommended five skilled nursing facilities that we have partnered with to provide the highest quality care possible.

Choosing one of these five facilities ensures:

- ▶ A dedicated Nurse Practitioner or Facility-Based Physician will work hand in hand with your physician to coordinate your care
- ▶ That the Facility has met Elmhurst Memorial's quality standards and is regularly monitored by us.
- ▶ Should your condition dictate that you visit the hospital again, your re-admission will be carefully coordinated by Elmhurst Memorial and the Facility.



111 E. Washington St.
Bensenville, IL 60106
630-766-5800

Amenities: Designated wing for short term rehab with private rooms and suites; Each guest is provided with a mini fridge, cable television, phone, microwave and Wi-Fi; State of the art rehab center; stained glass chapel, memorial gardens, fireside lounge, hair salon, bistro, complimentary laundry; Transportation and escorts to medical appointments available. Dedicated and Compassionate staff. Bridgeway is part of a 26 acre park-like senior community also offering independent and assisted living apartments amidst beautifully landscaped grounds.

General Programs: Advanced physical, occupational and speech therapy offered 7 days a week. Post-acute rehab (after a hospital stay) either for in-patient or outpatient care; 24 Hour skilled nursing with Memory program, Respite arrangements, Hospice and Palliative Care. Accept Medicare, Medicaid and most insurance. Recreational activities and social programs scheduled daily with community bus for outings. Our full-time chaplain leads regular worship services and spiritual support for mind, body and soul.

Clinical Specialties: Nurse Practitioner/Medical Director present 6 days a week to coordinate care with Elmhurst Memorial Hospital. Complex Wound Care Program with certified specialists, Cardiac and Pulmonary medical team; Respiratory Therapist, Registered Dietician, Optometrist, Podiatrist, Psychiatrist, Psychologist, Dentist and Audiologist available. Labs, x-rays on-site.



Elmhurst Extended Care Center
"Where Family Matters"
200 E. Lake St
Elmhurst, IL 60126
630-516-5000
elmhurstextendedcarecenter.com

Amenities: Privately owned and operated since 1960. Private and semi-private rooms, flat screen televisions, wireless internet access, beautiful landscaped fountain and patio, aviary with a variety of colorful birds, beauty salon, family lounge, and interdisciplinary care team. CARF Accredited Program (Commission on Accreditation of Rehabilitation Facilities).

General Programs: Sub-acute rehabilitation (7 days a week), physical therapy, occupational therapy, speech therapy, in-patient hemodialysis, restorative nursing, cardiovascular, wound management, pain management, IV antibiotic and central catheter, ostomy care, certified Alzheimer's/dementia care, respite stay, hospice, and activities.

Clinical Specialties: In-patient hemodialysis, cardiologist, nephrologist, wound care physician, psychologist, psychiatrist, registered dietician, podiatrist, dentist, and audiologist.



Elmhurst
Health Care Center

420 West Butterfield Rd.
Elmhurst, IL 60126
630-832-2300
www.lexingtonhealth.com

Amenities: Private rooms, Suites and Semi-private rooms, State-of-the-Art Therapy gyms with Specialized Rehabilitation Equipment including AlterG Anti-Gravity Treadmill, OmniVR, OmniCycle Elite Motorized Rehabilitation System. Wi-Fi access facility with loaner tablets, Flat-screen TVs, Direct phone lines, Family lounge with complete kitchen. Dining options include Room Service or Buffet style dining, complimentary laundry service, salon/spa services, Gift shop and two outdoor garden patios.

General Programs: Post-Acute Transitional Rehabilitation offered 7 days a week (Physical therapy, Occupational therapy and Speech therapy), Orthopedic Rehabilitation, Pulmonary Rehabilitation, Cardiac Management, Complex Wound Care Program, IV Antibiotic and Infusion Therapy, Kidney Disease Management, Neurological/Stroke rehabilitation, Restorative Program, Respite Care, Palliative/Hospice Services, Skilled Nursing. Joint Commission Accreditation.

Clinical Specialties: Daily on-site Physicians, Full-time Nurse Practitioner 7 days a week, Cardiologist, Pulmonologists and Respiratory therapist, Nephrologist, Physiatrist, Psychologist, Wound care MD and Certified Wound Care Nurse, After hours MD coverage via ESNF. Transitional Care Nurses, Transitional Planning Coordinators, Registered Dietitian. Optometrist, Podiatrist, Dentist and Audiologist also available. On-Site Diagnostics including EKG, Labs, X-Rays and Arterial/Venous Dopplers.



2013 Midwest Road
Oak Brook, IL 60523
630-495-0220
www.oakbrookcare.com

Amenities: Boutique-style private and semi-private rooms, Wi-Fi access, room service, Cable TV, concierge services: salon, spa and massage; manicure & pedicure; complimentary laundry service, valet, outdoor patios.

General Programs: Skilled nursing, Post-acute transitional rehab, Therapy services 7 days a week utilizing progressive technology, including virtual rehabilitation, electrical stimulation and ultrasound, Pain management, Wound management, Cardiac care, Respiratory care, Home adaptation, Wellness programs, Respite care, Palliative and Hospice care, Memory Care with all staff specially trained.

Clinical Specialties: Full-time Nurse Practitioner, Physiatrist, Cardiologist, Pulmonologist, Wound Care MD, Dietician, Infectious Disease Specialist, Nephrologist, Psychiatrist, Psychologist, Clinical nurse liaison, on-site diagnostics, Joint Commission Accreditation and Rehabilitation Certification.



1150 S. Euclid Ave.
Elmhurst, IL 60126
630-936-4100
www.providencelifeservices.com

Amenities: Private and semi-private rooms. Wi-Fi, flat screen televisions, direct phone lines. Beauty shops, outdoor patios, multiple therapy gyms. Chaplain. Transportation.

General Programs: Marionjoy therapy focusing on short term post-acute rehabilitation. Distinct orthopedic floor. A Continuing Care Retirement Community which additionally offers independent living, assisted living and memory support services.

Clinical Specialties: Nurse Practitioner, Seven Day per Week Physician coverage including: Physiatrist, Cardiologist, Gerontologist, Wound Care M.D., Infectious Disease M.D., Psychiatrist, Psychologist, Registered Dietitian. Joint Commission Accreditation including Post Acute certification



Illinois Statutory Short Form Power of Attorney for Health Care

NOTICE TO THE INDIVIDUAL SIGNING THE POWER OF ATTORNEY FOR HEALTH CARE

No one can predict when a serious illness or accident might occur. When it does, you may need someone else to speak or make health care decisions for you. If you plan now, you can increase the chances that the medical treatment you get will be the treatment you want.

In Illinois, you can choose someone to be your “health care agent.” Your agent is the person you trust to make health care decisions for you if you are unable or do not want to make them yourself. These decisions should be based on your personal values and wishes.

It is important to put your choice of agent in writing. The written form is often called an “advance directive.” You may use this form or another form, as long as it meets the legal requirements of Illinois. There are many written and online resources to guide you and your loved ones in having a conversation about these issues. You may find it helpful to look at these resources while thinking about and discussing your advance directive.

WHAT ARE THE THINGS I WANT MY HEALTH CARE AGENT TO KNOW?

The selection of your agent should be considered carefully, as your agent will have the ultimate decision making authority once this document goes into effect - in most instances after you are no longer able to make your own decisions. While the goal is for your agent to make decisions in keeping with your preferences and in the majority of circumstances that is what happens, please know that the law does allow your agent to make decisions to direct or refuse health care interventions or withdraw treatment. Your agent will need to think about conversations you have had, your personality, and how you handled important health care issues in the past. Therefore, it is important to talk with your agent and your family about such things as:

- (i) What is most important to you in your life?
- (ii) How important is it to you to avoid pain and suffering?
- (iii) If you had to choose, is it more important to you to live as long as possible, or to avoid prolonged suffering or disability?
- (iv) Would you rather be at home or in a hospital for the last days or weeks of your life?
- (v) Do you have religious, spiritual, or cultural beliefs that you want your agent and others to consider?
- (vi) Do you wish to make a significant contribution to medical science after your death through organ or whole body donation?
- (vii) Do you have an existing advanced directive, such as a living will, that contains your specific wishes about health care that is only delaying your death? If you have another advance directive, make sure to discuss with your agent the directive and the treatment decisions contained within that outline your preferences. Make sure that your agent agrees to honor the wishes expressed in your advance directive.

WHAT KIND OF DECISIONS CAN MY AGENT MAKE?

If there is ever a period of time when your physician determines that you cannot make your own health care decisions, or if you do not want to make your own decisions, some of the actions your agent could take are to:

- (i) talk with physicians and other health care providers about your condition.
- (ii) see medical records and approve who else can see them.
- (iii) give permission for medical tests, medicines, surgery, or other treatments.
- (iv) choose where you receive care and which physicians and others provide it.

- (v) decide to accept, withdraw, or decline treatments designed to keep you alive if you are near death or not likely to recover. You may choose to include guidelines and/or restrictions to your agent's authority.
- (vi) agree or decline to donate your organs or your whole body if you have not already made this decision yourself. This could include donation for transplant, research, and/or education. You should let your agent know whether you are registered as a donor in the First Person Consent registry maintained by the Illinois Secretary of State or whether you have agreed to donate your whole body for medical research and/or education.
- (vii) decide what to do with your remains after you have died, if you have not already made plans.
- (viii) talk with your other loved ones to help come to a decision (but your designated agent will have the final say over your other loved ones).

Your agent is not automatically responsible for your health care expenses.

WHO SHOULD I CHOOSE TO BE MY HEALTH CARE AGENT?

Your agent will have the responsibility to make medical treatment decisions, even if other people close to you might urge a different decision. The selection of your agent should be done carefully, as he or she will have ultimate decision-making authority for your treatment decisions once you are no longer able to voice your preferences. Choose a family member, friend, or other person who:

- (i) is at least 18 years old;
- (ii) knows you well;
- (iii) you trust to do what is best for you and is willing to carry out your wishes, even if he or she may not agree with your wishes;
- (iv) would be comfortable talking with and questioning your physicians and other health care providers;
- (v) would not be too upset to carry out your wishes if you became very sick; and
- (vi) can be there for you when you need it and is willing to accept this important role.

WHAT IF MY AGENT IS NOT AVAILABLE OR IS UNWILLING TO MAKE DECISIONS FOR ME?

If the person who is your first choice is unable to carry out this role, then the second agent you chose will make the decisions; if your second agent is not available, then the third agent you chose will make the decisions. The second and third agents are called your successor agents and they function as back-up agents to your first choice agent and may act only one at a time and in the order you list them.

WHAT WILL HAPPEN IF I DO NOT CHOOSE A HEALTH CARE AGENT?

If you become unable to make your own health care decisions and have not named an agent in writing, your physician and other health care providers will ask a family member, friend, or guardian to make decisions for you. In Illinois, a law directs which of these individuals will be consulted. In that law, each of these individuals is called a "surrogate".

There are reasons why you may want to name an agent rather than rely on a surrogate:

- (i) The person or people listed by this law may not be who you would want to make decisions for you.
- (ii) Some family members or friends might not be able or willing to make decisions as you would want them to.
- (iii) Family members and friends may disagree with one another about the issue being decided.
- (iv) Under some circumstances, a surrogate may not be able to make the same kinds of decisions that an agent can make.

WHAT IF THERE IS NO ONE AVAILABLE WHO I TRUST TO BE MY AGENT?

In this situation, it is especially important to talk to your physician and other health care providers and create written guidance about what you want or do not want, in case you are ever critically ill and cannot express your own wishes. You can complete a living will. You can also write your wishes down and/or discuss them with your physician or other health care provider and ask him or her to write it down in your chart. You might also want to use written or online resources to guide you through this process.

WHAT DO I DO WITH THIS FORM ONCE I COMPLETE IT?

Follow these instructions after you have completed the form:

- (i) Sign the form in front of a witness. See the form for a list of who can and cannot witness it.
- (ii) Ask the witness to sign it, too. There is no need to have the form notarized.
- (iii) Give a copy to your agent and to each of your successor agents.
- (iv) Give another copy to your physician.
- (v) Take a copy with you when you go to the hospital.
- (vi) Show it to your family and friends and others who care for you.

WHAT IF I CHANGE MY MIND?

You may change your mind at any time. If you do, tell someone who is at least 18 years old that you have changed your mind, and/or destroy your document and any copies. If you wish, fill out a new form and make sure everyone you gave the old form to has a copy of the new one, including, but not limited to your agents and your physicians.

WHAT IF I DO NOT WANT TO USE THIS FORM?

In the event you do not want to use the Illinois statutory form provided here, any document you complete must be executed by you. Designate an agent who is over 18 years of age and not prohibited from serving as your agent, and state the agent's powers. It need not be witnessed or conform in any other respect to the statutory health care power.

If you have questions about the use of any form, you may want to consult your physician, other health care provider, and/or an attorney.



Illinois Statutory Short Form Power of Attorney for Health Care

MY POWER OF ATTORNEY FOR HEALTH CARE

THIS POWER OF ATTORNEY REVOKES ALL PREVIOUS POWERS OF ATTORNEY FOR HEALTH CARE.

My name (Print your full name): _____

My address: _____

I WANT THE FOLLOWING PERSON TO BE MY HEALTH CARE AGENT (an agent is your personal representative under state and federal law):

(Agent name) _____

(Agent address) _____

(Agent phone number) _____

MY AGENT CAN MAKE HEALTH CARE DECISIONS FOR ME, INCLUDING:

- (i) Deciding to accept, withdraw, or decline treatment for any physical or mental condition of mine, including life-and-death decisions.
- (ii) Agreeing to admit me to or discharge me from any hospital, home, or other institution, including a mental health facility.
- (iii) Having complete access to my medical and mental health records, and sharing them with others as needed, including after I die.
- (iv) Carrying out the plans I have already made, or, if I have not done so, making decisions about my body or remains, including organ, tissue, or whole body donation, autopsy, cremation, and burial.

The above grant of power is intended to be as broad as possible so that my agent will have the authority to make any decision I could make to obtain or terminate any type of health care, including withdrawal of nutrition and hydration and other life-sustaining measures.

I AUTHORIZE MY AGENT TO: (Please check only one box; if more than one box or no boxes are checked, the directive in the first box below shall be implemented.)

- Make decisions for me only when I cannot make them for myself. The physician(s) taking care of me will determine when I lack this ability.
- Make decisions for me starting now and continue after I am no longer able to make them for myself. While I am still able to make my own decisions, I can still do so if I want to.

LIFE-SUSTAINING TREATMENTS

The subject of life-sustaining treatment is of particular importance. Life-sustaining treatments may include tube feedings or fluids through a tube, breathing machines, and CPR. In general, in making decisions concerning life-sustaining treatment, your agent is instructed to consider the relief of suffering, the quality as well as the possible extension of your life, and your previously expressed wishes. Your agent will weigh the burdens versus benefits of proposed treatments in making decisions on your behalf.

Additional statements concerning the withholding or removal of life-sustaining treatment are described below. These can serve as a guide for your agent when making decisions for you. Ask your physician or health care provider if you have any questions about these statements. **SELECT ONLY ONE STATEMENT BELOW THAT BEST EXPRESSES YOUR WISHES (optional):**

- The quality of my life is more important than the length of my life. If I am unconscious and my attending physician believes, in accordance with reasonable medical standards, that I will not wake up or recover my ability to think, communicate with my family and friends, and experience my surroundings, I do not want treatments to prolong my life or delay my death, but I do want treatment or care to make me comfortable and to relieve me of pain.
- Staying alive is more important to me, no matter how sick I am, how much I am suffering, the cost of the procedures, or how unlikely my chances for recovery are. I want my life to be prolonged to the greatest extent possible in accordance with reasonable medical standards.

SPECIFIC LIMITATIONS TO MY AGENT’S DECISION-MAKING AUTHORITY:

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. If you wish to limit the scope of your agent’s powers or prescribe special rules or limit the power to authorize autopsy or dispose of remains, you may do so specifically on the lines below or add another page if needed:

YOU MUST SIGN THIS FORM, AND A WITNESS MUST ALSO SIGN IT BEFORE IT IS VALID.

My signature: _____ Today’s date: _____

HAVE YOUR WITNESS COMPLETE THE FOLLOWING AND SIGN:

I am at least 18 years old, and (check one of the options below):

- I saw the principal sign this document, or
- The principal told me that the signature or mark on the principal signature line is his or hers.

I am not the agent or successor agent(s) named in this document. I am not related to the principal, the agent, or the successor agent(s) by blood, marriage, or adoption. I am not the principal’s physician, mental health service provider, or a relative of one of those individuals. I am not an owner or operator (or the relative of an owner or operator) of the health care facility where the principal is a patient or resident.

Witness printed name: _____

Witness address: _____

Witness signature: _____ Today’s date: _____

SUCCESSOR HEALTH CARE AGENT(S) (optional):

If the agent I have selected is unable or does not want to make health care decisions for me, then I request the person(s) I name below to be my successor health care agent(s). Only one person at a time can serve as my agent (add another page if you want to add more successor agent names):

(Successor agent #1 name, address and phone number)

(Successor agent #2 name, address and phone number)



ELMHURST HOSPITAL
A GUIDE FOR CARDIAC SURGERY

DURING YOUR HOSPITAL STAY

DURING YOUR HOSPITAL STAY

Healthy Driven[™]
Edward-Elmhurst
HEALTH

PATIENT GUIDE

CARDIOVASCULAR SURGERY

What to expect during your open heart surgery stay at Elmhurst 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

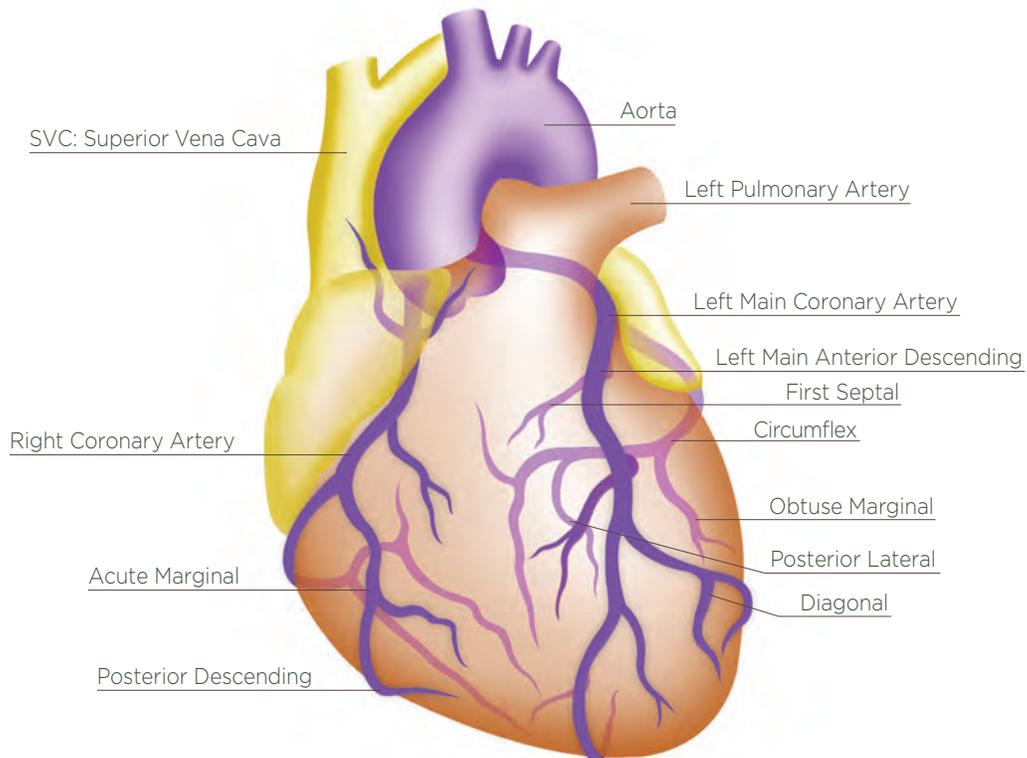
Primary physician

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 portable heart monitor. 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 within your room with assistance. 	<ul style="list-style-type: none"> Ask nurse for pain medication. May be started on blood thinners if you had valve surgery. 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. Clean incisions as instructed 	<ul style="list-style-type: none"> Low cholesterol, low sodium diet. 	<ul style="list-style-type: none"> Walk in hall with Cardiac Rehab nurse. Sit up in chair for all meals. Rest between activity. 	<ul style="list-style-type: none"> Ask nurse for pain medication. May still need to be started on other medications. Continue with blood thinner for valve surgery. 	<ul style="list-style-type: none"> Nurse, Cardiac Rehab nurse and dietitian available for continued education as needed. Discuss with family and nurse any needs you may have when discharged. Social worker and case manager are available, if needed.
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. Clean incisions as instructed. May need further blood work and chest X-ray. 	<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. Blood thinner continues (for valve surgery patients, if ordered by your physician). 	<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. Dietitian will instruct you on a heart-healthy diet.
Day 4: after surgery	<ul style="list-style-type: none"> Continue with portable heart monitor. Use breathing exerciser every hour while awake. Shower with assistance from Cardiac Rehab nurse. 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. You will be given prescriptions for home medications. 	<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 from Cardiac Rehab nurse. 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. You will be given prescriptions for home medications. 	<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.



ELMHURST HOSPITAL
A GUIDE FOR CARDIAC SURGERY

GOING HOME

GOING HOME



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.

Discharge Medications:

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

Discharge Medications Continued:

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

Follow Up Appointments

Primary Care Physician: _____

Cardiologist: _____

Cardiac Surgeon: _____

Other Specialists: _____



ELMHURST HOSPITAL
A GUIDE FOR CARDIAC SURGERY

REHABILITATION

REHABILITATION

Healthy Driven[™]
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HEALTH

CARDIAC PRECAUTIONS FOLLOWING SURGERY

- YOUR STERNUM TAKES 6-8 WEEKS TO HEAL. DURING THIS TIME, AVOID LIFTING, PUSHING, PULLING OR TWISTING.
- NO LIFTING, PUSHING OR PULLING OBJECTS GREATER THAN 8 POUNDS.
- AVOID OVERHEAD REACHING WITH YOUR ARMS FOR AN EXTENDED PERIOD OF TIME.
- AVOID PUSHING OR PULLING YOURSELF UP WITH YOUR ARMS. USE YOUR LEGS INSTEAD. WHEN GETTING UP FROM A CHAIR, CLASP YOUR ARMS AROUND YOUR CHEST OR PLACE YOUR HANDS ON YOUR THIGHS BEFORE STANDING TO AVOID PUSHING WITH YOUR ARMS.
- DO NOT PULL ON THE BEDRAILS WITH YOUR ARMS TO GET OUT OF BED. INSTEAD CLASP YOUR ARMS AROUND YOUR CHEST AND ROLL OUT OF BED.
- HUG YOUR HEART PILLOW WHEN YOU COUGH OR SNEEZE.
- AVOID HOLDING YOUR BREATH DURING ACTIVITIES. PACE YOURSELF AND TAKE BREAKS WHEN NEEDED.
- FOR LEG SWELLING, ELEVATE YOUR LEGS AND PUMP YOUR CALF MUSCLES FOR FLEXING YOUR FEET BACK.

HOME CARE

- SHOWER EVERY DAY FOR 3 WEEKS.
- BETADINE SWABS TO INCISIONS TWICE A DAY FOR 3 WEEKS.
- TEMPERATURE DAILY FOR THE FIRST 7 DAYS: CALL YOUR SURGEON FOR TEMPERATURE OVER 100 DEGREES.
- WEIGH YOURSELF EVERY DAY FOR THE FIRST 3 WEEKS: CALL YOUR CARDIOLOGIST IF YOU GAIN 2-3 POUNDS IN 1 OR 2 DAYS.
- NO DRIVING FOR 4 WEEKS.
- DO NOT LIFT, PUSH OR PULL ANYTHING OVER 8 POUNDS FOR 12 WEEKS.
- USE THE SPIROMETER AND ACCAPELLA EVERY 2-3 HOURS FOR THE FIRST WEEK.
- TAKE YOUR MEDICATIONS AS PRESCRIBED.
- LOOK AT YOUR INCISION EVERY DAY TO CHECK FOR SIGNS OF INFECTION SUCH AS REDNESS OR DRAINAGE.

CARE OF YOUR INCISIONS

- ♥ BE SEATED FOR ALL OF YOUR SHOWERS-STAND ONLY TO RINSE
- ♥ USE DIAL BAR SOAP ONLY-NO LIQUID SOAP
- ♥ USE WARM WATER - **NOT HOT!**
- ♥ USE SEPARATE WASH CLOTHS FOR EACH INCISIONAL AREA ON CHEST, LEG OR ARM
- ♥ CLEAN INCISIONS TOP TO BOTTOM (CLEAN TO DIRTY) USING A LIGHT CIRCULAR MOTION
- ♥ GENTLY PAT DRY INCISIONS WITH A CLEAN TOWEL-MAY USE SAME TOWEL FOR ALL INCISIONAL AREAS
- ♥ APPLY BETADINE SWABS TO ALL SURGICAL INCISIONS TWICE A DAY
- ♥ DO NOT APPLY LOTION OR POWDER TO ANY OF THE INCISIONAL AREAS
- ♥ FOLLOW THIS PROCEDURE FOR SHOWERING EVERY DAY FOR 3 WEEKS **FROM** DATE OF DISCHARGE

Elmhurst Memorial Hospital Cardiac Rehabilitation (331) 221-6061

Phase I

Your doctor has ordered Phase I Cardiac Rehabilitation for you. We are here to help you, as a heart patient, to get in and stay in the best health you can.

Helping you to get strong enough to go home is one of our goals. We start you out from the activity level you are at when we first see you, and safely increase your activity every day. This may include walking up some stairs and taking a shower.

We will also talk to you about what life style changes you may be able to make in order to help yourself stay as “heart healthy” as possible.

Phase II

Phase II is a monitored exercise program for cardiac patients who recently had bypass surgery, a heart attack, or angioplasty, etc. It is a 12-week program that meets three times a week on Monday, Wednesday, and Friday at the hospital. Patient educational topics are discussed at each group exercise session. Topics include Cardiac Education, Stress Management and Nutrition. Dietary counseling is also offered on an individual basis at no additional cost to patients. After you have a stress test and a prescription from your doctor, call us to register.

Class times:

7:00-8:00 AM	1:30-2:30PM
8:15-9:15 AM	2:45-3:45PM
9:30-10:30AM	4:00-5:00PM
10:45-11:45AM	5:00-6:00PM
	6:00-7:00PM

Phase III/IV Cardiopulmonary Wellness

Phase III/IV are supervised exercise classes for patients who have completed Phase II Rehabilitation or who have a physician referral. These classes are sixty minutes long and consist of warm-up, cool-down, and aerobic exercise. Classes are offered at various times Monday through Friday. When you have clearance from your doctor, call us to register.

CARDIAC RISK FACTORS

Cardiac risk factors and influences increase the probability that you will develop heart disease (atherosclerosis). The more risk factors you have, the greater chance you have of developing heart disease. Reducing risk factors is the key to a healthier heart.

Risk Factors You CANNOT Control

- Heredity* If heart disease is common in your family, you have a greater chance of developing heart disease.
- Age* Heart disease is a progressive disease; therefore, the incidence of heart disease increases with age.
- Sex* If you are a male, you have a greater chance of developing heart disease at an earlier age. Because of the protective effect of estrogen, the development of heart disease in women is delayed by about ten years.

Risk Factors You CAN Control

- Smoking* The American Heart Association has identified cigarette smoking as the most dangerous of the modifiable risk factors. Smoking reduces oxygen in your blood and increases plaque build-up. Regardless of how much or how long you have smoked, smoking cessation gradually reduces your risk of heart and blood vessel disease.
- High Blood Pressure* When your blood pressure is elevated, your heart has to work harder to pump the same amount of blood. Over a period of time, the heart enlarges to keep up with the demands. Hypertension (high blood pressure) also contributes to hardening of the arteries.

Cholesterol Cholesterol is the main fat (lipid) component of the fatty (atherosclerotic) deposits in the heart arteries. Too much cholesterol can clog your arteries.

Diabetes... High blood sugar is associated with an increased risk of heart disease.

Lack of Exercise Regular aerobic type exercise can reduce the risk of heart disease.

The benefits of regular exercise include:

- increasing the efficiency of your heart; increasing the number and size of your blood vessels; increasing the muscles' and tissues' ability to use oxygen; increasing HDL (good) cholesterol; and increasing your metabolism helping you maintain your ideal body weight.

Stress Your body's response to stress includes an increase in heart rate, blood pressure and breathing rate. Uncontrolled stress puts you at risk for high blood pressure and injury to the wall of your artery where plaque can be deposited.

Obesity Weighing more than 30 percent over your ideal weight can double your risk for developing heart disease. If you're overweight, your heart has to work harder to pump blood throughout your body.

Mall Walking

All the shopping malls listed here open early for walkers. Many of them have organized walking clubs. The hours vary; most open between 6:00 and 8:00 am, so call for specific hours and other information.

YORKTOWN MALL

phone number: 630-629-7330 *organized

walker club $\frac{3}{4}$ mile = once around the first or second level, including corridors

STRATFORD SQUARE MALL

phone number: (630) 539-1000 *organized

walker club $1\frac{1}{2}$ mile = once around first or second level

WOODFIELD MALL

phone number: 855-692-6482 *organized

walker club $\frac{3}{4}$ mile = once around main level

RANDHURST MALL (Outdoor mall)

phone number: 847-259-0500

$\frac{3}{4}$ mile = once around main level

NORTH RIVERSIDE MALL

phone number: 708-442-1111 *organized

walker club 1 mile = 7 times around mall

HAWTHORN MALL

phone number: 847-362-2600 *organized

walker club 1¼ mile = once around main level

HARLEM-IRVING PLAZA

phone number: 773-625-3036

½ mile = once around shopping plaza

FOX VALLEY MALL

phone number: 630-851-7200

½ mile = once around first or second level



Exercise for Your Heart

Your heart is a muscle and like every other muscle in your body, it works better when it gets exercise. The kind of exercise that makes your heart stronger is called aerobic exercise. You can get aerobic exercise from a varied number of activities including brisk walking, jogging, cycling and swimming.

Aerobic exercise raises your pulse rate and makes you breathe hard. To benefit from your exercise program, you must exercise non-stop for at least 20 minutes at a time, at least three times per week. Be sure you check with your physician before you start an exercise program.

TARGET HEART RATE

It is important to perform your exercise fast enough to increase your heart rate. After a stress test, your doctor can tell you what your target heart rate (THR) should be. THR is the heart rate (or pulse) range that you should achieve in order to make your heart muscle and arteries stronger.

If your doctor has not given you a THR, a good guideline is to increase your resting pulse by 20-30 beats per minute.

Example: If your heart rate is 80 beats per minute, your THR should be 100-110 beats per minute.

Try to stay in your THR while exercising. If your pulse is too slow, speed up your walking. If your pulse is too fast, slow down your walking.

HOW TO CHECK YOUR HEART RATE

Place two fingers lightly on the thumb of your inner wrist. Count the number of beats felt in 15 seconds, then multiply by four to get the beat per minute.

Example: 20 beats felt in 15 seconds X4 = 80 beats per minute.



Home Walking Program

Walking is one of the best exercises you can do to strengthen your heart, and lower blood pressure, heart rate, cholesterol, and stress. Begin and end your walking exercise slowly so that your heart warms up and cools down slowly.

WARM-UP EXERCISES (Standing, five times each)

1. Head rolls (right, left)
2. Circle shoulders
3. Small arm circles
4. Toe-knee bends (up on toes, feet flat, bend knees slightly)
5. Leg kicks (front, back, side)
6. Circle feet
7. Calf stretches (hands on wall, forward leg knee bent, back leg straight, heels on ground)

WALKING PROGRAM (Start the day after you get home from the hospital)

1. Start by walking five minutes, non-stop, two times a day.
2. Every day increase your walking by one minute (the second day walk six minutes, the third day seven minutes.)
3. When walking is 15 minutes, only walk once a day. Keep adding minutes as tolerated.
4. In about three weeks, you should be walking 20-30 minutes, non-stop, once a day, four to five times a week.

COOL DOWN

Do not stop your exercise quickly. Slow down your walking gradually for the last five to ten minutes.

SYMPTOMS

STOP EXERCISE and call your doctor if you feel:

- new or prolonged pain, pressure, or discomfort in chest, arms, throat, jaw or back
- very fast heart rate lasting more than ten minutes after exercise
- extreme shortness of breath lasting more than ten minutes after exercise
- nausea or vomiting during or after exercise
- sudden very slow heart rate

HELPFUL HINTS

1. Walking should be continual and rhythmic.
2. Swing your arms and move at moderate pace.
3. Stop only when necessary.
4. Wear loose fitting clothing and comfortable walking shoes.
5. Wait at least one hour after meals before exercising.



Walking Program Log

Please bring this record with you to your first session of Phase II Cardiac Rehabilitation

<i>DATE</i>	<i>MINUTES WALKED</i>	<i>EXERCISE RATING</i> <i>2=light, 3=moderate</i> <i>4= somewhat heavy</i>	<i>ANY PROBLEMS OR COMMENTS?</i>

<i>DATE</i>	<i>MINUTES WALKED</i>	<i>EXERCISE RATING</i> <i>2=light, 3=moderate</i> <i>4= somewhat heavy</i>	<i>ANY PROBLEMS OR COMMENTS?</i>

Blood Pressure and Cholesterol Readings

DATE	BLOOD PRESSURE	CHOLESTEROL

DATE	BLOOD PRESSURE	CHOLESTEROL

Personal History of Cardiac Procedures

DATE	PROCEDURE

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.



Bicep Curls – Bend your elbow up and down.



Shoulder Flexion – Start with both arms at side, and raise 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.



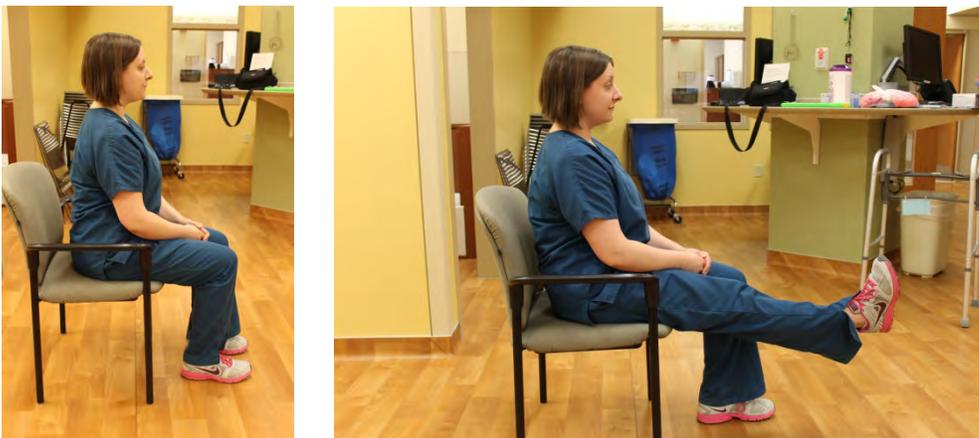
Ankle Circles – Move your ankle in a circular pattern.



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



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.



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.



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.



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



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've done too much and exceeded your safe limitations. Don't 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. Drink plenty of water before, during and after your exercise, unless you have been diagnosed with Congestive Heart Failure. If you have been diagnosed with Congestive Heart Failure, speak with your physician about fluid supplement during exercise.
- Remember controlled breathing while exercising-take slow deep breaths and don't 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 a short rest.
- It is important to use common sense as you're advancing activity. If you're feeling good one day and want to increase your walking, go ahead. If you're 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

- Besides paying attention to how you feel during activity, you can use two different scales to keep track of 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
- 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	Nothing 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 Breath

- It is important to breath 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)

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 Elmhurst 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 an 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

They should be followed for approximately 6 to 8 weeks.

Stress management ideas

- Take 15 to 20 minutes a day to sit quietly, breath 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 abdominal muscles.
- Inhale slowly through nose while counting to three.
- Exhale slowly through mouth counting to six.

Repeat as necessary.

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

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ELMHURST HOSPITAL
A GUIDE FOR CARDIAC SURGERY

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. Included is a Heart Healthy Meal Plan and a sample heart healthy menu. In addition, the nutritional guide includes:

- First steps
- Tips on lowering your cholesterol through diet
- Tips on lowering your triglycerides through diet
- Reducing your risk of heart disease
- Shop smart
- Cooking tips
- Eating out
- Fast food and convenience foods
- How much alcohol is in your drink?

NUTRITION CARE

What to expect after your Cardiac procedure

Adequate nourishment is necessary for healing and to regain strength and function after a Cardiac event or procedure. The majority of patients undergoing a Cardiac procedure eat on their own within a few hours of treatment. In consideration of the importance of meeting Nutritional needs for healing along with promoting nutrition for your health every attempt will be made to provide nutrition that meets your needs and has taste and eye appeal.

Factors that may influence your acceptance of your diet may include:

- A loss of appetite caused by pain, sedation, depression, medications or anxiety.
- Diet guidelines for heart health which may be unfamiliar and take time to adjust to. (A lower sodium, lower saturated fat, Trans fat and cholesterol along with an increased fiber with whole grains, fruits & vegetables and Omega-3 fatty acids (type of fat found mainly in fatty fish).
- Other medical conditions such as Diabetes that may impose additional diet restrictions.
- Concerns about edema (fluid retention) after surgery may require a fluid restriction initially.
- Occasionally, if there has been prolonged intubation after surgery, a patient may require evaluation of his or her swallowing ability and modification of food consistency to ensure safe swallowing of solids and liquids. A few patients who are not able to eat safely and/or adequately may require an alternative means of Nutrition support (such as a Tube Feeding) to meet their Nutritional needs until they are able to resume eating sufficiently on their own.

Nutrition Services Offered

To assist you with your menu selections, a heart symbol has been placed next to heart healthy options available. Mrs. Dash seasoning is also available to use in place of salt to help season your foods. For patients concerned about Carbohydrates-grams of Carbohydrates are listed in brackets (#). Supplements can be arranged to maximize nutrition for those that are having difficulty consuming adequate intake. Additional menu options are available for patients with special Nutrition considerations due to religious and or medical needs (such as Kosher, Gluten Intolerance, Vegetarian, etc); please discuss with Nutrition Services staff when making your meal selections.

To help with incorporating the recommended diet guidelines into your lifestyle, individualized education is provided by one of our Registered Dietitians prior to your discharge. Handouts on the diet can be found in your patient manual provided prior to your procedure.

Heart Healthy Eating Nutrition Therapy

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 440 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 1 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 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 build-up 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 1500 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®, Cheez Whiz®, etc.

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®

Recommended Foods

Food Groups	Recommended Foods
Milk	<p>2 servings of calcium a day. 1 serving has about 150 milligrams (mg). Nonfat (skim), low-fat, or 1% fat milk Nonfat or low-fat yogurt Fat-free and low-fat cheese with less than 150 milligrams sodium per serving Hard cheese, such as low-fat cheddar or mozzarella Low-fat cottage cheese-1/2 cup washed under cold water in a sieve to remove most of the sodium</p>
Meat and Other Protein Foods	<p>3 servings of protein a day. 1 serving has about 60 mg. Lean cuts of beef and pork (loin, leg, round, extra lean hamburger), skinless poultry, fish (3 oz cooked meat) Venison and other wild game Dried beans and peas Nuts and nut butters 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 of fruits and vegetables a day. 1 serving has only about 10 mg. Fresh, frozen, or canned vegetables without added fat or salt Tomato or vegetable juice, canned, without salt Tomatoes, tomato sauce, canned, without salt Fresh, frozen canned, or dried fruit Fruit juices</p>
Grains	<p>5 servings a day. 1 serving has about 150 mg of sodium. Whole grain bread, rolls, pitas low-sodium crackers, pretzels, and chips 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 rice • cooked cereals-regular or quick, such as oatmeal • brown rice • whole grain pasta • yeast bread made at home with no salt <p>Other ready-to-eat cereals with more than 5% DV for sodium-serving size is 1/2 cup (1 cup = 2 of your 5 servings/day)</p>
Others	<p>Use small amounts. 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 Groups	Foods Not Recommended
Grains	Breads or crackers topped with salt Cereals (hot or cold) with more than 300 mg sodium per serving Biscuits, cornbread, and other "quick" breads prepared with baking soda 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 Snacks made with partially hydrogenated oils, including chips, cheese puffs, snack mixes, regular crackers, butter-flavored popcorn
Fruits and Vegetables	Fried fruits or vegetables Fruits or vegetables prepared with butter, cheese, or cream sauce Canned vegetables (unless they are salt free) Frozen vegetables with sauces Sauerkraut and pickled vegetables Canned or dried soups (unless they are low sodium or salt free) French fries and onion rings
Milk	Whole milk 2% fat milk Whole milk yogurt or ice cream Cream Half-&-half Cream cheese Sour cream Processed cheese and 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)

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 1/2 oz liquor)

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Notes:

Sample 1-Day Menu

Meal	Food Choices
Breakfast	½ cup apple juice ¾ cup oatmeal with 1 small banana and 1 cup skim milk 1 cup brewed coffee
Lunch	Turkey and cheese sandwich: 2 slices whole wheat bread, 2 oz lean deli turkey breast, 1 oz low-fat Swiss cheese, mustard, 1 medium sliced tomato, shredded lettuce 1 pear 1 cup skim milk
Evening Meal	3 oz broiled fish 1 cup brown rice with 1 teaspoon soft margarine 1 medium stalk broccoli and 1 medium carrot Tossed salad with mixed greens, tomatoes, chickpeas, and olive oil and vinegar dressing 1 small whole grain roll with 1 teaspoon soft margarine 1 cup tea ½ cup nonfat frozen yogurt with fruit
Snacks	1 oz trail mix made with nuts, seeds, raisins, and other dried fruit 1 cup blueberries 1 cup skim milk

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Notes:



ELMHURST HOSPITAL
A GUIDE FOR CARDIAC SURGERY

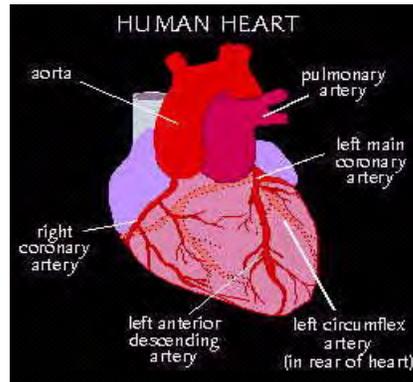
JUST THE FACTS

JUST THE FACTS

Healthy Driven[™]
Edward-Elmhurst
HEALTH

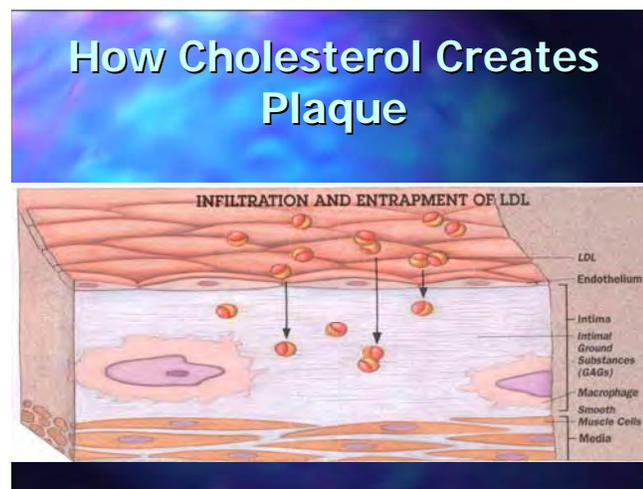
Controlling Your Risk Factors

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.

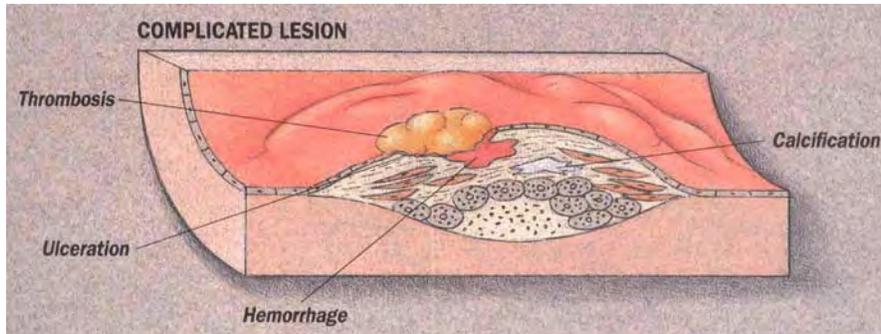


What is atherosclerosis or coronary artery disease?

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 buildup 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

- Pressure, squeezing pain in the chest
- Pain that spreads to the neck, arms, or jaw
- Pain accompanied by sweating, nausea, or shortness of breath

Stroke

- 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!

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 man over 45 or woman 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 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 can 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		
Waist Circumference		Blood Sugar (fasting)	
Women should be less than 35”		70-100 - Normal	
Men should be less than 40”		101–124 - Pre-Diabetes	
		125 or greater - Diabetes	

Atrial Fibrillations

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.

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.

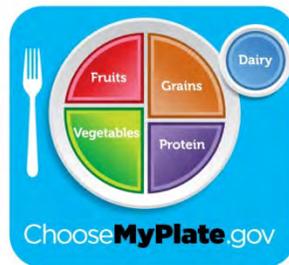
What are some weight loss strategies?

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

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
- ◆ Get a good night's sleep
- ◆ Get a massage
- ◆ Go fishing
- ◆ 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

Switch off the media!

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

