

Patient Information Guide to
**Recovering from
a Heart Attack**





Fighting Heart Disease & Stroke

Croi works to improve the quality of life for all through the prevention and control of heart disease, stroke, diabetes and obesity.

Our specialist health team equip people with lifesaving skills; provide rapid access cardiac diagnostics; develop and deliver innovative cardiovascular health care in the areas of prevention and rehabilitation, helping thousands of people throughout the region make measurable improvements to their cardiovascular health and wellbeing.

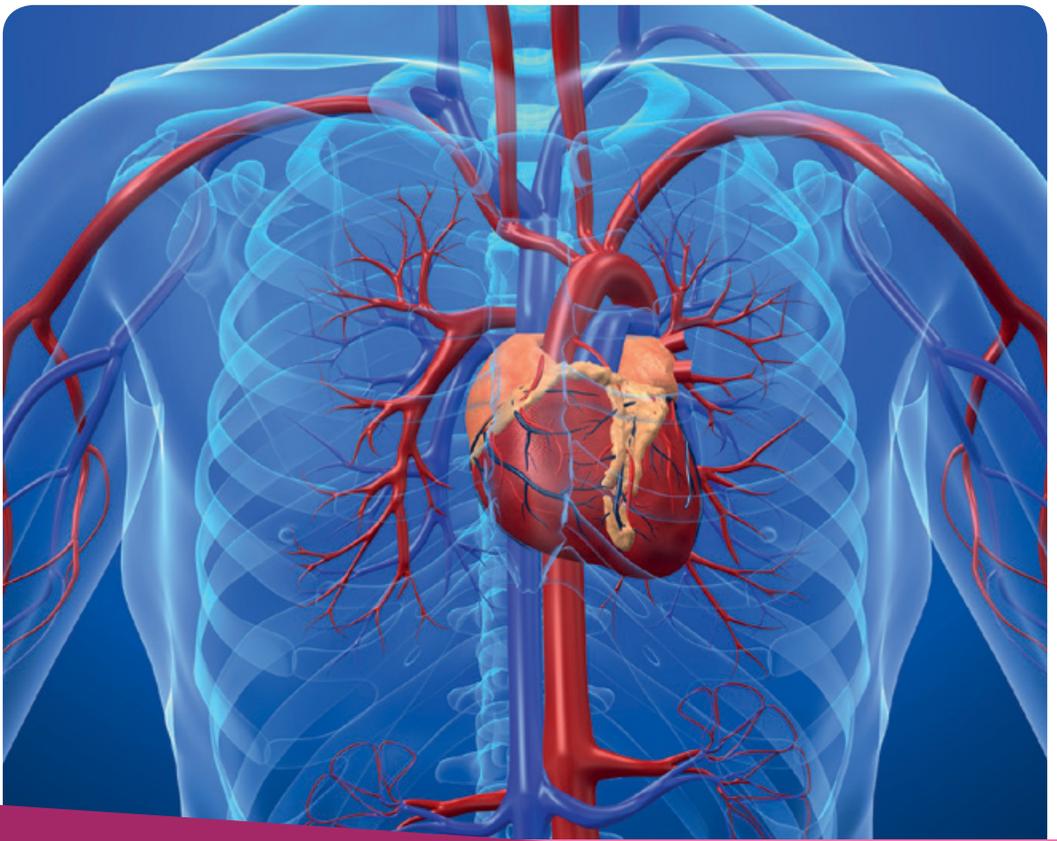
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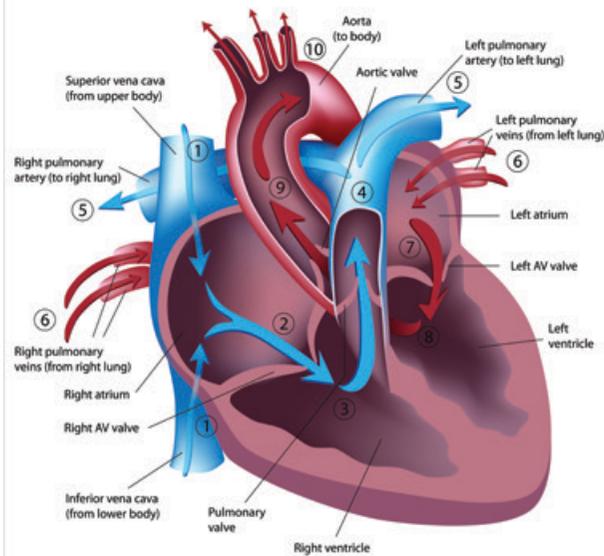


The heart and how it works

To help you to understand what it means to have a heart attack it is firstly important to understand how the heart works.

Your heart is a hollow muscular organ that works like a pump, continuously circulating blood around your body. It is approximately the size of your clenched fist and is located in the chest cavity behind the breastbone and between the lungs.

The pathway of blood flow through the heart



Blood flow through the heart

The heart is at the centre of your circulatory system and has a very important job of pumping blood which is rich in oxygen and nutrients to all areas of your body (feet, hands, head, eyes).

The circulatory system is made up of a network of blood vessels which includes arteries, veins and capillaries. Blood is pumped away from the heart through arteries and returns to the heart through veins. The major artery of the body is called the aorta (the main artery leaving the heart) and the major veins of the body are the vena cavae.

It can be helpful to think of your heart and circulatory system much like the water system in your house; with the water tank/pump representing your heart and all the water pipes throughout your house representing the blood vessels.

There are two sides to your heart, each with their own pumping action. The left side of your heart is responsible for pumping blood out to your body and the right side of your heart is responsible for receiving the blood back from the body and for pumping it to the lungs where it receives oxygen from the air we breathe.

The left and right side of your heart are divided by a muscular wall called the septum. Inside the heart there are



four hollow chambers through which the blood flows. The two upper chambers are called the left and right atria while the two lower chambers are called the left and right ventricle.

Four valves separate these chambers and act as a one-way system to direct the flow of blood within the heart. The blood passes through two of these valves – the right AV valve (tricuspid) and pulmonary valve on the way to the lungs. The blood returns from the lungs and passes through the remaining two valves, the left AV valve (mitral) and aortic valves, before it is pumped back out to all parts of the body.

The blood that is pumped away from the left side of your heart through the

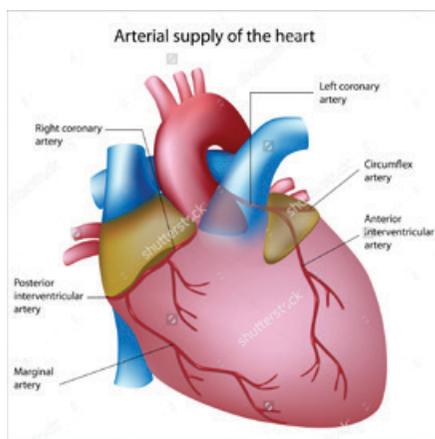
aorta is rich in oxygen and nutrients which all the body's organs need to function normally. The blood that is pumped back towards the right side of your heart through the veins carries carbon dioxide waste produce. When this blood is received by the heart it is pumped to the lungs where it picks up a fresh supply of oxygen.

A healthy heart supplies the body with the right amount of blood at the right rate needed to function, for example the heart will pump faster during exercise and more slowly during periods of rest. If disease or injury weakens the heart, the body's organs will not receive enough blood to function normally.

The coronary arteries

As the heart beats an average of 60-100 times a minute it requires its own dedicated blood supply to function efficiently. This blood supply is received from the coronary arteries which branch off from the aorta as it leaves the heart. The coronary arteries surround the heart muscle by lying on the heart surface. They then divide into smaller branches to supply blood to all parts of the heart.

The three main coronary arteries that supply the heart with blood are the right coronary artery, the left anterior descending artery and the circumflex artery. It is these coronary arteries that are affected when you have a heart attack.



Coronary artery disease

In a condition known as atherosclerosis, a fat-like substance (plaque) builds up in the lining of the blood vessels. This process is commonly known as 'hardening of the arteries' and it can happen in any blood vessel in the body (pictured above). However, when this occurs in the small blood vessels of the heart (coronary arteries) it can lead to narrowing of these vessels. This means that the blood cannot flow as it normally would, thereby the heart muscle beyond the narrowing does not receive its normal blood supply. This is what happens in coronary artery disease.

Angina is short for Angina Pectoris which means "chest cramp" in Latin. Angina occurs when the coronary arteries are narrowed by a build-up of plaque,

and as a result the heart muscle does not get the required amount of blood that it needs to function. This 'chest cramp' or angina discomfort does not damage the heart but is a warning symptom that there is a problem with the blood supply to the heart.

What is a heart attack?

A heart attack (myocardial infarction) occurs when there is a sudden, complete blockage of a coronary artery. This can happen when the plaque which has been building up inside the coronary artery eventually ruptures or tears. When this damage occurs in the lining of the blood vessel, it can lead to the formation of a blood clot which can completely block off this narrowed section of the coronary artery. The heart muscle beyond this 'blockage' does not receive the blood and oxygen it needs therefore resulting in muscle damage.

Symptoms of a heart attack

- Pain is the most common symptom of a heart attack. It has been described as a 'fullness' or a burning, squeezing, tightening or crushing pain that can be

felt in the centre of the chest or radiating to the neck, jaw, back or shoulders.

- This pain or burning sensation can also occur down the left or right arm and arms may feel very heavy.
- Sensation of indigestion, nausea (sick feeling), discomfort in the tummy area, vomiting.
- Shortness of breath.
- Palpitations (feeling your heart racing).
- Weakness, light-headedness, dizziness.
- Cold sweats.
- Nervousness, feeling of fear or anxiety.

Remember, you may have just one of these symptoms, or you may have a combination of them. Heart attack symptoms can come on suddenly or develop over time and get progressively worse. People often delay getting help in the hope that these symptoms will go away, however it is common for heart attack symptoms to come and go.

The symptoms of a heart attack vary from one person to another. Many women who present with heart attack do not experience the typical symptom of chest pain.

Instead they are more likely to experience the other heart attack symptoms like arm discomfort, back pain, nausea and vomiting. Those with diabetes may only experience mild symptoms of chest pain.

What to expect in the hospital

The average length of stay in the hospital following a heart attack varies, but generally is from three to five days. Most people are admitted to the Coronary Care Unit (CCU) until their condition is stable. You may be restricted to bed rest for the first 24 hours, however, as the days progress you will be encouraged to increase your activity levels. The doctors and nurses will provide advice on how much activity you can do in the immediate days following your heart attack.

During your hospital stay you will undergo many tests to assess the condition of your heart and these test results will be used to plan future treatments for you. These tests may include:

An Electrocardiogram (ECG) is a non-invasive test used to measure the electrical activity of your heart. This test shows the area of your heart affected by the heart attack and it is also useful to monitor your heart as it recovers.

Blood Tests will be taken throughout your hospital stay to determine the effects of the heart attack and to monitor drug treatments.

An **Echocardiogram** will produce an image of your heart by recording and processing sound waves. This test detects how well the muscle of the heart is functioning after your heart attack.

An **Angiogram** is a specialised x-ray procedure involving the injection of dye into the coronary arteries. This is carried out to establish which arteries are affected by the build-up of plaque and to what extent they are affected. Depending on the results of your angiogram, the affected artery or arteries may be treated with medication, angioplasty, stenting and/or bypass surgery.

A **Stress Test** evaluates your heart rate and rhythm under stress either in the form of exercise (treadmill or stationery bike) or induced with medication.

Recovering from a heart attack

Recovering from a heart attack can take several months and it is important not to rush your rehabilitation. During the recovery period, you will receive help and support from a range of healthcare professionals which may include:

- Doctors
- Nurses
- Physiotherapists
- Dieticians
- Pharmacists
- Exercise Specialists

This team will support you both physically and mentally during your recovery. The recovery process takes place in stages, starting in the hospital where your condition is closely monitored and your individual needs for the future are assessed. Once discharged, you will continue your recovery at home.

The two most important aims of the recovery process are to:

- Gradually restore your physical fitness so that you can resume normal activities (known as cardiac rehabilitation).
- Reduce your risk of another heart attack.



Cardiac rehabilitation

Cardiac rehabilitation (or cardiac rehab) is a customised education and exercise programme designed to improve your physical fitness and quality of life after a heart attack. The cardiac rehab programme begins while you are still in hospital and continues on an outpatient basis after you are discharged home.

While you are in hospital you will be visited by members of the cardiac rehab team which may include a Nurse, Physiotherapist, Dietitian and Social Worker. They will explain what is involved in the rehab programme and will advise you on any necessary lifestyle changes you may need to make such as quitting smoking, healthy eating or weight reduction. They will also discuss all aspects of returning to a normal life after your heart attack, such as returning to work, driving or resuming your sex life.

You will be encouraged to attend the outpatient programme after your discharge. This outpatient programme includes a 6-8 week structured exercise and education programme. Research has shown that the cardiac rehabilitation

programme plays an important part in helping people recover from heart attack by helping them to maintain recommended lifestyle changes in the long-term and to take their cardiac medication as prescribed.

Refer to the back of this book for contact details for your local cardiac rehab service.

Going home from the hospital

Going home from the hospital can be a time of mixed emotions for you and your family members. You will be pleased that you are recovering, returning home and no longer need hospital care. However, it is natural for you and your family to feel anxious about leaving the security of the hospital and the constant care of doctors and nurses. Once at home, allow a few days to settle into a routine. Limit visitors for the first two weeks, as too many visitors can be tiring. Sleep and rest are very important for healing.

Your heart attack has most likely had a big emotional impact on your family and close friends. They may feel frightened, worried, angry or even guilty. Teenagers can be especially sensitive and may even think that something

they did caused you to have the heart attack. It is better for everyone to communicate openly at this time. If counselling would help you or your family deal with your heart attack more effectively, ask your doctor to refer you to someone for help.

It is important that you make contact with your GP when you get home and arrange a follow up visit. Your GP will have received a discharge letter from the hospital containing all the relevant information about your heart attack including what tests and medications you have received and what follow up care is required after your discharge.

Medications

Prescribed medication plays an important role in helping your heart recover from your heart attack and work effectively. It is important to:

- Know the purpose of each of the medications.
- Make a list of all of your medications. Include the dosages and when and how to take them.
- Be aware of the side effects.

For more information concerning

your heart medications please contact Croí for a copy of the 'Advice for Patients on Heart Medications' booklet.

Your GP and Pharmacist will be happy to answer any queries you have in relation to your medication.

NEVER stop taking any of the medication prescribed for you unless you have been advised to do so by your doctor.

How to manage chest pain at home

It is common to feel an occasional twinge of chest pain or angina in the early days after a heart attack. However, if you experience symptoms of angina regularly you need to inform your doctor.

Glyceryl Trinitrate (GTN) is used to treat angina. This fast-acting preparation is taken to ease angina pain when it happens. GTN works in two ways. It relaxes the blood vessels in your body (causing them to widen) which reduces the strain on your heart making it easier for your heart to pump blood. It also relaxes and widens the coronary arteries which in turn



increases the blood flow to your heart muscles and relieves the pain of angina.

- It is very important that you keep your GTN with you at all times.
- Never leave home without it.
- Also periodically check to ensure that your GTN is in date.

If at any time during rest or exercise you experience chest pain, shortness of breath, chest tightness or any other symptoms which travel to your neck, jaw or arms (similar to your heart attack):

- Stop, sit down and rest.
- If chest pain or tightness does

not resolve, take 1-2 puffs of the GTN spray under the tongue. Remain seated as this medication may cause you to feel dizzy or have a headache. Wait for 3-5 minutes.

- If pain persists after five minutes, repeat the dose. You may take up to three doses of GTN spray within 30 minutes.
- If pain still persists after 30 minutes, dial 999/112 to call an ambulance to take you to the hospital. Do not MOVE or DRIVE.
- If you feel the need to use the GTN spray frequently, alert your GP.

Exercise in the first six weeks at home

While sleep and rest are very important for healing, you should gradually increase the amount of activity that you do. Everyone is different and will recover at a different rate. For the first few weeks, it is normal to feel very tired after the slightest amount of exertion. Take everything at your own pace and your energy levels will increase in time.

The following guidelines will help you to return to normal activity during the first six weeks following your discharge from hospital:

Week 1:

- Take it easy for the first two to three days. Leaving the hospital can be quite a strain.
- Continue at the activity level of the last few days in the hospital.
- Aim to get up and get dressed every day.
- Take one or two hours of rest after lunch, especially for the first few days.
- It is okay to go up and down the stairs but try to avoid unnecessary trips.
- After a few days, start to walk outdoors and go for accompanied

five to ten minute walks on level ground. At this stage you do not need to include steep inclines or hills into your exercise routine.

- Always walk at a pace at which you can carry on a conversation with full sentences. If you are too breathless to speak, you are walking too fast.

Week 2:

- Although rest is still very important, slowly start to increase the amount of activity you do by going out for daily ten minute walks. These walks should be at a gentle pace.
- Choose a route that is mainly on the one level, with no hills and remember when you are walking that you have to walk back again. If there is a hill, go up on your outward journey so that the return journey is easier.
- Avoid walking immediately after a heavy meal. Wait at least one hour.
- Avoid walking on very hot, cold, or windy days.
- You may be surprised that you tire easily but this should improve in time.
- Be realistic in judging how you feel at this stage. Only proceed to week 3 if you can comfortably manage walking for ten minutes at your current pace.

Week 3:

- If you could comfortably manage the ten minute walks in week 2, you can now gradually increase the distance you are walking.
- Walk for 15 minutes per day at a gentle pace.
- You can start to do some light household activities e.g. dishwashing, ironing.
- Avoid lifting anything heavy e.g. heavy shopping or rubbish.
- Don't push yourself too hard.
- Don't be disappointed if you are not walking as far or as quickly as you had hoped. Remember to take everything at your own pace and your body will heal. The important thing is to gradually increase the amount of exercise that you are doing.
- Only go on to the next level if you are comfortable doing so.

Week 4:

- Walk for 20 minutes daily.
- This 20 minutes can be broken into 2 ten minute sessions if required.
- If you can manage this distance comfortably, you can increase your walking distance in week 5. If not, give yourself more time and

progress to the next level when you feel ready.

Week 5:

- Walk for 25 minutes each day.
- If you can do this with ease, you can increase your walks to 30 minutes in week 6.

Week 6:

- Walk for 30 minutes daily.

Important!

These are suggested guidelines. You should always exercise at a level which is comfortable for you. Advance through the levels at your own pace. If you are not ready to increase your exercise level, maintain your current level of activity until you are ready to do so.

Trying to do too much too soon will slow your recovery. If you are unable to walk for 30 minutes all at once, break it up into manageable ten minutes sessions. It takes approximately 6 weeks to heal so during this time you must avoid heavy lifting, using the vacuum cleaner, moving furniture or mowing the lawn.

Emotions

It is typical to feel apprehensive when you are discharged from the hospital. Feeling down is quite common during the recovery period. Often people are taken aback by how unusually emotional they feel during the early stages of recovery after a heart attack. It can help to talk these anxieties over with a family member or trusted friend. Joining a support group with people who have been through similar experiences will also help. This is where cardiac rehab also plays a vital role. During your time in cardiac rehab you will meet others who have had similar cardiac problems. This can be a good opportunity to share experiences with others and discuss concerns with a health care professional.

You may feel a wide range of emotions, typically for about two to six months after your heart attack. Sadness is very typical, along with fear and anger. These feelings should start to pass as time goes by. You may be angry that this has happened, or feel irritated with others. Resentment is common too. Try to understand that your family and friends



are just as worried as you are. Although feeling sad is a normal emotion during the recovery period, if it interferes with your sleeping or eating or if you are finding it difficult to cope or feel particularly down, you should talk with your doctor and those close to you about your feelings. Don't be afraid to ask for help. Recovery is much faster with a trusted support team of health professionals, family and friends.

Emotions can affect your recovery and your risk of future cardiac events so it is important to understand your feelings, recognise problems and seek help if you need it.

Returning to work

It is advisable to take six weeks to three months off work after a heart attack, depending on your type of work. Every case is individual and your doctor will advise when the time is best for you to return to work. This will depend on your progress following the heart attack, the type of work you do and your level of physical fitness. If your employer will let you return part-time and progress gradually back to full-time work, you would be wise to take advantage of this. Also, you can discuss any worries with the hospital social worker or with the staff of the Cardiac Rehab Programme.

Avoid making hasty decisions about changing or giving up your job. Instead, take stock of your work style and ask yourself the following:

- If you are nearing retirement age, is returning to a stressful job the best way to take care of your heart?
- Look at how you do your job. Do you take on too much responsibility?
- Do you work extra hours or take work home in the evenings?

- Can you delegate?

Having a heart attack gives you permission to change things. Why not discuss your options with your family, employer and doctor?

Driving

Prior to discharge from the hospital, you will be given specific instructions from your Cardiologist about when it is safe to return to driving. Driving can be a very stressful activity and so you should not rush to get back behind the wheel. It is important to inform your car/vehicle insurance company about your heart attack to ensure that you are covered by your insurance. You will need to submit a letter from your doctor to your insurance company stating that you are fit to drive before full insurance is reinstated.

For further information:

www.rsa.ie

Road Safety Authority
Fitness to Drive Guidelines 2014

www.ndls.ie

National Driver Licence Service

Resuming your sex life

There are no rules as to when to resume your sex life, however it is recommended that you wait two to four weeks after your heart attack. Everybody differs in their ability to do things after a heart attack. If you are physically able to walk up two flights of stairs you should be physically able to have sex. Some medications e.g. beta blockers which are used during the recovery period can cause impotence (difficulty maintaining an erection). If this is a problem or a concern for you, it is best to speak with your doctor or cardiac rehab nurse to help discuss your options.

Holidays and flying

It is advisable to avoid long journeys or trips abroad for six to eight weeks following your heart attack. If your holiday was booked before you had a heart attack, discuss this with your doctor before you leave the hospital.

- Plan the trip carefully and avoid travelling alone.
- Never carry heavy bags. Use a suitcase with wheels.

- Avoid rushing around. Be early for travel connections.
- Ensure that you have sufficient medication for the duration of the holiday and ensure that you carry them on your person. The tablets will need to be in their original containers (not a pill box) accompanied by a list from the pharmacy, signed and dated by the pharmacist.
- Make sure to take your GTN spray.
- Check your travel insurance to ensure you have adequate health cover.
- Avoid extreme hot and cold climates.
- Discuss your trip with your doctor before you book your flights.

DIY and housework

Avoid heavy digging and where possible grass mowing should be done with a self-propelled mower. Take care when doing overhead work, such as painting ceilings, use a roller.

You will get further advice from the Physiotherapist at Cardiac Rehab.

Managing your risk factors

After your heart attack it is very important to recognise and manage any risk factors you may have in order to reduce your risk of having another heart attack or future heart problems.

A risk factor is anything that raises a person's chance of developing heart disease. There are two categories of risk factors - those you cannot change and, thankfully those you can change. It is important to remember your risk of future heart problems is greater if you have a lot of risk factors so it is vital that you learn how to manage them.

Non-modifiable risk factors - those you cannot change

- **Family history/genetic make-up:** a history of heart disease in parents, brothers or sisters, especially at an early age increases your risk of developing heart disease.
- **Age:** The older you are, the more likely you are to develop heart disease. Your lifestyle and habits will impact on how well your heart ages.
- **Gender:** Heart disease affects both men and women. However,

typically men develop heart disease at a younger age and women develop heart disease at an older age.

- **Ethnicity:** Some ethnic groups have a higher risk of heart disease than others e.g. African-Americans and South Asians.

Modifiable risk factors - those you can change

- **Smoking:** Smoking doubles your risk of developing heart disease. If you are a smoker, the single most important thing you can do for your health is to quit. Giving up smoking is not easy but the benefits are immediate. There are no half measures; your aim must be to stop completely. Prepare yourself thoroughly and find out what help and support is available. Using an evidence-based product such as Nicotine Replacement Therapy (NRT) or Champix can double a person's chance of quitting and staying off cigarettes. Ask your GP, Nurse or Pharmacist for more information about these products.

National Smokers Quit Line

1800 201 203

www.quit.ie

- **Blood Pressure:** Untreated high blood pressure increases the risk of premature ageing and hardening of the arteries. This in turn puts you at risk for another heart attack. After your heart attack it is important to get your blood pressure reviewed regularly. The recommended blood pressure range for someone following a heart attack is 130-139/80-85mmHg*

**This target is based on the European Society of Cardiology Arterial Hypertension Guidelines, 2013*



For more information on Blood Pressure, please contact Croí for a copy of the 'Take Control of your Blood Pressure' booklet.

- **Cholesterol:** Cholesterol is a fatty substance which is essential for your body to function day to day. A certain amount of cholesterol is healthy as it forms part of the cell walls

and is also necessary to make hormones. However, if there is too much cholesterol in the blood, the body is unable to get rid of it and cholesterol is deposited along the walls of arteries, forming atheroma (fatty material). Over time, a gradual build-up of atheroma can narrow the arteries that supply the heart with blood. This process is known as atherosclerosis (explained on page 5).

It is important to know the recommended target levels for cholesterol. Cholesterol is measured in a blood test. People with a history of heart disease may be required to keep their cholesterol level lower than people with no history of heart disease.

Recommended targets	With history of heart disease
LDL (bad cholesterol)	1.8 – 2.5mmol/L or lower ¹
HDL (good cholesterol)	Greater than 1mmol/l for men and greater than 1.2mmol/l for women
Total cholesterol	4 mmol/L or lower
Triglycerides	Less than 1.7mmol/l

¹These targets are based on the European Guidelines for Cardiovascular Disease Prevention 2012.

If you have recently suffered a heart attack, the cholesterol measurement may give a false low reading. It is advisable to have your cholesterol checked three months after having a heart attack.

For more information on cholesterol, please contact Croí for a copy of the 'Patient Information Guide to Cholesterol "Get the Facts" booklet.

- **Healthy Eating:** Healthy eating is essential for maintaining a healthy body weight, healthy cholesterol and blood pressure levels as well as enhancing your overall general well-being.

Tips for healthy eating

- Focus on what you can eat rather than on what you can't eat.
- Those who eat breakfast regularly are more likely to keep their weight down.
- Watch portion sizes.
- Choose fish twice per week, with at least one day being oily. Examples of oily fish include sardines, mackerel, trout, herring or salmon.
- Eat more fruit and vegetables.

Aim to eat at least five portions per day.

- Avoid adding salt to your food. Substitute salt with herbs, spices, lemon or garlic.
- Fats and oils should be used sparingly.
- Snack wisely. Avoid high fat, sugary foods.
- Limit your alcohol intake to recommended levels. (see page 22)

For more information on Healthy Eating, contact Croí for a copy of the 'The Balanced Guide to Healthy Eating' booklet.

- **Physical Activity:** An active lifestyle can reduce your risk of having another heart attack. The heart, like any muscle benefits from being used. Regular exercise means a fitter heart.

Benefits of exercise

- Strengthens the heart.
- Improves circulation.
- Lowers blood pressure.
- Helps control weight.
- Reduces stress levels.
- Helps you to relax and improves sleep quality.
- Provides a feeling of well-being and more energy.

The golden rules of exercise

- Start gently.
- Increase your exercise routine gradually.
- Exercise regularly (at least 150mins per week).
- Aim for 10 minutes or more per session.



Tips for safe, successful exercise

- Exercise within your own limits - don't compete with others.
- Try to incorporate exercise into your daily routine e.g. get off the bus one stop early and walk, use the stairs instead of the lift, for short trips walk instead of taking the car.
- Avoid heavy meals for one to two hours before exercising.
- Warm up and stretch to prepare your muscles before exercising.
- Cool down too. Slow the pace of your activity for a few minutes before you stop.
- Exercise until pleasantly tired but not exhausted.
- The correct pace will leave you breathless but not speechless.

Stress

High levels of stress can affect your health so it is important to learn how to recognize and manage stress. Stress is caused by anything that makes you feel tense, anxious, angry, frustrated or unhappy. It is difficult to avoid stressful situations entirely, therefore it is important to develop methods to deal with stress when it happens.



Long term tips for dealing with stress

- Lead a balanced life. Identify things that you enjoy and are important to you.
- Exercise regularly.
- Follow a healthy eating plan.
- Get a good nights sleep.
- Cut down on alcohol, smoking and caffeine.
- Avoid conflict.
- Accept yourself - mistakes are human.
- Learn to accept what you cannot change.
- Plan ahead - avoid pressure building.
- Don't bite off more than you can chew- it is OK to say no!
- Be proactive - seek support when you need it.
- Find time for family and friends.

Develop relaxation skills

Take a few quiet moments to close your eyes, focus on your breathing and become aware of your heart beat.

- Now, imagine a favourite scene.
- Look into the scene and ask yourself the following questions, pausing a few moments between each one: (you may like to do this with soft background music)
 - What is the temperature like?
 - Who is there?
 - What do you hear?
 - What colours are present in your scene?
 - What movement is occurring?
 - How are you feeling?
- Then slowly unwind from this scene.

For more information on relaxation methods please contact Croí for a copy of 'Relax Wise' Taking time to Relax and Reduce Stress CD.

Alcohol

Excess alcohol intake can increase your risk of developing heart disease, abnormal heart rhythms, high blood pressure, stroke, weight problems and liver disease. If you drink, spread your alcohol intake over the course of the week. Keep some days alcohol free.

Do not drink more than the recommended safe limits:



Recommended upper limits



Men

17 standard units spread out over a week.



Women

11 standard units spread out over a week.

1 standard drink is...



One half pint of beer, stout or lager.



A small glass of wine (100ml)



One Irish pub measure of spirits (whiskey, vodka or gin)



It's up to you...

Most people recover from their heart attack, return to normal life and go on to enjoy many years of productive activity. However having a heart attack means you need to make some adjustments to your lifestyle in order to reduce your chance of suffering another heart attack.

Your doctor and cardiac rehab team will give you individual advice on your medications and the necessary lifestyle changes that you may have to make.

It is important to follow your doctor's recommendations to make a full recovery.

For further support and information contact Croí on
091 544310
or email: info@croi.ie



Fighting Heart Disease & Stroke

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All donations of €250 or more in a year (€21 per month) are eligible for tax relief at 31%, increasing the value of your gift at no additional cost to you.



Fighting Heart Disease & Stroke

Croi is a not-for-profit charity dedicated to fighting heart disease and stroke in the region. We are an independent organisation, totally funded through our own fundraising activities and voluntary contributions. We are at the heart of communities working with people to make sustainable and life-changing improvements to their cardiovascular health and wellbeing; supporting patients and their families, teaching the lifesaving skills of CPR; and providing health professionals with the knowledge and skills to translate best evidence into daily preventive care.

Your donation can be sent:

By post: Croí Heart & Stroke Centre
Moyola Lane, Galway

Online: www.croi.ie
By phone: 091 544310

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Registered Charity CHY 7500

Regional Cardiac Rehab Unit Contact Details

University Hospital Galway	091 731519
Mayo University Hospital <i>(ask for Cardiac Rehab on bleep 395)</i>	094 9042000
Roscommon University Hospital	090 6632114
Sligo General Hospital	071 9174584
Portiuncula Hospital	090 9624545
Letterkenny General Hospital	074 9123609
University Hospital Limerick	061 482738
Mid-Western Regional Hospital Ennis	065 6863204

This booklet is designed to help you understand more about Recovering from a Heart Attack and is not intended to replace the medical advice of your doctor.



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