Summer is Here and…. It Is The Time for Vacations

Mended Hearts meetings and Carol’s support group are off until September. The next meeting and support group session is Wednesday, September 21 meeting is at 7:00 PM. The Support Group is at 5:30. In the meantime we have baseball night August 15th (see page 9 for details). Also, check out the web page at: www.mendedhearts216.org

It is important that we maintain our exercising and diet so we are including a few articles on both. If you have questions Cardiac Rehab will be there all summer to help.

Have fun and stay healthy!

Location:
Mission Hospital Conference Center
26726 Crown Valley Parkway
Mission Viejo, CA

“It Is Great To Be Alive…..And To Help Others”
# Chapter 216 Board of Directors and Contacts

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  www.mendedhearts216.org
- **Jeff Gotro**: Web Master

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- **www.mendedhearts.org**

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### Have you hugged a mended heart lately?

### It’s great to be alive—And to help others!

### Note to recent heart surgery patients and others considering membership:

We hope all of you who have undergone heart surgery or other heart procedures will seriously consider joining Mended Hearts. You will receive the next three issues of this newsletter to help you get acquainted with who we are and what we do. Of course you already know about our most important activity—visiting heart patients and their families before and immediately after surgery. We hope your Mended Hearts Visitor made a positive difference during your surgical experience. We invite you and your family to attend some of our upcoming monthly meetings (Third Wednesday each month, see page 1). We welcome you and your family as our guests and would enjoy having you join us as members (application, pg 11). We have shared a special experience, either as surgical patients or as caregivers and together we can smooth the path for each other and for those who follow down the same path in the future.
Half of All Atrial Fibrillation Due to Avoidable Risk Factors

Managing weight, diabetes, blood pressure and other factors can greatly reduce your odds of developing an arrhythmia.

A study published in the April 12 issue of Circulation has revealed that half of all cases of atrial fibrillation (AF) may be potentially avoidable through the optimization of cardiovascular risk factor levels.

Most notably, treating hypertension, diabetes, and heart disease, quitting smoking, and losing weight all may help reduce a patient’s risk of developing AF. "Atrial fibrillation is predominantly an age-related manifestation," says Patrick Tchou, MD, a cardiologist at Cleveland Clinic. "Thus, it is likely associated with degenerative changes in the atrial muscle. The rate of this occurrence may well be genetically determined, but some environmental factors may play a role in lowering the threshold for this manifestation or accelerate the degeneration."

Thomas Dresing, MD, a cardiologist at Cleveland Clinic agrees. "We do not completely understand why some people develop atrial fibrillation and others do not despite having the same risk factors," he says. "There is a lot of interest into looking at whether or not there is a genetic basis for this, which many of us suspect."

**Risk Factors for Atrial Fibrillation**

"Certainly hypertension is the most common coexisting condition we find in our patients with atrial fibrillation, but the others mentioned in the study, particularly obesity, can have a significant influence as well," says Dr. Dresing. He notes that in AF patients, hypertension, obesity, and sleep apnea all appear to be interrelated. "Obesity increases the risk of sleep apnea and sleep apnea makes blood pressure and atrial fibrillation more difficult to treat," he notes. "Thus weight loss, which often improves blood pressure control, also may help to improve sleep apnea."

It’s safe to assume that doing things like controlling your blood pressure, losing weight, and being treated for sleep apnea, will all help make your atrial fibrillation easier to control. While it is not likely to "cure" the condition, Dr. Dresing notes that he has observed patients who had frequent/symptomatic AF events before these things were well controlled achieve better AF control after risk factors were addressed. And in patients who do not have AF, controlling these risk factors may help reduce the risk of developing the condition.

According to Dr. Tchou, hyperthyroidism can trigger AF by lowering the threshold for the arrhythmia. "Reversing the hyperthyroidism frequently stops the clinical arrhythmia, at least in the short run," he says. "Other factors, such as valvular disease, hypertrophic cardiomyopathy, congestive heart failure, and diastolic heart failure, can physically stress the atrial muscle and cause direct damage to it, facilitating the onset of AF."
Mendiversaries - July

Frank Heller 6/24/2011
Joyce Gordon 7/1/1986
Arnold Koci 7/9/1990
Dee Nangle 7/6/1990
Dr Michael Onorato 7/30/1991
Bob Kensler 7/9/1994
Truman Benedict 7/18/1995
Harry Yamauchi 7/18/1995
Evelyn Naujock 7/21/1999
Larry Ryan 7/26/2000
Ron Hill 7/12/2004
Chuck Seward 7/11/2005
Nick Williams 7/13/2005
Joyce Hall 7/16/2006
Dennis Galloway 7/9/2008
John Tennant 7/21/2008
Nadine Cardello 7/15/2009
Phyllis Krishan 7/24/2009
Conrad Bullard 7/3/2010

Birthdays - July

Irene Heller 6/30
Stuart MacLaren 7-3
Robert Creighton 7-4
Joyce May 7-17
Joyce Gordon 7-21
Kathleen Fallon 7-21
Edward C Kurt 7-28
Dick Gottron 7-29
Joyce Huston 7-30

“Have you hugged a Mended Heart lately!!”

Chapter 216 Meetings
Meeting Schedule

July/Aug - No Meeting
Sep - Tai Chi with Julie Papadakis, OTR/L
Oct - Edwards Life Sciences
Nov - Patient’s Roundtable

Mission Hospital
Conference Center
26726 Crown Valley Parkway
Mission Viejo, CA

Meetings start at 7 PM

Visitors Report

The report for June and July will be in the August newsletter.

Visitors Coordinator for months as follows:
July - Barbara Lane 859-3400
Aug - Susan Goldberg 768-0913
Sept - Dee Nangle 582-2719

See you in September and have a great summer!

Barb Lane & Dee Nangle
Carols Corner

Dear Ones,

Summer is here so have a good vacation. Keep up your healthy food eating and keep up the exercise. Remember to watch the heat and follow the guidelines in the article below. HAVE FUN.

God Bless,

Carol, SHMBO

Have You Hugged a Mended Heart Lately

Exercising In the Heat of Summer

Physical activity out of doors in the hottest months of summer should be approached with appropriate caution. In most of the country, a greater variety of activities are available to be enjoyed during the summer months that may not be available at other times of the year. If common sense measures are taken, problems and injury while exercising in the heat can be avoided.

The body always tries to maintain a constant temperature. When the environmental temperature rises and when you exercise, your face becomes flushed or red. This happens because the blood vessels near the surface of the skin open (or dilate) to allow the warm blood to flow to the surface to be cooled. Sweating also occurs with exercise and with increases in temperature. Evaporation of sweat is the primary way the body guards itself against overheating. When sweat is secreted by the body and comes in contact with the skin, cooling occurs with evaporation of the sweat. Sweating itself is not cooling --- the evaporation of sweat is. The blood that has been directed to the surface from the body's core is cooled by the skin and then flows back to the interior to remove more heat from the deeper tissues.

The major factor that determines the effectiveness of evaporative heat loss is relative humidity. If the humidity is low, somewhat higher temperatures are tolerable. Relative humidity is expressed as a percentage and indicates the amount of moisture in the air according to the temperature of the air. At 50% relative humidity, for example, the air is at 50% of its moisture-carrying capacity at that specific temperature. When humidity is high, evaporation; is decreased significantly. Sweating still occurs, but it will not evaporate. This type of sweating is useless loss of water because it is not evaporated and the body is not cooled. Consequently, a dangerous state of dehydration and overheating can occur.

Heat exhaustion usually occurs during the initial hot days of summer when people are not used to the high temperatures. Symptoms of heat exhaustion include: reduced sweating, a weak and rapid pulse, dizziness, headache, general weakness, nausea, above normal body temperature, and sometimes confusion. If any of these symptoms occur: stop exercising, move to a cooler environment and drink fluids.
Heat stroke is a very serious condition which requires prompt medical treatment. Dizziness, headache, thirst, nausea and muscle cramps are symptoms of heat stroke. Most importantly you stop sweating and body temperature increases to dangerously high levels. Alcohol rubs, ice packs and immersing the body in cold water are steps that can be taken to lower body temperature while waiting for medical treatment.

Heat Illness can be avoided by taking some precautionary measures recommended by the American Heart Association:

1. Exercise during cooler parts of the day such as early morning or early evening after the sun has gone down.
2. Exercise less than normal for a week until you become adapted to the heat.
3. Drink lots of fluids, particularly water. You do not need extra salt because you get enough salt in your diet. Also, a well-conditioned body learns to conserve salt so that most of the sweat is water.
4. Watch out for signs of heat stroke -- feeling dizzy, weak, light headed and/or excessively tired; sweating stops; or body temperature becomes dangerously high.
5. Wear a minimum of light, loose fitting clothing.
6. Avoid rubberized or plastic suits, sweatshirts, and sweat pants. Such clothing will not actually help you lose weight any faster by making you sweat more. The weight you lose in fluids by sweating will be quickly replaced as soon as you begin drinking fluids again. This type of clothing can also cause dangerously high temperatures, possibly resulting in heat stroke.

Warm weather clothing should…..
... be loose fitting (so that air can circulate and evaporation can take place.)
... be light in color (light colors reflect heat rays.)
... be light material (cottons and linens absorb moisture and allow evaporation.)
... not be changed once it becomes wet (evaporation occurs only when clothing becomes wet.)

Finally, drying the skin with a towel before sweat evaporates reduces cooling, **BECAUSE – sweating alone does not cool the body, evaporation of the sweat does.**

How Hot is **Too Hot?**

If you are planning to exercise out of doors, the following general guidelines can be used to determine if the temperature and humidity reported by the weather service are too high:

1. If the temperature is greater than or equal to 86°F and the relative humidity is greater than or equal to 50% -- **DO NOT EXERCISE OUTSIDE.** Instead, exercise inside in a cooler, temperature controlled environment.

2. If the temperature is greater than or equal to 78°F and less than 86°F with a relative humidity greater than or equal to 50% -- **EXERCISE IS OK AT A SLOWER PACE.** Monitor your heart rate and stay in your usual target therapy range. Follow the precautionary measures outlined above, and watch for signs and symptoms of heat illness.
Regular Exercise Helps Maintain Heart's Elasticity As You Age

Research also shows that consistent exercise reduces your risk of coronary artery disease.

Two recent studies confirm the wisdom of participating in regular exercise, regardless of your age or weight.

One study found that seniors with a lifelong habit of regular exercise had hearts that were at least as healthy as those of whippersnappers half their age. Perhaps more surprisingly, a different study found that fit seniors who were overweight or obese were less likely to die from their coronary artery disease than unfit seniors who were thin.

"These studies show it's never too soon or too late to start exercising. Ideally, the benefits are gained by continuing to do the activity for life. Unfortunately, we can't bank the benefit when we are young and carry it forward," says Gordon Blackburn, PhD, Program Director of Cardiac Rehabilitation at Cleveland Clinic.

**Frailty is preventable**

A study presented at the annual meeting of the American College of Cardiology in April found that adults over age 65 who had participated in regular exercise for at least 25 years had large, strong hearts. In contrast, the hearts of sedentary 25- to 34-year-olds were already beginning to shrink.

Dr. Blackburn is not surprised by this finding. "Men start losing muscle at age 20-25 and women at age 18-20. The heart is a muscle," he says.

The study grouped participants into number of exercise sessions per week: zero, two to three, four to five and six to seven. Duration and intensity of exercise were not evaluated. Heart mass measurements were taken with MRI and showed that heart mass increased in proportion to the amount of exercise. The more the person had exercised, the bigger and stronger their heart muscle had become, just as a bicep enlarges with exercise. In contrast, the heart mass in nonexercisers had continued to decline.

"A weak heart has difficulty pumping blood to your muscles. As a result, your cardiac output - how much blood the heart pumps per minute-drops. You have less heart muscle to perform activity, so you lose your potential and get weaker and slower," Dr. Blackburn explains. "That's why we encourage people to stay active."

**Fat and fit**

Thin may look healthy, but it is possible to be both fat and fit. A study in the March 2011 *American Heart Journal* found that overweight or obese people who were strong and fit were less likely to die from their coronary artery disease than people who were thin, but not fit.
The study, published in the March 2011 *American Heart Journal*, involved 855 men and women enrolled in cardiac rehabilitation following a heart attack, episodes of chest pain due to heart disease or revascularization for coronary blockages. Their body mass indexes were measured to determine who was overweight or obese.

The participants were asked to walk on a treadmill. Their fitness was gauged by the distance they were able to walk and the amount of oxygen they breathed in during exercise.

The patients were followed for an average of 9.7 years. During that time, 159 patients died. The thin, fit patients were the least likely to die from their heart disease. The greater their body mass index (BMI), the higher the risk of dying; overweight, fit patients were twice as likely and obese, fit patients three times more likely to die than their thin, fit counterparts.

Those findings may not be surprising. But the researchers also found that lack of fitness was a greater predictor of death than weight. Unfit, overweight patients were seven times more likely to die than thin, fit patients. Who fared the worst? Thin, unfit patients. Their risk of death during the study was 10 times that of their thin, fit counterparts.

"Let's be clear. Obesity. is a risk factor. The higher the BMI, the greater the risk of death. That being said, lack of fitness is also a risk factor and is the most powerful predictor of death from heart disease," says Dr. Blackburn.

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Thank You

Hussmann - Division of Ingersoll-Rand

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AND
MENDED HEARTS CHAPTER 216
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For more information
Know What to Eat After Heart Surgery

Even if you have no appetite, your body is hungry for protein.

You have just undergone stenting or bypass surgery (coronary artery bypass grafting, or CABG) to increase blood flow to your heart muscle and prevent a first or second heart attack. Although you are looking forward to feeling better, your body is exhausted. To speed your recovery, eat protein. "Surgery of any kind increases the need for protein. It's very important in the healing process," says Cleveland Clinic dietitian Melissa Ohlson, MS, RD, LD. After a major surgical procedure such as CABG, protein is needed to repair your heart, your cracked breastbone and your stitched skin. Protein contains amino acids, which plays a key role in repairing and rebuilding muscle and bone.

**Think quality, not quantity**

“When people think of protein they think of steak. But if you have heart disease, a big, juicy steak is not the wisest choice," says Ohlson. "You need to be judicious, just like you should have been before surgery. You don't want to start adding foods with the potential to create plaque deposits."

Ohlson recommends healthy sources of protein, such as skinless chicken breasts, fish, chickpeas and beans. Fish is high in protein and omega-3 fatty acids, which reduce inflammation in the coronary arteries and lower the risk of heart attack and stroke. Vegetarian sources of protein contain cholesterol-lowering fiber. Beef is not off the menu, but she recommends you choose your beef wisely and eat it rarely. "Make sure it is grass-fed," she adds.

Cattle that have been raised on grass produce beef that is lower in fat and higher in omega-3 fatty acids than grain-fed beef. Grass-fed beef is not the same as grass-finished beef. Cattle raised on grain and allow to graze for a month or two before slaughter are higher in fat and lower in omega-3s than grass-fed beef.

**No appetite?**

Lack of appetite after CABG is normal. If the thought of eating a protein-rich meal is-well-nauseating, Ohlson recommends you reintroduce food slowly by eating frequent small meals.

"Start with low-fat cottage cheese and fruit or a whey protein smoothie. I like to mix powdered protein with almond milk and throw in some frozen strawberries and blueberries," she says. "In no time at all, your appetite should be back to normal."

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<th>INSTEAD OF THIS</th>
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<td>Steak</td>
<td>Wild-caught salmon</td>
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<td>Baked potato with</td>
<td>Roasted squash</td>
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<td>sour cream</td>
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<td>Iceberg salad</td>
<td>Spinach salad</td>
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<td>Cheese omelet</td>
<td>Egg white omelet with sauteed mushrooms,</td>
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<td>tomatoes and spinach</td>
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<td>Bacon</td>
<td>Lean turkey bacon or veggie patties</td>
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<td>Orange juice</td>
<td>Orange wedges</td>
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The Mended Hearts, Inc. Chapter 216
Membership Application

Mended Hearts is a national nonprofit organization that has been offering the gift of hope to heart disease patients, their families and caregivers since 1951. Recognized for its role in facilitating a positive patient-care experience, Mended Hearts partners with over 460 hospitals and rehabilitation clinics and offers services to heart patients through hospital visiting programs, support group meetings and educational forums. Our mission is to “inspire hope in heart disease patients and their families.”

Please Print: Date

Name ___________________________________ Spouse __________________________

Address: ______________________________ City: __________________ Zip: ____________

Home phone ___________________ Cell phone __________ E-mail __________________

If interested in receiving the newsletter electronically, please provide e-mail

Birthday (dd/mm)___________________ Episode/Surgery date dd/mm/yy)____________

Physician/Surgeon______________________________________________________________

Type of procedure: STENT (PCI) _____ MI (Myocardial Infarction) _____ BYPASS
HEART VALVE_______ TRANSPLANT _______ ANEURYSM ______
ATRIAL SEPTICAL DEFECT_______ PACEMAKER/ICD ______

Hobbies & Interests: ____________________________________________________________

I wish to volunteer to assist the Chapter in these areas:
Visiting Patients _____ Telephoning _____ Other (describe) ________________________

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<td>Life membership, National &amp; Chapter</td>
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<td><em>I wish to donate to defray Special Projects And Newsletter Expenses:</em></td>
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Membership fees include both Chapter and National dues.

Return the completed application with check to: Mended Hearts, Inc Chapter 216, c/o Mission Hospital, Cardiopulmonary Rehab Center, 26732 Crown Valley Parkway, Suite 281, Mission Viejo, CA 92691
Annual billings will be from the National Office located in Dallas, Texas.
Billings will be on the anniversary of joining.

Mended Hearts Chapter 216 Any questions call: 949-364-7755 10/01/10
The purpose of this organization is to offer help, support and encouragement to heart patients and their families and to achieve this objective in the following manner:

1. To visit with physician approval, and to offer encouragement to disease patients and their families.
2. To distribute information of specific educational value to members of the Mended Hearts, Inc. and to heart disease patients and their families.
3. To establish and maintain a program of assistance to physicians, nurses, medical professionals, and healthcare organizations in education and research activities pertaining to heart disease.
4. To cooperate with other organizations in education and research activities pertaining to heart disease.
5. To assist established heart disease rehabilitation programs for members and their families.
6. To plan and conduct suitable programs of social and educational interest for members and for heart disease patients and their families.