

TICKER TOPICS

MARCH-APRIL, 2017

MENDED HEARTS OF SOUTHERN OREGON – CHAPTER 137



DURING DAYLIGHT SAVINGS MONTHS WE WILL MEET IN THE EVENING

To encourage working heart patients to attend our meetings, we will meet on the 3rd Tuesday from 5:30 pm – 7:00 pm from March through October.

Sunset is at 7:25 pm on March 21st so there will be plenty of time to get home before dark.

We will have the added benefit of better room selection. In addition, several potential speakers have said they can only be there in the evening.

As the year progresses, let us know how this works for you.

HOW TO AVOID OR AT LEAST MINIMIZE THE RISK OF HOSPITALIZATION DUE TO YOUR HEART DISEASE



We are excited to have Dr. Miruais Hamed from Southern Oregon Cardiology at our March 21st meeting.

Dr. Hamed's passion is helping you stay out of the hospital

after your heart procedure. Come to the March 21st Mended Hearts meeting in the Smullin Center at Rogue Regional Medical Center (ARRMC) at 5:30 pm to find out how to minimize your chances of having another heart procedure.

Dr. Hamed was born in St. Gallen, Switzerland. He received his M.D. from the University of Bern and his internal medicine residency at Inselspital in Bern.

After serving in the Swiss Army, Dr. Hamed moved to

the US where he completed an additional internal medicine internship and residency at Johns Hopkins University/Sinai Hospital in Baltimore. He did his cardiology fellowship at OHSU.

Dr. Hamed specializes in general and invasive cardiology. He speaks several languages and enjoys hiking, biking and is passionate about cooking.

You are invited to join us on Tuesday, March 21st at 5:30 pm in the Smullin Center at ARRCM.

DR. JUNYANG LOU HAS BROUGHT NEW HEART PROCEDURES TO ARRCM AND WILL TALK ABOUT THEM IN APRIL



We are equally looking forward to hearing from Dr. Junyang "J.L" Lou from Southern Oregon Cardiology at our April 18th meeting.

Dr. Lou is one of 4 cardiologists at

ARRMC who perform Transcatheter Aortic Valve Replacements (TAVR). A high or medium risk aortic valve replacement can be admitted to ARRCM on Wednesday, have a TAVR on Thursday and often go home on Friday. The fact that the patient is a high or medium risk may dictate staying a little longer, however.

Dr. Lou has brought other procedures to ARRCM that were not performed here in the past. We're anxious to hear about those procedures as well. It's valuable to know what's available.

Dr. Lou received his MD and PhD degrees from Washington University in St. Louis. He completed his internal medicine training at Duke University and

spent 5 years at the Cleveland Clinic as a fellow in general and interventional cardiology.

Dr. Lou is a registered physician in vascular interpretation (RPVI).

His clinical interests include valvular and structural heart disease as well as peripheral vascular disease.

Dr. Lou is trained in multiple techniques of cardiovascular interventions, including stenting, atherectomy and chronic total occlusions (CTOs). In response to FDA approval, he began offering catheter-based therapies for congenital cardiac conditions such as patent foramen ovale (PFO) in 2016 .

Dr. Lou enjoys spending time with his three children and wife, who is also a physician. In his spare time, he could be found hitting the gym or playing backyard football.

You are invited to join us on Tuesday, April 18th at 5:30 pm in the Smullin Center at ARRC.

VOLUNTEER OPPORTUNITIES

Eleven of our members are now official ARRC Volunteers. In addition to Visiting, 5 the volunteers work at the CCU Waiting area desk.

All of our members are valuable to our program even if they don't choose to volunteer at the hospital. We're also here to support heart disease patients and their caregivers. We provide a forum where they can ask questions and get support from their peers.

Having said that, I hope our new role as ARRC volunteers continues to grow. We will soon be adding a new service that will need additional volunteers.

We will begin conducting a tour of the important places for heart surgery patients and their families prior to their pre-surgery class. Perhaps you don't want to visit surgery patients, but want to be involved. This new service might be for you.

Executive Committee

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Beth Coker, MA, ES, Cardiac Rehab, RRC

RRMC Liaison

June Squires, RN, Cardiac Education, RRC.
Pat Wolfe, RN, Cardiac Education, RRC



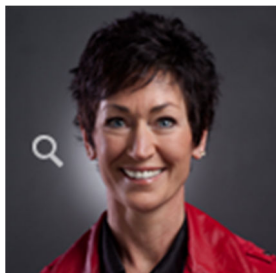
Visit us at: www.mendedhearts137.org

And check out our Facebook Page:

[Facebook.com/MendedHeartsOfSouthernOregon](https://www.facebook.com/MendedHeartsOfSouthernOregon)

It would be nice if the CCU desk was manned by heart surgery patients or their caregivers.

BETH COKER, MANAGER OF CARDIAC AND PULMONARY REHAB AT ARRCM WILL BE A HARD ACT TO FOLLOW.



Beth Coker is a dynamic speaker and an amazing resource for heart patients.

Beth was our speaker on February 21st. She

told us about new Medicare mandates for Cardiac Rehab as well as some statistics regarding the benefits of Cardiac Rehab.

Beginning in July, ARRCM will submit 1 bill for a cardiac procedure which will include Cardiac Rehab. Patients will be required to complete Cardiac Rehab. A major reason is that completing Cardiac Rehab results in a 31% reduction in readmissions.

There are many reasons a heart disease patient benefits from an accredited program like the one you find at ARRCM and Three Rivers. The Cardiac Rehab staff members are trained to be able to access the patient's situation so that the program can be customized to their health and needs. For instance, valve patients are in danger if their blood pressure gets too high. Since a 3 lead monitor is on the patient during exercise, blood pressure and heart rate can be watched by the staff.

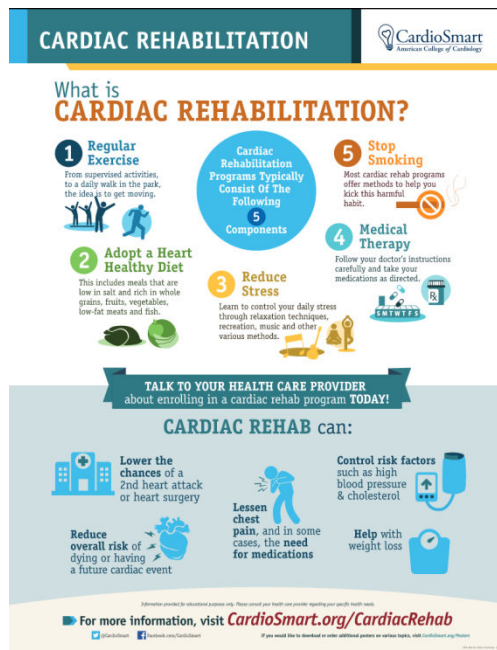
Cardiac rehab can be started 9 days after discharge. The patient shouldn't wait for Cardiac Rehab to call them. They should call Cardiac Rehab when they get discharged to get scheduled.

For some reason, women are less likely to avail themselves of the program than men. Hopefully that will change.

Why do patients not undertake Cardiac Rehab? Many say they have been exercising for years so they know what to do. Even if they have, they don't know what to do in their new condition after a heart attack, stent, heart surgery or other heart procedure. They need professional help to get on the right path.

Of course, there are patients who are in denial and don't want anything to remind them they have heart disease and patients who have transportation challenges and, therefore, don't do cardiac rehab.

Beth gave us a copy of an informational poster from CardioSmart on Cardiac Rehab. You can print at CardioSmart.org/CardiacRehab.



CARDIAC REHABILITATION

What is **CARDIAC REHABILITATION?**

1 Regular Exercise
From supervised activities, to a daily walk in the park, the idea is to get moving.

2 Adopt a Heart Healthy Diet
This includes meals that are low in salt and rich in whole grains, fruits, vegetables, low-fat meats and fish.

3 Reduce Stress
Learn to control your daily stress through relaxation techniques, recreation, music and other various methods.

4 Medical Therapy
Follow your doctor's instructions carefully and take your medications as directed.

5 Stop Smoking
Most cardiac rehab programs offer methods to help you kick this harmful habit.

Cardiac Rehabilitation Programs Typically Consist Of The Following 5 Components

TALK TO YOUR HEALTH CARE PROVIDER about enrolling in a cardiac rehab program TODAY!

CARDIAC REHAB can:

- Lower the chances of a 2nd heart attack or heart surgery
- Control risk factors such as high blood pressure & cholesterol
- Reduce overall risk of dying or having a future cardiac event
- Lessen chest pain, and in some cases, the need for medications
- Help with weight loss

For more information, visit CardioSmart.org/CardiacRehab

DO YOU KNOW THE DIFFERENCE?

In the US, heart disease accounts for 1 in 7 deaths according to the AMA.

Many of us think Heart Failure, Heart Attack and Cardiac Arrest are different names for the same condition. They are not. There is another phenomenon that may occur as it may have in

Debbie Reynolds case. It's been called broken-heart syndrome.

Broken-Heart syndrome

The medical term for broken-heart syndrome is stress-induced cardiomyopathy. It happens when a person suffers a high level of acute physical or emotional stress such as after an accident or when a spouse dies. It can have similar symptoms to a heart attack, but doesn't involve blocked arteries. It is rapid and severe heart muscle weakness.

Heart Failure

When your heart isn't pumping adequately due to a leaky valve, heart muscle problem or a blocked artery you may have heart failure. Heart failure is the heart's inability to pump enough blood to meet your body's needs. There is no cure for heart failure, but it can be successfully treated with medications and a healthy lifestyle. Cardiac Rehab may be the place to go after you see your cardiologist.

Cardiac Arrest

The heart suddenly stops working. That's cardiac arrest. A weakened heart, narrow valve or a heart arrhythmia can cause cardiac arrest. Unless treated with CPR and a defibrillator, death can occur within minutes.

Heart Attack

Heart attack is the blockage of a coronary artery by plaque. The blockage drastically reduces or cuts off the flow of blood to the heart thus depriving it of oxygen. Many people survive heart attacks. Symptoms usually, but certainly not always include crushing chest pain for men or squeezing chest pain for women. The other sensations one might feel are neck and jaw pain, pain in one's left arm (and less frequently in the right arm) and abdominal cramps. I've also talked to heart attack patients who experienced lower back pain. Shortness of breath and fatigue for no reason may also signal a heart attack.

If the symptoms don't improve immediately, call 911. Don't take an aspirin and wait and don't drive yourself to Emergency.

PRESIDENT'S CORNER

What an amazing start to 2017! All of our Visitors are official ARRCM Volunteers. In addition to Visiting several are performing other Volunteer activities in support of our hospital.

"For the fourth year in a row and the fifth time overall, Asante Rogue Regional has been named one of the nation's 100 Top Hospitals® by Truven Health Analytics.

Asante Rogue Regional is the only hospital in Oregon, and one of only 100 hospitals out of 2,740 eligible hospitals nationwide to be recognized by Truven. Hospitals do not apply for this award and the winners do not pay to market this honor.

Michelle Christensen is doing an outstanding job as program chair. Beth Coker was a terrific start with Drs. Hamed and Lou to follow in March and April. Other programs are in the works that will present valuable educational opportunities to our members and the public.

Let's keep supporting our chapter, heart patients, ARRCM and each other.

It's great to be alive and to help others!

VISITING REPORT

December: Mended Hearts visitors made 42 visits to 36 patients. Visitors were Duane Noon, Marlyn Taylor, and George Brown.

January: Mended Hearts visitors made 32 visits to 32 patients. Visitors were Kellie Hill, Murrit Davis, John Refsnider, Chris & Nancy Kloek, and Michelle and Duane Christiansen.

Facebook.com/Mended Hearts of Southern Oregon

