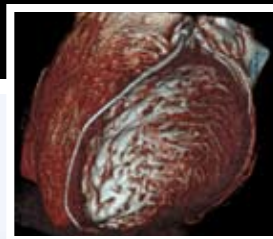
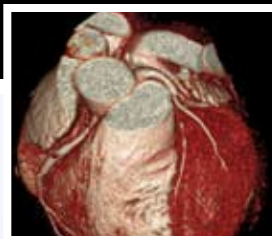


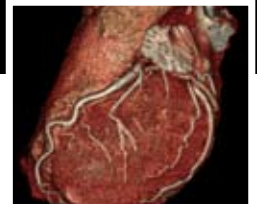
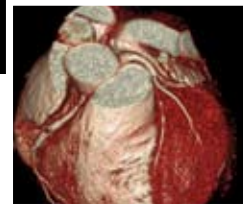
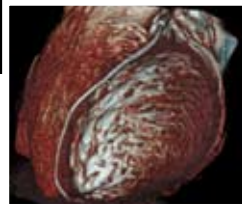
**SAINT VINCENT
HEART CENTER**
We know how to treat people.™

PLEASE TAKE THIS BOOKLET
WITH YOU TO THE HOSPITAL AND TO
ALL FOLLOW-UP APPOINTMENTS.

ABOUT YOUR CARDIAC SURGERY AT SAINT VINCENT



ABOUT YOUR CARDIAC SURGERY AT SAINT VINCENT



NAME OF PROCEDURE _____

DATE OF SURGERY _____

NAME OF SURGEON _____

DIAGRAM OF THE HEART

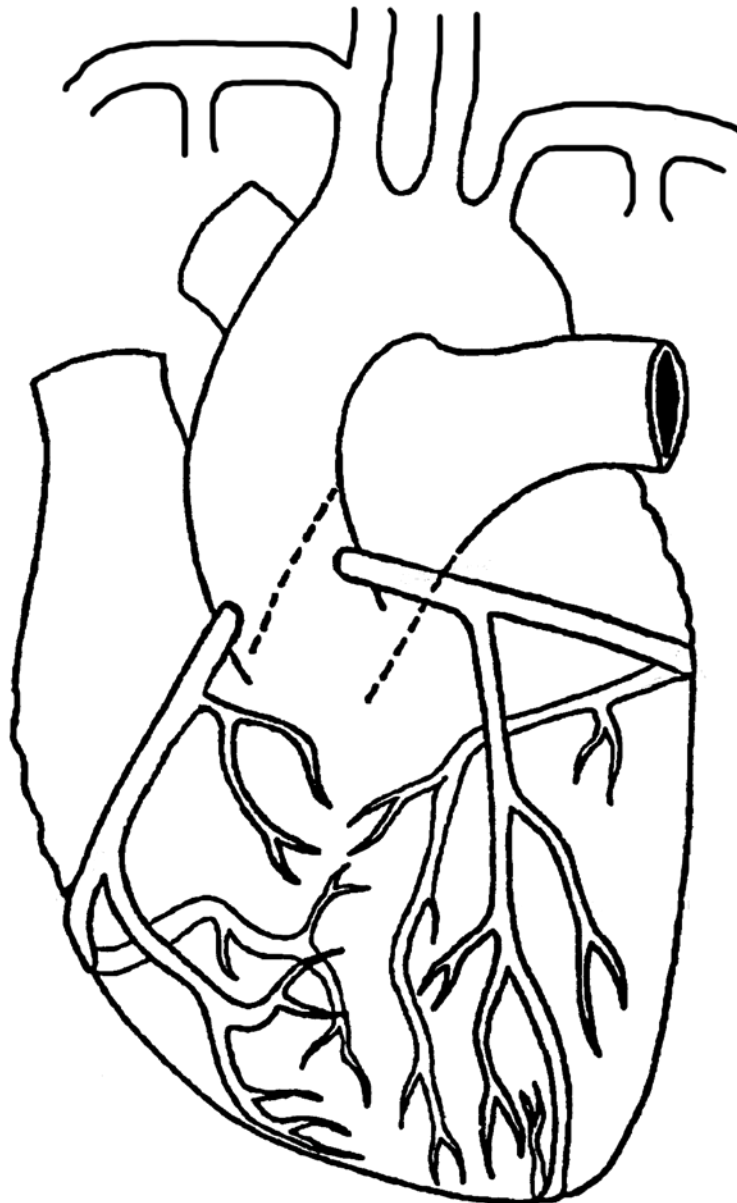




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ABOUT YOUR CARDIAC SURGERY AT SAINT VINCENT



HEART CARE AT SAINT VINCENT

CONTINUUM OF CARE

Comprehensive heart care. It's available in a single location at the Saint Vincent Heart Center. From education on living a healthy lifestyle, to diagnostics, to surgical and non-surgical treatments, to cardiac rehab, the continuum of care offered by the Saint Vincent Heart Center and the Regional Heart Network eliminates the need to travel from physician to physician throughout the region for different services.

The most experienced heart specialists. The latest lifesaving technology. A highly skilled staff of nurses, pharmacists and dietitians all focused on personalized care for our patients. At Saint Vincent, we know how to treat people.

QUALITY CARE

At Saint Vincent, our innovations in heart care meet and exceed state and national standards. National health care authorities such as the Pennsylvania Health Care Cost Containment Council (PHC4), the Joint Commission on Accreditation of Healthcare Organizations and the Centers for Medicaid and Medicare have recognized the quality of our services.

While national recognition is an honor, what we consider our greatest achievement can't be hung on a wall or displayed in a trophy case. It goes much deeper than that. Our greatest success lies in the fact that today, we are saving more lives than ever before.

Improving lives. Saving lives. These are the reasons why we became physicians and why, together with the nearly 300 highly skilled professionals at the Saint Vincent Heart Center, we constantly work to improve the quality of care we provide to patients and their families. Much of our success can be attributed to the progress we continue to make in the adoption of evidence-based practices – clinical process enhancements that are proven by national research.

Improving patient outcomes drives our desire to bring innovations and new procedures to our region. We introduce minimally invasive techniques to reduce scarring, blood loss, complications and length of stay in the hospital. We focus on cardiac education before, during and after a patient receives treatment at the Saint Vincent Heart Center. We involve patients' family members to complete the circle of care.

What holds true in many professions also holds true for heart specialists. The more you practice your skills, the sharper they become. Saint Vincent Heart Center nurses, dietitians, surgeons and cardiologists have had a lot of practice.

Our commitment to quality never ceases. That's why more Saint Vincent Heart Center patients go on to live fulfilling, happy lives.

HEART CARE AT SAINT VINCENT, CONT.

HISTORY OF FIRSTS

Saint Vincent Heart Center physicians and caregivers have a long history of bringing innovations in cardiac and vascular care to you. Offering the latest technology and treatments enables Saint Vincent to provide the best possible care for patients.

- The **first** in the region to perform open heart surgery
- The **first** in the region to use drug-coated stents to reduce the occurrence of restenosis
- The **first** in the region to implant ventricular assist devices as a lifesaving bridge to heart transplant
- The **first** in the region to offer electrophysiology services
- The **first** in the region to implement evidence-based practices to improve quality of care
- The **first** in the region to make life-saving automated external defibrillators available to schools, churches and community organizations
- The **first** in the region to have an electrophysiology ablation program
- The **first** in the region to perform angioplasty
- The **first** in the region to perform valve replacement
- The **first** in the region to perform laser angioplasty surgery
- The **first** in the region to use the clot dissolving drugs, streptokinase and tissue plasminogen activator to stop heart attacks and strokes
- The **first** in the region to use a catheter to repair holes in the heart (patent foramen ovale and atrial septal defect)
- The **first** in the region to use a myocardial mapping system to pinpoint damaged areas of the heart
- The **first** in the region to perform minimally invasive mitral valve surgery
- The **first** in the region to perform minimally invasive surgery for the treatment of atrial fibrillation





SAINT VINCENT HEART CENTER

HEART CARE SERVICES

Cardiac diagnostic testing

- Electrocardiograms (ECG or EKG)
- Echocardiograms
- Stress tests
- Nuclear imaging tests
- Cardiac catheterizations
- Electrophysiology testing
- Laboratory testing
- Carotid ultrasound
- Arterial evaluations

Surgical treatment of heart disease

- Coronary bypass graft (CABG) surgery
- Beating heart bypass surgery (off-pump)
- Thoracic surgery
- Valve surgery
- Peripheral bypass surgery

Heart clinics

- Pacemaker/ICD clinic
- Congestive heart failure (CHF) clinic

Medical treatment of heart disease

Interventional procedures

- Angioplasty
- Stent placement

Treatment of heart rhythm abnormalities

- Medical treatment
- Pacemakers and ICD implantation and monitoring
- Catheter ablation of atrial fibrillation
- Mini-maze procedure
- Maze procedure

Cardiac rehabilitation

SAINT VINCENT HEART CENTER, CONT.

PHYSICIAN OFFICES

Consultants in Cardiovascular Diseases, Inc.

2315 Myrtle, Suite 190
Erie, PA 16502
(814) 453-7767

David T. Borowski, MD
Jeffrey A. Buetikofer, MD
Joseph G. Cacchione, MD
Manuel F. Forero, MD
Mark R. Izzo, MD
Nishant I. Koradia, MD
James P. MacKrell, MD
Andrew L. Mecca, MD
William L. Mecca, MD
Ross C. Peterson, MD
Samuel R. Ward, MD

Melanie Bentz, PA-C
Ashley Conrad, PA-C
Stephanie Matlock, CRNP
Heidi Richter, PA-C
Brooke Wroczynski, PA-C

Saint Vincent Cardiovascular Surgery

2315 Myrtle, Suite 160
Erie, PA 16502
(814) 456-9197

Aron T. Goldberg, MD
David Jayakar, MD
Mark L. Marbey, MD
James P. Takara, MD

Kelly Amenta, PA-C
Noreen Kempinski, MSN, CRNP

ADDITIONAL PHONE NUMBERS

Saint Vincent Health Center	(814) 452-5000
Saint Vincent Information Center (patient room information)	(814) 452-5800
Saint Vincent Guest House information	(814) 452-5810
Saint Vincent Gift Shop	(814) 452-5323
Ask-A-Nurse	(814) 452-5500 or (800) 326-8080
Cardiac diagnostic testing	(814) 452-5658
Pacemaker/ICD clinic	(814) 452-7741
Saint Vincent Cardiac Rehabilitation	(814) 452-7843
Saint Vincent Emergency Services	(814) 452-5337
Saint Vincent Rehab Solutions	(814) 452-5231
Care Coordination	(814) 452-5300
Patient Relations	(814) 452-7081
Patient Accounts (Financial Services)	(814) 452-5011



BEFORE YOU ARRIVE

PLANNING FOR YOUR SURGERY

Talking with your surgeon

- Keep a notepad handy and take it to your appointments. Jot down questions as you think of them.
- Ask your surgeon if there are any prescription or non-prescription medications that you should stop taking before your surgery.
- Ask your surgeon what medications you should take on the day of your surgery. Take these medications with no more than a sip of water.

Arranging for a support person to help you

- You will need to have a friend or family member bring you to the hospital.
- You should also arrange for a friend or family member to pick you up and bring you home when you are discharged from the hospital. You will not be allowed to drive yourself home after your hospital stay.
- Invite a friend or family member to stay at the hospital on the day of your surgery. This person will act as your advocate before, during and after your surgery. (See the next section titled “Naming a health care representative.”) This person might be at the hospital most of the day and may want to bring a book, magazines or a small project to pass the time.

Naming a health care representative

- You will need to choose ONE person as your representative to speak with the nurses and physicians. This person is called your Health Care Representative.
- A Health Care Representative is a person you choose to receive your personal health information (PHI). If you choose, this person may also act on your behalf in making health care decisions if you are unable to make or communicate such decisions.
- We will direct any other friends and family members to your Health Care Representative for information.
- Please bring your Health Care Representative’s contact information (phone numbers, address, etc.) when you come to the hospital.
- Please understand that we can only give out patient information over the phone to your Health Care Representative. We do this to protect your privacy.

BEFORE YOU ARRIVE, CONT.

PLANNING FOR YOUR SURGERY, CONT.

Legal decision makers and Living Wills

- When you are admitted on the day of your surgery, you will be asked if you have a Durable Power of Attorney for Health Care or a Living Will.
- If you have either of these, please bring a copy with you on the day you come to the hospital.
- For more information about Durable Power of Attorney for Health Care and Living Wills or to download the forms, visit the Saint Vincent Web site. The specific web address for this information is:

http://www.saintvincenthealth.com/patients_families/rights_responsibilities.htm

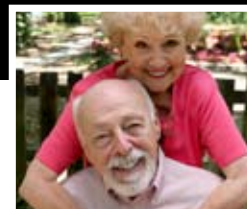
- You may also ask to speak with someone at the hospital about these issues or call Care Coordination at (814) 452-5300.
- During heart surgery, it is routine to use devices and life support systems that might be considered extraordinary in other situations. If you have questions or concerns about these procedures, please discuss them with your surgeon.

THE DAY BEFORE YOUR SURGERY

Pre-surgical screening

We will try to call you at home between 2:30 and 4 p.m. on the day before your surgery. If you are not at home, we will leave a message for you to call the hospital. If you are not called by 4 p.m. on the day before your surgery, please call (814) 452-5408. A staff member will review with you:

- What you can have to eat or drink before your surgery.
- Your general health. For your safety, it is important to tell us if you have been having any signs of illness. These include:
 - Flu or cold symptoms - cough, runny nose, sore throat, nausea, vomiting, diarrhea or fever.
 - Dental issues - abscess or toothache.
- The time you should come to the Admitting Department on the day of your surgery.



THE DAY OF YOUR SURGERY

EATING AND DRINKING

- No food or drink after midnight on the day of your surgery.
- You may have a sip of water (only water) to take medication. Take only the medications that your surgeon has indicated are appropriate for you to take on the morning of your surgery.

BEFORE YOU ARRIVE

- Before coming to the hospital, shower and wash your hair.
- Be sure to remove any nail polish (fingers and toes).
- Please do not wear make-up to your surgery. Your skin and nails allow the medical staff to monitor signs of circulation.
- Please leave any valuables and jewelry at home.
- Female patients should bring a bra that closes in the front. For your convenience, this style is available in the Saint Vincent Gift Shop.

DIRECTIONS, PARKING AND ACCOMMODATIONS

Please see the section titled “For friends and family members” toward the end of this booklet for a map and directions to Saint Vincent Health Center, parking information, and details about accommodations and our guest house.

ADMISSIONS/REGISTRATION

- Come to the Admitting Department two hours before your surgery is scheduled to begin. The Admitting Department is located on the first floor of the hospital, just inside the main lobby and the circular drive.
- Please have your driver’s license and insurance cards available for verification.
- You will need to sign a few forms related to billing for your insurance company and/or Medicare.
- You will be asked whom you have chosen to be your Health Care Representative. If he or she is not with you when you arrive, please have a phone number available for this person.
- You will be asked if you have a Durable Power of Attorney for Health Care or a Living Will. If you have either of these, please provide a copy during registration.

THE DAY OF YOUR SURGERY, CONT.

- If this is your first visit to Saint Vincent Health Center, you will be taken to a desk for a quick interview. You will be asked for information about yourself, whom you would like listed as your emergency contact and whom you would like listed as next of kin. You will be asked if you would like to receive communion while in the hospital. You will also be asked if you would like to list a place of worship or church in your file as some congregations have leaders that visit members in the hospital.
- If this is not your first visit to Saint Vincent Health Center, you will be asked to verify details in your record.
- A representative from admissions will bring you to the nurses' station in the operating room.

IN THE PRE-OPERATIVE AREA

- You will be asked to sign an Informed Consent form before your surgery. You may have done this earlier. Signing this form indicates that you and your surgeon have talked about your surgery, that you know the risks and benefits of having this surgery, and that you know what to expect after surgery.
- As a safety check, you will be asked the same questions many times. Patient safety is very important at Saint Vincent, so our staff repeatedly cross checks your answers with the forms from your doctor's office. You should expect to be asked:
 - Your name and birth date
 - The type of surgery you are having
 - The name of your surgeon
 - Where or on what part of your body is your surgery
- Before your surgery, you must remove any glasses, contacts, jewelry (including body piercings), dentures, hair accessories and undergarments. The staff will take these items and return them to you or your family after your surgery.
- If you are having valve surgery, you and your family may be asked to confirm your choice of either a tissue or mechanical valve. If you have any questions about this, please ask your surgeon or nurse.

YOUR SCHEDULED SURGERY TIME

- While you may have a scheduled time for your surgery, we are not able to guarantee when your surgery will start. The time given for your surgery is the estimated time you will be taken to the operating room.
- Every patient is unique. Some cases may take longer than others or may run longer than expected. Cases which run longer may delay the next patient and, sometimes, an emergency will cause the cancellation of a scheduled surgery. We all do the best we can to make sure that your operation starts at the scheduled time.
- Once you are taken into the operating room, our Heart Center Family Liaison will give your Health Care Representative (see "Before You Arrive") periodic updates on the progress of your procedure.



DURING YOUR SURGERY

BEFORE YOUR SURGERY BEGINS

The operating room staff will meet you and your family in the pre-operative area. As a patient safety measure, they will ask your name and what operation you are having. An anesthesiologist will then give you medication for relaxation.

An IV tube will be placed in your arm while you are in the pre-operative area. You will be given a blue cap to cover your head. Your dentures and any jewelry will be given to the friend or family member you designate. They can go with you to the operating room doors. Once you enter the operating room, your family will be directed to the Heart Center Family Resource Center, located on the 3rd floor. Our Family Liaison will keep your family informed of your surgery's progress and can provide them with a pager so they may be easily contacted.

IN THE OPERATING ROOM

Your relaxation medication should be working by the time you enter the operating room (OR). You will be helped to move to another bed. The room will be cool (but warm blankets are available), brightly lit and noisy. There will be a lot of activity, but you will probably start drifting off to sleep.

A safety strap will be placed across your legs, EKG patches will be placed on your skin, and an oxygen mask and two adhesive pads will be applied to the side of your chest and back. These pads may feel cold. The anesthesiologist will place several IV tubes in your arms.

Once you are asleep, a Foley catheter will be placed into your bladder, and a breathing tube will be inserted into your mouth and down your windpipe. A tube will also be placed to keep your stomach empty. These tubes will be removed when appropriate.

THE SURGERY

If you are having bypass surgery, an incision will be made in your leg(s) to retrieve the pieces of vein used for the bypass grafts. Most often, the veins will be removed with a surgical telescope. This is called endoscopic vein harvesting and it allows for the removal of long lengths of vein with only one or two small incisions. Your anatomy or vein quality might not allow for endoscopic vein harvesting. If this is the case, you may have multiple small leg incisions. When using the scope, it is possible to have bruising under the skin from the scope. Your other veins will take over for the ones that are removed. An artery in your chest called the mammary artery may also be used for one of your bypasses.

DURING YOUR SURGERY, CONT.

Heart surgery starts with an incision made over the breastbone. Your breastbone will be closed with stainless steel wires which will remain inside your body. Your chest and leg incisions will be closed with sutures underneath the skin which will be absorbed by the body and need not be removed. There will be a layer of special glue on the incisions which will disappear. Band-aid dressings will be applied to your incisions.

One or more drainage tubes will exit your chest below your chest incision. These tubes allow blood or fluid to drain from areas inside your chest where we have operated. These tubes will be removed when appropriate.

Two or four thin wires will be attached to your heart and brought out through your skin. These wires can be connected to a temporary pacemaker to regulate your heart rhythm, if needed. These wires will be removed when appropriate.

Once your surgery is over, your surgeon will meet with your Health Care Representative to discuss your surgery and answer questions. We will take you directly from the operating room to our Cardiovascular Intensive Care Unit (CVICU).



AFTER YOUR SURGERY - CARDIOVASCULAR INTENSIVE CARE UNIT (CVICU)

EXPECTED LENGTH OF STAY

- After surgery, you will be moved to a bed in the Cardiovascular Intensive Care Unit (CVICU). Your heart rate, blood pressure and breathing will be monitored at all times during your stay in CVICU.
- Most patients stay in CVICU for a day or two after surgery. Your length of the stay will be determined by your surgeon. You may stay longer if you have:
 - Difficulty breathing on your own
 - More bleeding than expected
 - Problems with your heart rate, rhythm or blood pressure
 - Other unexpected problems

FAMILY VISITS

- Your family members may visit you at set times throughout the day. Visiting hours are limited so that we can focus on the care, comfort, safety, rest and privacy of our patients. Visits are limited to two people at a time. Almost all patients tire with the least of activities (eating, washing and short walks) after surgery. We encourage your family to keep visits short to avoid tiring you further. It is OK to ask that well-meaning friends and neighbors wait until you go home to visit.
- Our Family Liaison will assist your family members and answer any questions you may have about visiting hours.
- CVICU visiting hours:
 - 10:00 – 10:30 a.m.
 - 1:00 – 1:30 p.m.
 - 4:30 – 5:00 p.m.
 - 8:00 – 8:30 p.m.

COMMON TUBES, IVS AND DRAINS

- All patients have a breathing tube and are connected to a breathing machine (ventilator) for several hours after surgery.
- The breathing tube will stay in place until you are awake and ready to breathe comfortably on your own. You will not be able to talk because of the breathing tube. However, the nurses caring for you are experienced at understanding and anticipating your needs.

AFTER YOUR SURGERY - CVICU, CONT.

COMMON TUBES, IVS AND DRAINS, CONT.

- You will also have a tube (NG tube) from your nose to your stomach that empties the contents of your stomach. This decreases your chances of becoming nauseated and vomiting.
- Drains or chest tubes have been placed to empty any blood or fluid from around your heart and lungs. This tube is connected to a collection system.
- A tube (Foley catheter) will be in your bladder to drain urine.
- A large IV (MAC catheter) placed in your neck or upper chest is used to give medications that will help control your circulation and blood pressure.
- Sometimes a special monitoring catheter called a Swan Ganz Catheter is placed through your MAC catheter during surgery to monitor how well your heart is functioning.
- Pacing wires may also be placed during surgery and will be attached to the outside of your chest wall. These will be used temporarily to pace your heart if the rate is too slow.
- The chest tubes, pacing wires, NG tube and Foley catheter are usually removed on the first day after surgery.

WALKING AND MOVING

- Early walking and moving **MUST BE DONE** to avoid complications.
- You will be asked to get out of bed and walk in the halls the day after surgery.
- You will be encouraged to get out of bed for every meal. Well-meaning family members often try to do things for patients that we would prefer patients do for themselves. One of these things is feeding yourself at mealtimes.
- Physical therapists will work with you at bedside while in the CVICU. Once you leave the CVICU, you may go to the Physical Therapy department for treatment.

PREVENTING INFECTION

- You will receive antibiotics for 48 hours to reduce the risk of infections. Your allergies, risk factors and doctor's first choice are used to select which antibiotic you will be given.
- Friends and family members who may have a cold or flu should not visit you after surgery.
- Anyone who does visit you should practice hand-washing before and after they touch you.

BLOOD SUGAR TREATMENT

- After surgery some patients will have a rise in blood sugar. One cause is the normal stress of heart surgery. Another cause is the result of the medications you are given. High blood sugar may last a few days, but for some patients, it lasts for weeks.
- Studies have shown a link between high blood sugar and complications. These complications are: infections, kidney damage and poor wound healing.
- Your nurse will check your blood sugar by a finger stick test. This test will be done often after surgery. If your blood sugar is high, it will be controlled with insulin. It is very important to keep your blood sugar at a normal level as you heal.
- About 75% of our patients benefit from insulin therapy after heart surgery.

CARING FOR YOUR LUNGS

- After your breathing tube is taken out, you will need to frequently cough and breathe deeply. This will help to expand your lungs and reduce your risk of complications.
- Lung problems are the most frequent complication after heart or lung surgery. It is very important to follow your nurse's instructions. Recovery from heart surgery requires active participation by the patient. For your lungs, that means coughing, deep breathing, and the use of certain mechanical devices to help your lungs perform normally.
- To reduce your risk of any post-op lung-related complications, your nurses will do several things to assist you:
 - Give extra oxygen as needed.
 - Encourage coughing and deep breathing.
 - Encourage you to use your incentive spirometer every hour while you are awake. You will place this plastic device in your mouth to measure how deeply you are breathing.
 - Encourage you to use acapella ("the pickle") every hour you are awake, 5-10 breaths. This is a green plastic device to help loosen mucous in the chest to make it easier to cough out.
 - Support your incision when you cough and move. You may have a heart pillow or a device called a heart hugger placed around your chest after surgery to provide support to your sternum as you cough, deep breathe and begin to move.
 - Encourage female patients to wear a front-closure bra for support. (These can be purchased at the Saint Vincent Gift Shop if you did not bring one.)
 - Give you enough pain medication to control your pain. Our goal is for you to be comfortable enough to do breathing exercises and move.
 - Help you walk, beginning the night of or morning after surgery.
 - Keep the head of your bed elevated 30 degrees.
 - Help you turn from side to side while in bed.
 - Administer inhaled medications if you have large amounts of mucus or a history of asthma or smoking.

NUTRITION

- Most patients have a tube placed in their stomach immediately after open heart surgery. It is usually removed after the breathing tube is taken out.
- You will start out taking ice chips. Then you will move on to clear liquids. Your diet will be advanced based on how well you tolerate eating.
- Your nurse will be able to give you medication to treat any nausea. You will receive medicine to reduce excess stomach acid. This will reduce your risk of having stress ulcers in your stomach.
- Constipation is a common problem especially when you are taking pain medication. You will be treated with stool softeners or laxatives if needed. Please let the nurse know if you have not had a bowel movement after your surgery.

AFTER YOUR SURGERY - CVICU, CONT.

PAIN CONTROL

- After surgery, you will have some pain due to the incisions in your chest and legs. You may also have pain from the chest tube incisions.
- You may have pain in your back and ribs from your chest being open during surgery.
- Effective pain control will keep you comfortable, help you maintain a steady blood pressure and will prevent lung complications.
- After surgery you will receive pain medications through your IV. Your doctor will switch you to oral pain medications by the second or third day after your surgery.
- Pain medication, changes in position, distraction and relaxation techniques all will be used to help you control your pain.
- Please ask for pain medications if you start to feel pain. Do not let your pain get out of control as it will be much harder to get it back under control.
- Do not be afraid of becoming “addicted” to the pain medication. It is normal to require pain medication after surgery, and it is normal for that requirement to decrease over a few weeks time.



AFTER YOUR SURGERY – 3 NORTH STEP DOWN

FAMILY VISITING HOURS

Your family members can visit you throughout the day. Visiting hours for 3 North are 8 a.m. – 8 p.m.

COMMON TUBES, IVS AND DRAINS

For some patients not all tubes or drains are removed on the first day after surgery. You may be transferred to 3 North with chest tubes, Foley catheters and other drains. The tubes remove the extra blood and fluid from around your heart and lungs. Your surgeon will decide when these may be removed.

WALKING AND MOVING

- You will go to physical therapy each day as directed by your surgeon.
- You will need to walk in the halls along the “road to recovery” at least three times a day.
 - There are hearts hanging from the ceiling in the halls. Each heart marks another 20 feet.
 - For your safety, you will walk with a staff member the first time. After this first time, family members may walk with you.
 - Try to walk to at least one additional heart a day.
 - Let your nurse know how far you have walked.
- You should move to a chair and sit up for all meals.
- You may shower with assistance once all of your tubes are removed. Your nurse will help you prepare for your shower. You should not remove tubes by yourself.

PREVENTING INFECTION

Your blood sugars will continue to be monitored often. Insulin shots may be necessary. If you will need to use insulin at home, you will be taught by your nurse how to administer insulin. Some patients may have a nurse visit them at home to help with insulin education.

CARING FOR YOUR LUNGS

When you are awake, you need to use your breathing devices. You should use your incentive spirometer and acapella every hour. You need to support your incision by using your heart hugger or heart pillow.

AFTER YOUR SURGERY - 3 NORTH STEP DOWN, CONT.

NUTRITION

You should eat small meals several times throughout the day. This will help with the healing process. Your family members may help you order meals. You will probably not have much of an appetite. You should eat anyway. Eating, even when you are not hungry, provides the energy your body needs to heal properly.

PAIN CONTROL

Let your nurse know if you have any pain. There are medications available to make you more comfortable. If your medications do not control your pain, let your nurse or surgeon know.

OPEN HEART CLASS

Before you go home, you and your family will attend our open heart surgery class held on the third floor. It is held Monday through Friday at 10:30 in the morning. In this class, our staff will review directions for the care of your leg and chest incisions, activity guidelines and other special instructions.



PREPARING TO GO HOME

BEFORE YOU ARE DISCHARGED FROM THE HOSPITAL

- Before you are discharged, our staff will explain your follow-up care, and provide written instructions to you and your family. We ask that your friend or family member listen to the instructions with you. An extra set of ears helps to ensure all important information is understood. It will help you remember what to do once you are home.
- You will need to follow up with your heart surgeon four to six weeks after you leave the hospital. You will also need to follow up with your cardiologist. This appointment should be six to eight weeks after you leave the hospital. Whenever possible, your appointment with your heart surgeon and your cardiologist will be made before you leave the hospital.
- You will be provided a written list of medications you will need to continue at home. You will be provided prescriptions for these medications. Let the nurse know if you need any special arrangements made for your prescriptions, such as extra scripts for mail orders or if your pharmacy closes early.
- You will be given phone numbers to call if you have any questions after you go home.

AFTER DISCHARGE

- After discharge you may need chest X-rays and blood work. You will be given prescriptions for these if you need them. You may have these done close to your home.
- If needed, the surgeon and the social worker may set up a visiting nurse to come to your home. The nurse will check your blood pressure and incisions. The social worker is available Monday through Friday. Please let your nurse know if you are interested in this service.

CARDIAC REHABILITATION

- If your insurance allows, you will be asked to attend to a cardiac rehabilitation program. Cardiac rehabilitation is a series of exercise sessions. The goal of these sessions is to help you regain your strength. Your heart is monitored during the sessions. Sessions last about one hour. Each session includes:
 - warm-up phase: prepares your heart and other muscles for exercise
 - aerobic period: cardiovascular benefits using machines (bicycles, treadmills and weights)
 - light strength training
 - cool-down phase: gradually returns your heart rate and circulation to a pre-exercise state while increasing your flexibility
- For more information, please see the “Cardiac Rehabilitation” section of this booklet.



WHEN YOU GO HOME

WHO DO YOU CALL?

For the next 30 days, you should call the heart surgeons with any questions or concerns. They can be reached at (814) 456-9197 (Monday through Friday, 8 a.m. - 4 p.m.) or (814) 452-5000 (after 4 p.m. and on weekends). Please stay on the phone until the operator connects you.

If you think that you have an emergency situation that requires immediate attention, either call 911 or go to the nearest emergency care facility. Your heart surgeon or one of his partners is “on call” at all times and can be reached after 5 p.m., on weekends or on holidays at (814) 452-5000. Please save non-urgent calls for normal business hours. Please try to call about prescription needs during weekday business hours.

SHORTNESS OF BREATH

Many patients experience some shortness of breath during the first month after surgery due to the healing process of the lungs. Continue your walking program and use of your spirometer after going home.

If you are concerned about your shortness of breath, please call the heart surgeons. Your surgeon may schedule a chest X-ray or suggest that you come to the office or to an emergency room.

SWELLING

Always elevate your legs on a pillow at night. Your leg(s) with the incision may be swollen. Keep your legs up when sitting for any length of time. Walking will also help reduce the swelling. Call the heart surgeons if you are concerned about continued leg swelling.

INCISIONS

The chest incision should not be red. Your leg incision may have a 1/2 inch of redness along either side of the incision due to a reaction to the sutures. You may also have clear fluid draining from the incisions. Call the heart surgeons if the redness or drainage increases in your leg, or if either the chest or leg incision becomes warm or tender to touch. **SHOWER DAILY**, allowing warm soapy water to run off the incisions. Pat these areas dry with a clean towel.

IRREGULAR HEART BEAT (ATRIAL FIBRILLATION)

Atrial fibrillation (A-fib) is an irregular heart rhythm. It is not uncommon after heart surgery and is most frequently treated with medications. As your heart heals, the rhythm will become normal. **If you notice that your heart rhythm becomes fast or irregular, call the heart surgeons or go to the nearest emergency room.**

WHEN YOU GO HOME, CONT.

PAIN

Aches and pains are common after open heart surgery. It is normal to have some discomfort around your whole upper body (chest, shoulder, shoulder blades, neck and arms) for four to six weeks. Gentle stretches and warm heat may help. You may use pain medication as approved by your surgeon.

ACTIVITY

- Climbing stairs is okay. Go slowly. Do not use the handrail to pull yourself up the stairs.
- You may begin to drive four weeks from the day of surgery if you are not taking pain medication.
- Sexual activity is permitted immediately.
- Check with your surgeon about returning to work.

NUTRITION

- Start following the heart healthy meal plan given to you. This means eating less cholesterol, less fat, less sodium (salt), less sugars or sweets.
- Eat foods high in iron (lean red meat, green leafy vegetables) for the first eight weeks.
- For more information, contact the Saint Vincent dietitians at (814) 452-5300.

EMOTIONAL CHANGES

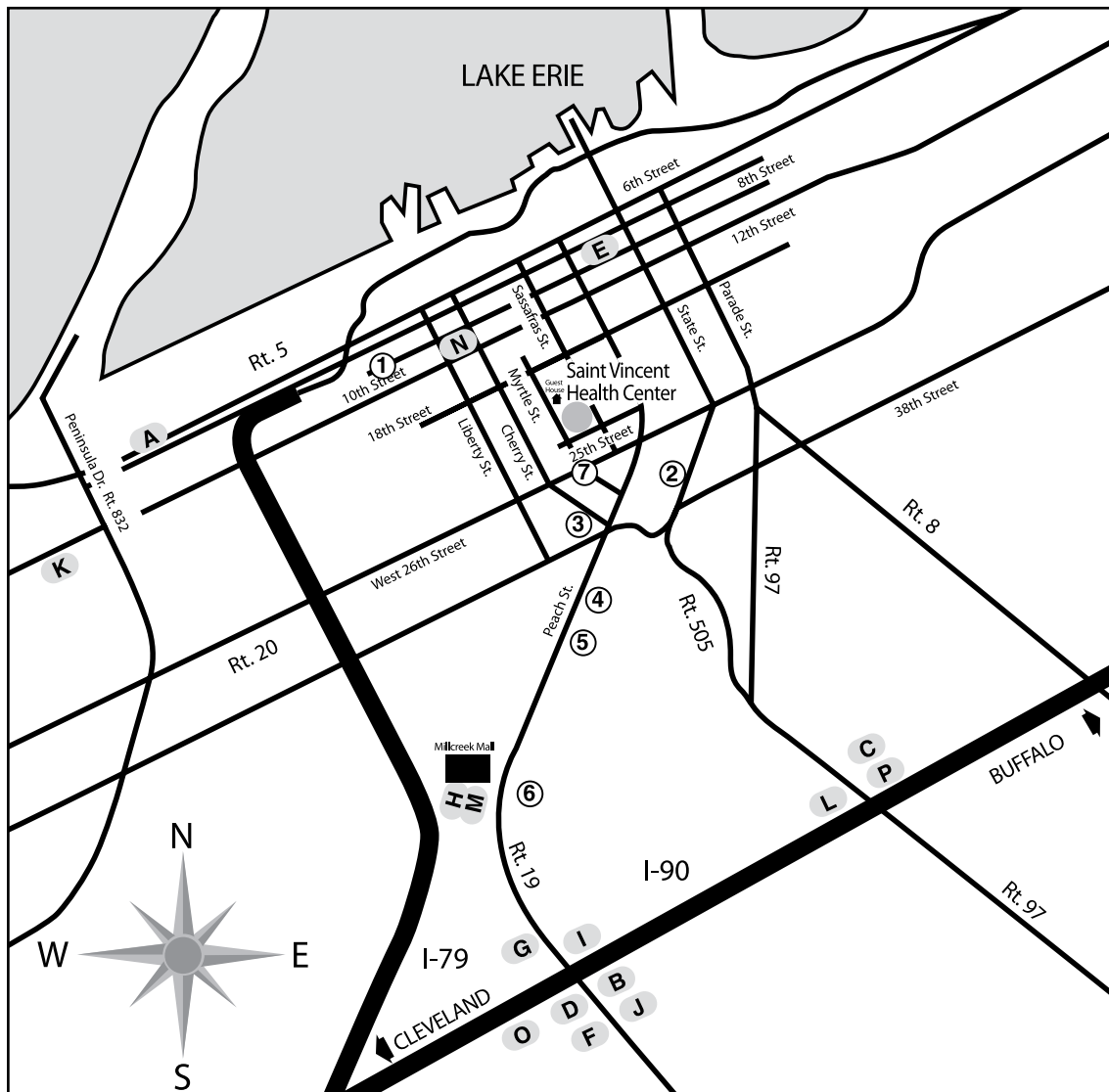
It is normal to have mood swings after surgery. It is normal to cry. It is normal to feel sad, frustrated and even angry. If these feelings become uncomfortably strong, please contact your family physician.

ABOUT YOUR CARDIAC SURGERY AT SAINT VINCENT



FOR FRIENDS AND FAMILY MEMBERS

LOCATING SAINT VINCENT HEALTH CENTER



From West:

I-90 to I-79 North
Right on 26th Street
Left on Myrtle Street

Alternate Commercial Route:

I-90 to Peach Street/Rt. 19 North
(Exit 22A)
Left on Myrtle Street


From East:

I-90 to Rt. 97 North
Straight on Rt. 505
Merge on State Street
Left on 26th Street
Right on Myrtle Street

FOR FRIENDS AND FAMILY MEMBERS, CONT.

ACCOMMODATIONS FOR OUT-OF-TOWN VISITORS

If you're visiting Saint Vincent Health Center from out of town, you may be looking for accommodations, area restaurants and florists. In addition to the Saint Vincent Guest House, the following area hotels and motels are available. Restaurants in close proximity to the health center and local florists are also listed.

- A** BelAire-Clarion Hotel
2800 West Eighth Street
Erie, PA 16505
814-833-1116
- B** Comfort Inn
Interstate 90 and Route 19
Erie, PA 16509
814-866-6666
- C** Days Inn
Interstate 90 and Route 97
Erie, PA 16509
814-868-8521
- D** Econolodge
Interstate 90 and Route 19
Erie, PA 16509
814-866-5544
- E** Avalon Hotel
16 West Tenth Street
Erie, PA 16501
814-459-2220
- F** Microtel
8100 Peach Street
Erie, PA 16509
814-864-1010
- G** Courtyard by Marriott
7792 Peach Street
Erie, PA 16509
814-860-8300
- H** Homewood Suites
2084 Interchange Road
Erie, PA 16565
814-866-8292
- I** Motel 6
7575 Peach Street
Erie, PA 16509
814-864-4811
- J** Residence Inn by Marriott
8061 Peach Street
Erie, PA 16509
814-864-2500
- K** Hampton Inn
3041 West 12th Street
Erie, PA 16505
814-835-4200
- L** Best Western
Interstate 90 and Route 97
Erie, PA 16509
814-864-1812
- M** Springhill Suites
2087 Interchange Rd.
Erie, PA 16509
814-864-5000
- N** Downtown Inn (Super 8)
205 West 10th Street
Erie, PA 16501
814-456-6251
- O** Hampton Inn-South
Interstate 90 and Route 19
Erie, PA 16509
814-866-6800
- P** Red Roof Inn
Interstate 90 and Route 97
Erie, PA 16509
814-868-5246
-  Saint Vincent Guest House
For more information, please visit or call the Saint Vincent Information Center at 814-452-5810

RESTAURANTS

- ① 10th Street Cafe & Market
1402 West 10th Street
814-452-2500
- ② Dee's Delicatessen
3049 Glenwood Park Avenue
814-456-5115
- ③ Andy's Pub
3866 Peach Street
814-864-9007
- ④ McDonald's
4319 Peach Street
814-866-6865
- ⑤ Perkins Family Restaurant
4403 Peach Street
814-864-0497
- ⑥ Olive Garden
5945 Peach Street
814-866-1105
- ⑦ Mi Scuzi Ristorante
2641 Myrtle Street
Erie, PA 16508
814-454-4533

SHOPPING

-  Millcreek Mall
814-868-9000

FLORISTS

- Saint Vincent Gift Shop
You may order flowers by calling the shop at ext. 5323. The Gift Shop is located in the Main Lobby.
- Allburn Florist
814-459-5436
- Gary's Flower Shoppe
814-825-5484
- Larese Floral Design
814-461-0904
- Joel's Flower Shoppe
814-452-3074
- Potratz Floral Shop and Greenhouse
814-454-1549

FOR FRIENDS AND FAMILY MEMBERS: DURING YOUR SURGERY

- While you are in surgery, your family members and friends may wait in Heart Center Family Resource Center, located on the 3rd floor.
- Our Family Liaison will update your Health Care Representative on the progress of your surgery. **While only the surgeon can go into detail about the surgery, the Liaison will keep your family informed of the progression of your surgery, such as start and end times.**
- When the surgeon is available to speak with your family, the Liaison will locate your Health Care Representative, and a consultation room may be provided for your privacy.
- After the surgeon speaks to family members, they may feel free to leave the waiting room.
- When the family members return to the waiting room, they should check in with the Liaison.
- Young children must be attended to at all times.
- Smoking is not allowed in or around Saint Vincent Health Center.
- For local phone calls, dial 9 for an outside line and then dial the number. For long distance calls, you must use a calling card (dial 9 followed by the card number) or call collect.
- Cell phones are only permitted in designated areas of the Health Center as they interfere with monitoring equipment. Cell phones may only be used in the surgical waiting room, the main lobby, the rehab lobby, the emergency room lobby and the cafeteria.
- For your convenience, family members may purchase meals in our on-site cafeteria. There is an ATM machine located just off the main lobby.

CAFETERIA HOURS

Hot Breakfast	6:30 a.m. - 10 a.m.
Coffee & Donuts	10 a.m. - 10:30 a.m.
Hot Lunch/Salad Bar	11 a.m. - 2 p.m.
Salad Bar/Beverages	2 p.m. - 4:30 p.m.
Hot Supper/Salad Bar	4:50 p.m. - 7 p.m. (Sat & Sun, 4:50 p.m. - 6:30 p.m.)

PARKING

Parking ramps near Saint Vincent Health Center are operated by the Erie Parking Authority. Saint Vincent Health Center cannot validate parking tickets. For your convenience, there is an ATM located just off the main lobby.

PARKING LOT RATES (SUBJECT TO CHANGE)

up to 1 hr.	\$1.40	4-5 hours	\$5.00	8-10 hours	\$8.50
1-2 hours	\$2.75	5-6 hours	\$5.75	Daily Max	\$10.00
2-3 hours	\$3.50	6-7 hours	\$6.75		
3-4 hours	\$4.00	7-8 hours	\$7.50		

Valet parking is available for an additional fee.

FOR FRIENDS AND FAMILY MEMBERS, CONT.

GUEST HOUSE

For your convenience, Saint Vincent Health Center operates a comfortable guest house. This low-cost accommodation is available to families of critically ill or injured patients. There is a fee of \$20.00 per person per night. Guests receive one free parking pass per room. Availability is limited. Please contact the Saint Vincent Information Center for more information at (814) 452-5810.

ABOUT YOUR CARDIAC SURGERY AT SAINT VINCENT



CARDIAC REHABILITATION LOCATIONS

THE REGIONAL HEART NETWORK

The Regional Heart Network is a non-profit corporation that links hospitals in northwestern Pennsylvania and western New York with shared technology, training and expertise, ensuring a high standard of heart care throughout the region. It allows patients to stay in their own communities and receive the same quality diagnostic procedures that they would receive at the Saint Vincent Heart Center.

THE REGIONAL HEART NETWORK CARDIAC REHABILITATION LOCATIONS

Saint Vincent Cardiac Rehabilitation

2315 Myrtle Street
Erie, PA 16502
814/452-7843

Warren General Hospital

Two Crescent Park West
Warren, PA 16365
814/723-4973, ext. 1745

Westfield Memorial Hospital

189 East Main Street
Westfield, NY 14787
716/793-2218

Titusville Area Hospital

406 West Oak Street
Titusville, PA 16354
814/827-1851 or 800/950-1851

OTHER CARDIAC REHABILITATION LOCATIONS

Ashtabula County Medical Center

2420 Lake Avenue
Ashtabula, OH 44004
440-997-6649

Brooks Memorial Hospital

529 Central Avenue
Dunkirk, NY 14048
716/366-1111, ext. 4102

Bradford Regional Medical Center- Main Campus

116 Interstate Parkway
Bradford, PA 16701
814/362-8426

Brookville Hospital

100 Hospital Road
Brookville, PA 15825
814/849-2312, ext. 2260

CARDIAC REHABILITATION LOCATIONS, CONT.

Brown Memorial Hospital

158 West Main Road
Conneaut, OH 44030
440/593-0213

Charles Cole Memorial Hospital

US Route 6E
Coudersport, PA 16915
814/274-5351

Clearfield Hospital

809 Turnpike Avenue
P.O. Box 992
Clearfield, PA 16830
814/765-5341

DuBois Regional Medical Center

100 Hospital Avenue
DuBois, PA 15801
814/375-3591

Elk Regional Health Center

94 Hospital Street
Ridgeway, PA 15853
814/788-5400

LakeEast Hospital

10 East Washington Street
Painsville, OH 44077
440/354-1625

Meadville Medical Center Health Systems

751 Liberty Street
Meadville, PA 16335
814/333-5155

Olean General Hospital

500 Main Street
Olean, NY 14760
716/375-6224

Sharon Regional Health System

740 East State Street
Sharon, PA 16146
412/983-3802

United Community Hospital

631 North Broad Street Ext.
Grove City, PA 16127
8724/450-7052

UPMC Horizon Greenville

110 North Main Street
Greenville, PA 16125
724/589-6278

UPMC Horizon Shenango Valley

2200 Memorial Drive
Farrell, PA 16121
724/983-7521

UPMC Northwest Health Systems UPMC NW Medical Center- Franklin Campus

100 Fairfield Drive
Seneca, PA 16346
814/676-7159

Women's Christian Association WCA Hospital

207 Foote Avenue
Jamestown, NY 14701
716/664-8137





REDUCING YOUR HEART DISEASE RISK FACTORS

Not all risk factors for heart disease can be controlled. There's nothing you can do to change your age, gender, family history or ethnicity. However, most people with heart disease have at least one risk factor they can control by making positive lifestyle changes. It is vital that you identify the risk factors you have the ability to manage and take the appropriate steps to address those that may have added to your heart disease. Living a healthier lifestyle can help you heal from surgery more quickly, prevent future heart complications and help you live a fulfilling life.

- Smoking cessation
- Cholesterol
- Tips on how to cope with heart disease
- Exercise your way to a healthier heart
- Heart disease and diabetes
- High blood pressure
- Weight loss
- Women and heart disease

SMOKING CESSATION

DOES IT STILL PAY TO QUIT SMOKING AFTER AGE 55?

Studies have shown all kinds of health benefits from quitting smoking. But do those studies apply to longtime smokers? Can people diminish the effects of decades of smoking?

Research suggests that the answer is yes. Even people who have smoked for decades are seeing improvements in their health after they quit. Plus, there are the countless other benefits of quitting—from easier breathing when exercising to protecting grandchildren from secondhand smoke.

QUITTING STILL PAYS

In one study, researchers followed men who quit smoking around age 64. What did they find? Even after an average of 43 years of smoking, these men were able to reduce their risk of death from cancer, heart disease, and other problems.

Men who kept smoking after age 65 reduced their life expectancy by about six years. Even some of the ex-smokers with chronic illnesses lived longer than the smokers.

However, the sooner older smokers quit, the more benefit they will see, says a study of more than 5,000 women and men age 65 and older. Smokers who had quit between ages 40 and 60 only had a 7% decrease in lung function compared with peers who had never smoked. However, smokers who waited till after age 60 to quit experienced a 14% decrease in lung function.

APPROACHES THAT WORK

Smoking is a difficult habit and addiction to end. If you are among the thousands of smokers who want to quit, you may want to ask your doctor about the best approach for you. He or she may suggest one or all of the following ways.

- Nicotine gum and patches are over-the-counter drugs that help reduce cravings. They deliver a steady dose of nicotine throughout the day. Nicotine gum also gives smokers something to do when they feel like smoking. A prescription nasal spray and inhaler also are available.
- Bupropion is a prescription antidepressant that has proven useful in helping people stop smoking. The drug hinders brain chemicals that play a key role in nicotine addiction.
- Stop-smoking programs and exercise can help people change their smoking habits. In one study, regular exercise combined with counseling helped women stay smoke-free.

STAY SMOKE-FREE

For smokers who are trying to kick the habit, it's helpful to stay away from activities they connect with smoking, such as drinking alcohol. Stay focused on all the positive health benefits that come with quitting.

CHOLESTEROL

If your cholesterol is too high, you could be at risk of having a heart attack or stroke. Blood cholesterol is a fatty substance that travels through your bloodstream. When cholesterol is too high, it:

- Forms plaque inside the walls of the arteries.
- This plaque causes narrowing of the arteries, which will decrease the amount of blood going to the heart.
- This in turn leads to heart disease, stroke or heart attack.

COMMON CHOLESTEROL NUMBER TERMS

Cholesterol: type of fat used by the body to build cells and certain hormones. It is found only in foods that are from animal sources such as meat, eggs and dairy products.

Triglycerides: type of fat used by the body as a source of energy, or is stored in our body fat for later use. This comes from a break down of sugar and carbohydrates.

HDL: helps to remove excess cholesterol from the body. It is the “good cholesterol.”

LDL: in excessive amounts, it promotes a build-up within the artery walls. It is the “bad cholesterol.”

Transfats: formed when vegetable oils are processed into margarine or shortenings. Listed on labels as “partially hydrogenated.” This increases the LDL (bad cholesterol) and decreases the HDL (good cholesterol). Another “bad cholesterol.”

TIPS ON CONTROLLING YOUR CHOLESTEROL

- Eat less saturated fat. This is found mainly in foods that come from animals such as meat, chicken skin, whole milk or cheese and butter.
- Eat more fiber such as oats, beans, brown rice, vegetables and fruit.
- Be more active. Activity will help to lower your LDL (bad cholesterol) and increase your HDL (good cholesterol).
- Take your medications as ordered.
- Do not smoke.
- Lose excess weight.
- Use foods rich in monounsaturated fats like olive oil.
- Eat more fish, such as mackerel, salmon, tuna and lake trout. Fish contains omega 3 fatty acids, which may lower your cholesterol levels.
- Limit your intake of alcohol and sweets. These products are high in calories, which in turn will increase your weight, resulting in high cholesterol levels.

TIPS ON HOW TO COPE WITH HEART DISEASE

You may be surprised by the feelings you might experience when you are living with heart disease. You may become frightened, worried, angry or depressed. These feelings are common and should lessen over time.

Coping with heart disease will involve changes in your lifestyle. Change is hard for most people. Remember that you need time to adjust to your new way of life. Be sure to ask for help if you need it. Make small changes instead of trying to change everything at once.

YOU MAY HAVE FEELINGS OF:

- Frequent sadness or tearfulness
- Reduced energy
- Forgetfulness or trouble concentrating
- Less interested in activities you used to enjoy
- Feeling angry
- Feeling jealous of those who seem healthier
- More sensitive to aches and pains
- You may be sleeping either more or less than normal
- Changes in your appetite
- Feelings of guilt, worthlessness or helplessness
- Irritability or restlessness

HOW TO COPE

- Learn as much as you can about your condition.
- Take steps to improve your health such as increasing your activity or eating healthier.
- Try to deal with each feeling as it comes, one day at a time.
- Share your feelings with family, friends or other people in your life so that you won't feel so alone.
- Ask your physicians lots of questions.
- Join a support group.
- Stay involved by keeping in touch with friends or co-workers.
- Focus on the positive. Sometimes illness brings unexpected rewards such as a closeness with your family or a second chance on life.

Depression is an important risk factor for ongoing heart problems. If you have signs of depression that are present every day for at least two weeks and are interfering with your normal activities, seek help from your physician.

EXERCISE YOUR WAY TO A HEALTHIER HEART

BE SURE TO CHECK WITH YOUR PHYSICIAN BEFORE STARTING AN EXERCISE PROGRAM.

EXERCISING REGULARLY CAN:

- Improve your blood cholesterol levels to help prevent further heart troubles
- Lower your blood pressure
- Control diabetes or reduce your risk of getting this disease
- Improve your heart and lung function
- Help you reach and maintain a healthy weight
- Keep your muscles strong and flexible
- Slow down the loss of bone mass
- Decrease stress

WORK TOWARD A GOAL OF AT LEAST 30 MINUTES OF EXERCISE ON MOST DAYS.

- Start with a warm-up that includes stretching. This will slowly increase your heart rate and loosen your muscles.
- Moderate intensity exercise does the most good for your heart. Exercise at a brisk pace, starting slowly and gradually increasing your speed, your time and the distance you are walking or biking.
- Cool down and stretch for about five minutes to help gradually lower your heart rate.
- Moderate intensity exercises include such activities as walking, biking, swimming, rowing, playing tennis and dancing.
- Strength training is also important for your overall health to keep your muscles strong and flexible.

EXERCISE TIPS

- Set small goals and then gradually build on them. Try to do simple things like parking further from the entrance to a store or church, using the stairs instead of the elevator, walking to the mail box or store, even climbing your stairs at home several times a day.
- Start exercising 10 minutes a day and work towards a goal of 30 minutes of exercise on most days.
- Choose one or more activities that you like such as swimming, riding a bike or taking a walk with a family member or friend. Consider taking a class such as yoga, a swim class or an aerobic class.
- Be sure to have supportive people around you to help you stay motivated.
- Exercise indoors when it is too cold or too hot outside. Try walking at a mall or a school gym.
- You should be able to talk when you are exercising; if you are breathing too fast, slow down your activity.

STOP EXERCISING AND CALL YOUR DOCTOR IF YOU:

- Have chest pain, feel burning, tightness, pressure, or heaviness in your chest, neck, shoulders, back or arms
- Feel lightheaded or dizzy
- Have unusual shortness of breath
- Have increased joint or muscle pain

HEART DISEASE AND DIABETES

When you have diabetes, your body is having a problem with insulin production, which leads to high blood sugar. If your blood sugar stays elevated, this can damage the inner lining of your arteries leading to plaque formation and narrowing of the arteries that bring blood to the heart, legs, kidneys and eyes.

TYPES OF DIABETES

Type 1: When the body does not make insulin, most often beginning before age 20. People with type 1 diabetes need to take insulin daily or more often for the rest of their lives.

Type 2: When the body either does not make enough insulin or the insulin it makes does not work well. Type 2 diabetes can be treated with oral medications or insulin, as well as diet and exercise.

IMPORTANT CHANGES TO MAKE

- Your blood sugar to know if it is under control. Be sure to follow your physician's orders on how often to check your sugar and keep a log.
- Take your medications as ordered.
- Be active every day.
- Manage stress. Stress can make your blood pressure and blood sugar go up, increasing your risk for further problems.
- Do not smoke.
- Eating right is very important to help control your blood sugar, reduce your weight and lower your blood pressure.
- Limit the amount of carbohydrates (starches and sugars) you eat.
- Eat foods low in fat and cholesterol.
- Eat more fiber such as whole grains and vegetables.

SYMPTOMS OF HEART DISEASE

Many people who have had diabetes for a long time or have poorly controlled diabetes may never have symptoms such as chest pain or chest pressure. This is a result of damage done to nerve endings. They may experience symptoms such as shortness of breath, dizziness, fatigue, nausea and vomiting or a vague discomfort in the chest, arms, back or neck.

Think of change as a slow, steady process. By making a few simple changes in your life, you can greatly reduce your risk for future health problems.

HIGH BLOOD PRESSURE

High blood pressure is often known as the “silent disease” because it often has no symptoms. When blood pressure is not controlled, it can lead to heart disease, heart attack, stroke, kidney disease or blindness.

WHAT IS BLOOD PRESSURE?

Blood pressure is the measurement of blood moving through the arteries that carry blood from the heart to the body. The top number is called the systolic number. The bottom number is the diastolic pressure.

FACTS ABOUT HIGH BLOOD PRESSURE

- Over time, high blood pressure damages your arteries and organs.
- Ongoing high blood pressure cause changes in artery walls, causing them to become rough and thick. This leads to a build-up of plaque.
- Blood clots may form inside the damaged arteries. Clots can cut off blood flow to part of your heart muscle, causing a heart attack.
- Clots can also cut off blood flow to part of the brain, causing a stroke.
- Damaged arteries can reduce blood flow to organs such as the eyes and kidneys.
- When the arteries are narrow, the heart has to work harder to force blood through them. This can cause the heart muscle to thicken or the heart to enlarge. The heart may then fail to work as well as it should.

STEPS TO TAKE TO CONTROL YOUR BLOOD PRESSURE

- Stop smoking as smoking increases blood pressure and damages blood vessels.
- Lose excess weight to help lower blood pressure.
- Eat healthier by limiting the amount of fat and salt in your diet.
- Limit alcohol intake since alcohol can increase blood pressure.
- Exercise daily, trying to do at least 30 minutes of aerobic activity on most days.
- Reduce stress to help lower your blood pressure.
- Have your blood pressure checked on a regular basis.
- If you are put on medication, take it as ordered!
- Be sure to let your physician know if you are experiencing any side effects from your medication.

WEIGHT LOSS

WHY LOSE WEIGHT?

Excess weight is a major risk factor for heart disease. Did you know that losing weight can:

- decrease the work that the heart has to do
- reduce your risk for diabetes
- help to keep your arteries open
- reduce your blood pressure
- help to control your cholesterol numbers
- lessen pressure on your joints
- make daily activities easier to perform

CALORIES AND WEIGHT LOSS

Calories are the fuel your body uses for energy that you get from the food you eat.

- If you eat more calories than you need, your body stores the extra calories as fat. One pound of fat equals 3,500 calories.
- To lose weight, you need to decrease your calorie intake by 500 calories a day.
 - You can do this by cutting out 250 calories each day and add activity to burn the other 250 calories.
 - Try to cut your food intake by
 - using smaller plates
 - not having second helpings
 - eating at least five vegetables and fruits a day
 - choosing fat-free or low-fat versions of the foods you eat
 - choose high fiber foods such as whole grains and beans
 - Examples of how to burn calories include (based on a 150-pound person)
 - riding a bike for 30 minutes burns 205 calories
 - doing light housework burns 123 calories
 - gardening burns 162 calories
 - walking at a brisk pace can burn up to 163 calories

HOW TO LOSE WEIGHT

- Plan to lose slowly, working towards one to two pounds a week.
- Start by making small changes.
- Be more active every day.
- Be sure to drink enough water (six to eight glasses is recommended unless your physician tells you otherwise).
- Do not skip meals; instead try to eat smaller portions.
- When stressed, try to do some activity instead of eating.

WOMEN AND HEART DISEASE

Did you know heart disease continues to be a leading cause of death in women? Heart disease affects women of all walks of life and age. The good news is that by becoming more aware of any risk factors you may have that can lead to heart disease, you have the ability to make healthy changes.

FACTS

- Women do have heart attacks.
- Women may experience different symptoms compared to men.
- Obesity among women is higher than ever, as is a lack of regular exercise.
- Women who smoke are at a higher risk for having a heart attack compared to non-smokers.
- Women tend to wait longer to seek medical attention, which puts them at risk for serious complications.
- Women who are diabetic are more at risk for developing heart disease.

GOOD NEWS

- Women appear to benefit greatly by making lifestyle changes such as:
- Change your eating habits to include whole grains, vegetables, increased fiber, more fish and less saturated fats.
- Regular exercise not only helps with weight loss, but it also helps to stabilize your blood pressure, increase your HDL (good cholesterol), lower your LDL (bad cholesterol), have a more stable blood sugar, and also helps to manage stress.
- Know some of the symptoms of a heart attack which will allow you to seek help sooner rather than later.

SYMPTOMS

Not everyone gets severe chest pain when having a heart attack or angina. Women may have very vague symptoms they do not recognize as angina or the possibility they could be having a heart attack.

Symptoms may include:

- Pain in your arms, shoulder, neck, jaw, back or in the pit of your stomach
- Vague chest fullness or pressure
- General complaints of shortness of breath
- Loss of appetite, nausea or vomiting, heartburn
- Cold sweats, dizziness
- Unusual fatigue or weakness
- Difficulty sleeping
- The feeling that something is just not right, feeling anxious

The key is for you to recognize these symptoms as soon as possible and to seek medical attention before you actually have a heart attack. The longer you wait, the more at risk you are for losing heart muscle!

If you experience any of the symptoms listed above, call 911. Do not wait.



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