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Cardiology



HEALTHCARE

Heart & Vascular Institute

The Institute

Max Heart and Vascular Institute is a 200 bed state-of-the-art cardiovascular facility located at Saket, in South Delhi. It is a tertiary care centre designed to provide the highest levels of professional expertise and patient care in India and its neighbouring countries. The hospital is equipped with avant-garde technology, digital flat panel cath labs and state-of-the-art operation theatres. Apex tertiary level coronary services are provided by on site medical consultants trained to handle acute MI. The institute boasts of preventive care services, advanced diagnostic services including a 64 slice CT scanner and comprehensive nuclear medicine facilities.

Cardiology

Cardiology is a branch of medicine which deals with the diagnosis and treatment of heart diseases. Patients suspected with a heart disease or disorders are investigated by cardiologists who take a complete history of the patient's condition and perform a thorough physical examination and non-invasive investigations, nuclear investigations and CT, MRI Scans. If required, Coronary Angiography and treatment of heart blockages by Angioplasties and Stents is performed by specialised Interventional Cardiologists.

Cardiology services at Max Heart & Vascular Institute (MHVI) are designed to deliver total patient care in an ethical and open environment. All the processes are geared to ensure that the patient's care and comfort takes precedence over everything else.



Our Services

Preventive Cardiology

Prevention of heart diseases is an area of prime concern the world over as these diseases are potentially fatal and often strike without

warning. Ironically, heart diseases are a by product of an affluent lifestyle, irresponsible dietary habits, perpetual stress, smoking, excessive tobacco and alcohol consumption. All these factors tend to contribute towards lifestyle diseases like hypertension and diabetes which may further lead to Coronary Artery disease.

Max Heart & Vascular Institute offers Preventive Cardiac Care Programmes, which are scientifically designed, keeping the age-group and gender of the patient in mind.

The following Cardiac check-ups offer reassurance of a healthy heart and complete peace of mind.

- Max Basic Cardiac Check
- Max Executive Cardiac Check
- Max Standard Cardiac Check
- Max Comprehensive Cardiac Check

As heart diseases are largely lifestyle diseases, their long-term prevention is possible only through lifestyle modification. A comprehensive lifestyle management programme is run by the institute, which aims at equipping people with lifestyle modifiers to prevent the incidence of cardiac disorders. The treatment of a patient is incomplete without comprehensive nutrition management hence customised Clinical Nutrition Therapy is offered to all patients.

As part of holistic care, individual and group counselling sessions are conducted for pre and post-operative patients. A comprehensive team consisting of a medical social worker, physiotherapist, psychologist, dietician and a cardiologist conduct these sessions.



Non-Invasive Cardiology and Diagnostics

To help determine if a patient has heart disease, the severity of the disease and the appropriate treatment options, MHVI offers many non-invasive diagnostic procedures. This service provides computerised heart monitoring tests which assist in evaluating heart disease and

detecting abnormal heart rhythms.

The department has some of the most sophisticated non-invasive diagnostic equipment that enables cardiologists to diagnose with precision and accuracy. With the help of the latest Echo systems, cardiologists are able to see complete 3 dimensional images of the heart.

Cardiac evaluations are done by experienced professionals with years of training and expertise in this field.



The following services are offered:

- **ECG:** In ECG, an abbreviation for Electrocardiogram, electrical activity of the heart is recorded and is used to determine whether or not a heart attack has occurred. ECG shows the part of the heart that may be damaged, an irregular heart beat or rhythm and a decrease in supply of blood or oxygen to the heart. The terms ECG and EKG are used interchangeably.
- **2-D Colour Doppler:** Doppler ultrasound measures the change in frequency of the echoes to calculate how fast an object is moving. Doppler ultrasound has been used to measure the rate of blood flow through the heart and major arteries. Colour Doppler complements 2-D echocardiography and conventional Doppler techniques by providing colour flow maps that improve the spatial characterisation of disturbances in the flow.
- **Peripheral Doppler:** Peripheral Arterial Doppler examination is performed by measuring blood pressure and Doppler waveforms at multiple levels of the arms or legs. The severity and location of blocked arteries can be approximated by Peripheral Doppler. Sometimes, treadmill exercise is added to help differentiate the pain caused by blocked leg arteries, leg pain caused by nerve irritation in the back. Peripheral Venous Doppler studies detect blood clots in the leg or arm veins and are done in case of painful or swollen extremities.

- **TEE Echo:** A standard Echo is conducted by applying a transducer to the front of the chest through which the ultrasound beam travels from the chest wall and lungs to the heart. In patients who are obese or have closely positioned ribs the physician may select to get a Transesophageal Echo or TEE, where the transducer is placed in the oesophagus or food pipe that connects the mouth to the stomach. It offers a much clearer image of the heart, particularly, the back structures, such as the left atrium, which may not be seen as well by a standard Echo taken from the front of the heart. A TEE is very useful in detecting blood clots, masses and tumours that are located inside the heart. TEE also shows the extent of certain valve problems and helps detect infection of heart valves, certain congenital heart diseases, like a hole between the chambers of the heart and a dissection of the Aorta (major artery of the body). It's quite useful in evaluating patients who have had minor or major strokes owing to blood clots.



- **Stress Echo and Stress Test:** Stress tests are usually done in two ways first by exercising and second by using medication. It includes both treadmill and a combination of treadmill and Dobutamine Stress Echocardiography testing. In Echocardiography or Echo testing, ultrasound images of the heart are evaluated at the time of generation. Patients who are unable to exercise are administered a drug called Dobutamine, in place of treadmill testing. It increases the heart rate and blood pressure to help diagnose and evaluate Coronary Artery disease. The exercise stress test is more common and it requires the individual to be hooked up to multiple lead EKGs and to exercise on a treadmill in order to record electrical activity of the heart during exercise. Stress tests can also be done in conjunction with Nuclear medicine and ultrasound.



- **Holter:** In this test, Holter monitors require the placement of a number of leads on the chest connected to a box that is carried around the waist or over the shoulder of the patient. Electrical impulses and the rhythms of the heart are recorded over a 24-hour period.

- **Ambulatory BP Monitoring:** Ambulatory Blood Pressure Monitoring is for patients who have high blood pressure when they are in the presence of their physician. The patient may mistake it for 'whitecoat syndrome' and think that it is normal blood pressure in reality. The physician then gives the patient a 24-hour Ambulatory Blood Pressure Monitor to take home and see how their blood pressure is during their daily routine.

Invasive / Interventional Cardiology and Vascular Interventions

Interventional Cardiovascular Medicine involves the use of a host of non-surgical techniques to clear blocked or clogged arteries. It is used for treatment of patients with diseases of the blood vessels of the heart or coronary arteries, brain or carotid arteries, kidney or renal arteries and the arteries of the legs. Using state-of-the-art technology in a Cardiovascular Catheterisation Laboratory, Interventional

Cardiologists can view the arteries of the heart and other important organs, determine the extent and location of any blockage, test the functioning of the heart and clear the blockage with the appropriate interventional procedure.



The cardiology department at MHVI offers the most comprehensive range of Interventional Cardiology Services performed by Interventional Cardiologists, recognised the world over as international leaders for their experience, expertise and skills. They are credited and internationally renowned for pioneering advanced techniques in the areas of Angiographies and Angioplasties. The institute is also equipped with the latest generation of flat panel Cath Labs with digital images. The latest generation 'Clearview Intra-Vascular Ultrasound' enables an ultrasound of the coronary artery as well as the study of plaque morphology. It is well networked and the images can be accessed by Interventional Cardiologists anywhere, allowing close monitoring of the patients.

Recovery of the patients after Angiography/Angioplasty is closely monitored in dedicated recovery areas. This facilitates smooth recovery without any adverse outcome.

The following services are available:

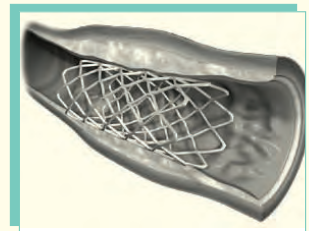
- **All forms of Coronary, Carotid, Renal & Peripheral Angiographies:**

Examination of the blood vessels (of heart, brain, kidney) from femoral artery using X-rays following the injection of a radiopaque substance that does not allow the passage of X-ray or other forms of radiation, is conducted in this form of treatment.



- **All forms of Coronary, Carotid, Renal & Peripheral Angioplasties and Stenting:**

The repair of a blood vessel, either by inserting a balloon-tipped catheter to unblock it, or by reconstructing or replacing part of the vessel is done in Angioplasty. A heart procedure called Stenting may be combined along with Angioplasties. A stent is a small, wire mesh tube that is inserted into a blood vessel to hold it open. After the stent is inserted, it becomes a permanent part of the artery wall, strengthening the wall while keeping the artery open for blood flow to the heart muscle. Some new stents are coated with medication. They are called drug-eluting stents and help in preventing restenosis or closure.



- **Balloon Mitral, Aortic and Pulmonary Valvuloplasty:**

Balloon Valvuloplasty or Percutaneous

Balloon Valvuloplasty, is a surgical procedure used to open a narrowed heart valve and is at times referred to as balloon enlargement of a narrowed heart valve. There are four valves in the heart—the Aortic valve, Pulmonary valve, Mitral valve, and Tricuspid valve—each at the exit of one of the heart's four chambers. These valves open and close to regulate the blood flow from one chamber to the next and are vital to the efficient functioning of the heart and circulatory system. Balloon Valvuloplasty is used primarily to treat Pulmonary, Mitral and Aortic valves when narrowing is present and medical treatment has not corrected or relieved the related problems. Valvuloplasty is recommended for those patients whose symptoms continue to progress even after medication has been administered for a period of time.

- **Rotational and Directional Atherectomy:** Atherectomy is the process of cutting the blockage from within the coronary arteries with the help of special devices. Certain blockages which are very hard and calcified, do not open up properly with Balloon or a Stent. Such blockages may need Rotational Atherectomy (Rotablator) to remove the hard blockage so that they can open up easily with a Stent. Blockages at origin of big arteries may need to be taken out by a device called Directional Atherectomy.



The team leaders are renowned internationally for their expertise in these techniques which have very few experts. In fact our team leaders have trained numerous physicians in Asia Pacific region to perform these techniques over the last 15 years.

- **Intravascular Ultrasound (IVUS):** IVUS is an invasive procedure, performed along with Cardiac Catheterisation. In this, a miniature transducer and a coronary catheter is introduced in the coronary arteries. High frequency sound waves produce detailed images of the arteries. The Clearview IVUS is the latest generation available in a few centres across Asia Pacific region. Our team leaders are renowned experts in performing this procedure.
- **Thrombectomies:** The surgical removal of a blood clot (Thrombus) from a blood vessel is called Thrombectomy.
- **Treatment of Aortic Aneurysm & dissection with Endovascular Stent Graft:** Our team leaders are one of the few people in the country who are trained and acclaimed for their expertise in treatment of Aneurysms and dissection by stent grafts non-operatively.
- **Treatment of Peripheral Limb Ischaemia:** By Thrombectomy, Rotarx and Lysis.

Paediatric Cardiovascular Services

- **Cardiac Catheterisation of Newborns & Children:** Paediatric Cardiologists repair some congenital heart defects using miniature tools through flexible tubes called cardiac catheters. The catheter is inserted into a tiny incision in the groin or neck and then threaded through the arteries to the heart. In this procedure radiowave energy is used to burn a tiny hole in the blocked valve. Another catheter,

tipped with a tiny balloon, is slipped across the opening and inflated to open the valve, completely.

- **Non-surgical Coil/Device closure of ASD, VSD, PDA, AV Fistula**

- **Balloon Dilatation of Valves:** This procedure is used to treat Pulmonary Valve Stenosis. Pulmonary Valve Stenosis is narrowing of the pulmonary valve in the heart. It is usually congenital. Balloon dilatation is a minimally invasive transvenous procedure to dilate the pulmonary valve orifice during Cardiac Catheterisation.



- **Balloon Dilatation of Coarctation of Aorta:** Some people with coarctation of the Aorta (localised narrowing of the Aorta) may be candidates for a Cardiac Catheterisation procedure. In this a device is placed into the area of the coarctation and is inflated to open the narrowed area, as an alternative to surgery. In addition, a small metal tube called a stent may also be placed in the narrowed area after the balloon dilation to keep it open. This is useful for patients who cannot undergo open-heart surgery due to failing health.



Acute Myocardial Infarction (AMI) Interventional Cardiology Programme

The AMI (Heart attack) Interventional Cardiology Programme is one of the most active programmes aimed at extending rapid Angiography facilities to patients developing 'Acute MI' in and around Delhi, within the shortest possible time.

It occurs when the blood supply to a part of the heart is interrupted, causing death and scarring of the local heart tissue. Since the area affected may be large or small, the severity of heart attacks vary, but they are often a life-threatening medical emergency which demand both immediate attention and activation of the emergency medical services. In the event of a patient getting a heart attack, the cardiology team is equipped to perform an immediate Coronary Angiogram and access the damaged vessel immediately, thus restoring flow to the affected area of heart muscle in the shortest possible time span. Angioplasty is considered the most effective way to stop a heart attack.

This programme is coordinated by a Centralised Emergency Base Station for all types of cardiac emergencies. The emergency team has Advanced Cardiac Life Support Ambulances and Air Evacuation Services to take care of the needs of patients, with comprehensive on-site, state-of-the-art diagnostic facilities along with triaging, resuscitation capabilities and trained medical staff.

Our Cardiac Care Programme includes a team of round the clock dedicated Interventional Cardiologists, Nurses and Technicians present on site. Together, they provide the highest quality of care to patients.

Cardiac Pacing and Electrophysiology

All the facilities necessary for advanced Cardiac Pacing and Electrophysiology procedures are available at the Max Heart and Vascular Institute.

The state-of-the-art Electrophysiology system ensures that the procedures are done accurately. Highly experienced and trained cardiologists specialising in this area carry out these procedures.

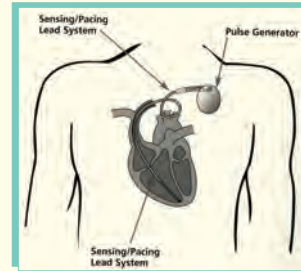
- **Electrophysiology Study (EP):** Electrophysiology is the study of the electrical properties of biological cells and tissues. It involves measurements of voltage change or electrical current flow on a wide variety of scales from single ion channel proteins, to whole tissues like the heart. An Electrophysiology Study or 'EPS' is a test that evaluates the electrical system of the heart. The electrical system is a network or pathway through which impulses pass that direct the activity (heart rate and rhythm) of the heart. The study helps to determine whether the patient requires Pacemaker, ICD, Ablation or treatment through medicines only.

- **Radio Frequency Catheter Ablation (RFA):** Radio Frequency Ablation is a non-surgical procedure used to treat some types of rapid heart beats. It is used to treat rapid, uncoordinated heartbeats by destroying or ablating the tissues that are causing rhythm disturbances. It removes the focus of Arrhythmias or unwanted electrical connections in the heart.

- **Pacemaker Implantation (Dual Chamber):** Artificial pacemaker may be implanted to provide proper heart rhythm when the body's natural pacemaker does not function properly. Pacemakers are battery-powered implantable devices that function to electrically stimulate the heart to contract and thus to pump blood throughout the body. These are implanted in patients in whom the heart's own electrical system is not functioning normally.

Single-chamber or right-ventricular pacemakers 'pace' a ventricle, one of the heart's two large, lower-pumping chambers. Dual-chamber devices also pace one of the atria (the smaller, upper chambers), which is considered a more natural synchronisation. The pacemaker is implanted under the collar bone by making an inch-long incision, under local anaesthesia.

- **Biventricular Pacemaker Implantation:** The Biventricular Pacemaker synchronises the heart's two lower chambers, the ventricles, to improve pumping efficiency and relieve the symptoms of congestive heart failure. A Biventricular Pacemaker (BVP) is a type of permanent Pacemaker placed in your chest. It improves the function of the heart's



four chambers - the upper chambers (atria) and the lower ones (ventricles). For Biventricular Pacing, one wire goes from the Pacemaker to the right ventricle and another to the left ventricle. BVP helps the heart work more efficiently by helping the two pumping chambers of the heart work together properly. This is implanted under the collar bone using local anaesthesia. This procedure is also called Cardiac Resynchronisation Therapy.

- **AICD/Combo Device Implantation:** Implantable Cardioverter Defibrillators (ICDs) are used to treat heart rhythms that are abnormally fast and life-threatening. They are often used in patients who are at risk for Sudden Cardiac Death (SCD). ICDs have been found to reduce the SCD mortality rate when compared with conventional treatment. When implanted, it continuously monitors the heart for any rapid and/or irregular heart rhythms (Arrhythmias).



Upon detection of an Arrhythmia, it delivers therapy to the heart automatically. Combo device is a combination of Biventricular Pacemaker and an ICD. It is implanted like a Pacemaker.

Cardiac Surgeries

Max Heart & Vascular Institute has state-of-the-art Operation Theatres which are modular, large and use hepa filters to maintain highest levels of infection control. Trained in leading institutions world over and internationally acclaimed for their skills and expertise; a team of highly experienced surgeons manage the Surgical Programme at the hospital.*

*For more details, ask for the Cardiac Surgery Brochure at the reception.

Intensive Care Services

The institute has dedicated infrastructure for the management of high risk patients, including more than 50 beds dedicated to Advanced Coronary Care, Post-Angioplasty Care and Post-Surgical Care. An experienced, highly trained, multi-disciplinary team of Physicians, Nurses and Paramedical professionals with expertise in the field of Cardiology, Intensive Care, Respiratory Medicine and Anaesthesiology work together to provide treatment and care to critically ill patients.

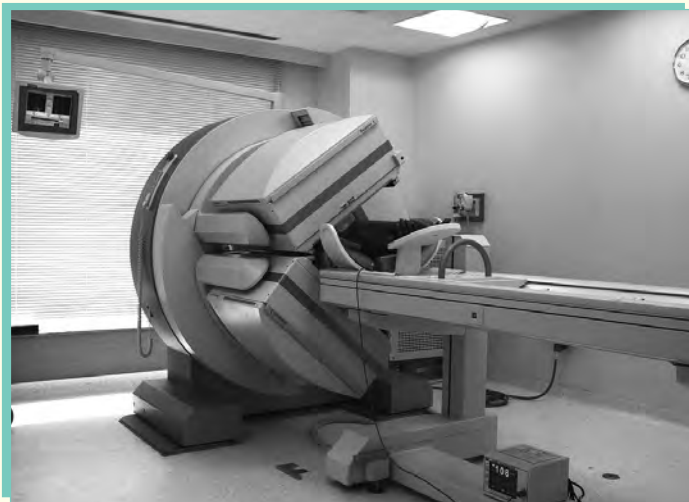


The hospital has a next generation 'Apex Coronary Care Unit' offering intensive care services to patients, round-the-clock, by a team that is exclusively dedicated to the unit. Each bed has one dedicated Nurse assigned to it for uninterrupted care. It also offers 24 hours on-site Cardiologist consultation as well as management of all cardiac emergencies including Acute MI's. A sophisticated Control Command Centre ensures instantaneous response to a patient's needs.

Nuclear Medicine

The department of Nuclear Medicine is fully equipped with state-of-the-art Variable Angle Dual Head Gamma Camera, interfaced with a sophisticated processing station, with the latest hardware & software. It can be used for diagnosis of the Coronary Artery Disease, Viable Myocardium etc.

Accurate analysis of scans, using high-resolution three-dimensional functional image processing and co-registration with anatomical images is provided by a high end CT in a short time.



CT Scan

The Institute is equipped with the 'Brilliance 64-channel' configuration, one of the few in the Asia-Pacific region. Designed for leading institutions, this CT scan provides large volume, thin-slice coverage to improve diagnostic confidence, image quality and productivity.

The machine provides unprecedented performance in Cardiac and Coronary Artery Imaging, Pulmonary Studies, CTA and Critical Care exemplifying a new realm of possibilities and patient care.

This CT scan expands clinical boundaries through applications, such as extended coverage brain perfusion that positions CT scan as a modality of choice in stroke evaluation.

Should You Need Us

'Seconds Save Lives!'

Max Heart & Vascular Institute (MHVI) is equipped with a state-of-the-art Emergency Response and Management System consisting of world-class communication infrastructure as well as a fleet of Advanced Cardiac Life Support Ambulances.

- Every call lands at the emergency base station of MHVI manned by base station executives. The emergency base station is available round the clock to the callers.
- The base station executive attends to the call and takes preliminary details of the patient.
- In case the caller complains of a critical illness, the call is transferred to the Emergency Medical Officer (EMO). The EMO takes the medical vitals and decides upon the crew composition of the ambulance.
- In less than ten minutes, the fully-equipped Advanced Life Support (ACLS) Ambulance leaves for its destination. Evacuation by 'Air Ambulance' is another dimension of the emergency service that focuses on evacuating critical patients from remote areas.
- The patient is transported to the hospital and wheeled into emergency department.
- The EMO examines the patient and informs the Cardiology Consultant on call.
- The Cardiology team takes over and decides upon further investigations.

Frequently Asked Questions

What is a heart attack?

A heart attack leads to permanent heart damage or death. It is also known as a myocardial infarction, because part of the heart muscle (myocardium) might die (infarction). A heart attack occurs when one of the coronary arteries becomes severely or completely blocked, usually due to a blood clot. The severity of a heart attack generally depends on how much of the heart muscle is injured during the heart attack.

What are the symptoms of a heart attack?

The main symptom of a heart attack is chest pain that is unrelieved by rest and often spreads or radiates through the upper body to the arms, neck, shoulders or jaw. Other symptoms include shortness of breath, palpitations, dizziness, sweating or nausea. In contrast with men, women are more likely to feel fatigue or nausea prior to a heart attack. In diabetic patients, the symptoms may be very mild or silent.

What are the risk factors for heart disease?

Risk factors for heart disease include: Hypertension (high blood pressure), Hyperlipidemia (high cholesterol), a family history of Heart Disease (particularly Premature Coronary Artery Disease), cigarette smoking, sedentary lifestyle and Diabetes.

What are the risk factors of Heart attack, that can be modified?

Smoking

Smoking increases the risk of heart attack three to four times over non-smokers. Smoking can cause artery muscles to contract, reducing blood flow to the heart.

High Blood Pressure

High blood pressure causes blood to press too hard against the walls of the arteries, damaging the arteries and promoting the development of hardening of coronary arteries.

High Cholesterol

Cholesterol is a fat substance found in foods of animal origin. High levels of cholesterol contribute to the formation of fatty buildup along the inside lining of the arteries, blocking the flow of blood.

High Triglycerides

Triglycerides are a fat found in the blood and are the end products of sugar breakdown that contributes to plaque formation. Limited intake of sugars, starches and alcohol is recommended.

Diabetes

Diabetics are more than twice as likely to develop heart disease. Diabetes damages the artery walls and increases the risk of plaque formation. Diabetics need to keep their blood sugar levels normal and control their cholesterol and triglycerides.

Excessive Alcohol and Caffeine Intake

Alcohol and caffeine can raise the cholesterol by raising the fat level in the blood. Alcohol consumption must be limited. Limit beverages with caffeine to two cups per day.

Obesity

Being overweight puts a direct strain on the heart. In case of overweight people, the heart has to work harder to supply the extra tissues with blood. Losing weight decreases the cholesterol and lowers the blood pressure.

Lack of Proper Exercise

A balance of rest, relaxation and activity are needed for a healthy body. A balanced exercise programme is recommended.

How is Angina different from a heart attack ?

Angina pain is not the same as a Heart Attack. However, people with Angina have difficulty in telling the difference between Angina symptoms and symptoms of a Heart Attack. Angina is a recurring pain or discomfort in the chest that happens when some part of the heart does not receive enough blood, temporarily. A person may notice it during exertion such as while climbing stairs. It is usually relieved within a few minutes by resting or by taking medicines prescribed for Angina. People who have been diagnosed with Angina, though, have a greater risk of attack than other people. Prolonged Angina pain can lead to a heart attack.

What is Heart Failure?

Heart failure is the inability of the heart to pump out sufficient blood to meet the needs of the body. The pumping function of the heart is divided into two phases: first, the ability of the heart to relax properly so that blood can return into the relaxed heart called diastole and secondly, the ability to be actively pumped out to the body called systole. When the heart begins to malfunction, both of these functions become abnormal, usually.

What is Hypertension?

Blood pressure represents a measure of the amount of blood pumped out by the heart and then the vessels into which this blood is pumped. The amount of blood pumped out by the heart is controlled by two factors: first, the volume of blood returning to the heart from the rest of the body and secondly, the actual pumping of the heart itself.

Does taking medication to lower cholesterol really prevent heart attacks?

Medication to lower cholesterol can prevent heart attacks and save the lives of people who are at high risk for a heart attack. That's why people who have already had one heart attack need to be treated to lower their cholesterol in order to prevent another one.

Life after a Heart Attack

Those who have survived a Heart Attack, must strive to:

- Recover and resume normal activities
- Prevent another Heart Attack
- Prevent further complications like heart failure

After a Heart Attack, one must see the doctor regularly for check-ups to see how the heart is doing.

Exercise is good for the heart muscle and overall health. It can help one lose weight, keep the cholesterol and blood pressure under control, reduce and uplift one's mood.

After a Heart Attack, most people are able to return to their normal activities. The time frame depends on many factors like age, muscle strength, procedure performed. On average, four weeks after a heart attack, normal activity can be restarted.

What does a heart-healthy diet mean?

Heart-healthy diet refers to a diet that is low in sodium, cholesterol and fat. Foods that best meet this requirement are whole grains, fruits, and vegetables. A diet high in sodium, fat and cholesterol is associated with higher blood pressure, increased weight and elevated blood cholesterol levels, all of which increase the chances that Atherosclerosis will occur. Atherosclerosis is a build-up of fatty deposits in the artery walls.

What is cardiac rehabilitation?

Cardiac rehabilitation is a comprehensive program consisting of monitored exercise, health education and support. It helps people who are recovering from or experiencing a heart problem return to an active life.