

Courseignement Cher. Card.



UNIVERSITY OF OTTAWA HEART INSTITUTE
OTTAWA CIVIC HOSPITAL

INSTITUT DE CARDIOLOGIE DE L'UNIVERSITE D'OTTAWA
HOPITAL CIVIC D'OTTAWA

Reprise des activités

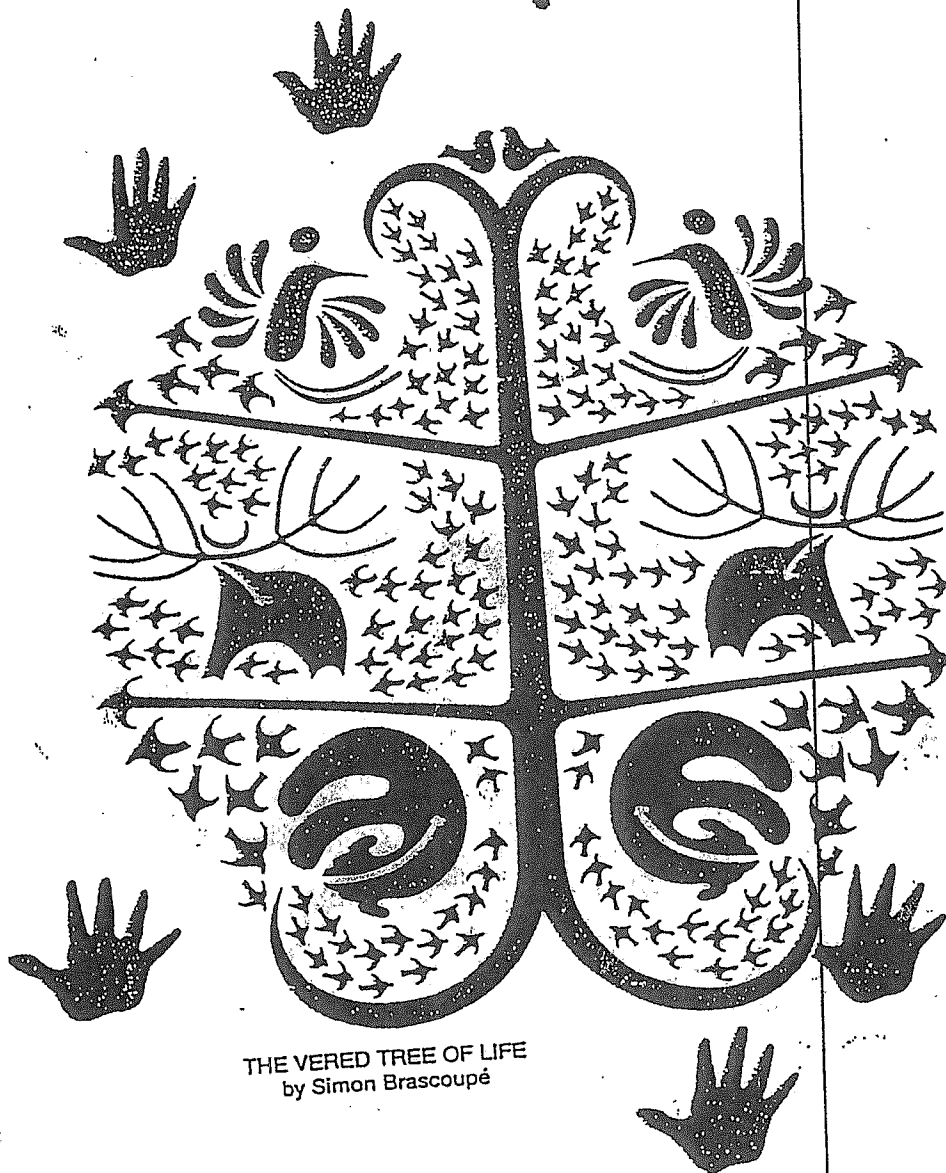
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Anne Stolarik, R.N., M.S.N.
Nursing Coordinator
Cardiac Surgery

1053 Carling Avenue,
Ottawa, Ontario, Canada K1Y 4E9

Phone (613) 761-4708
FAX (613) 761-5342

UNIVERSITY OF OTTAWA
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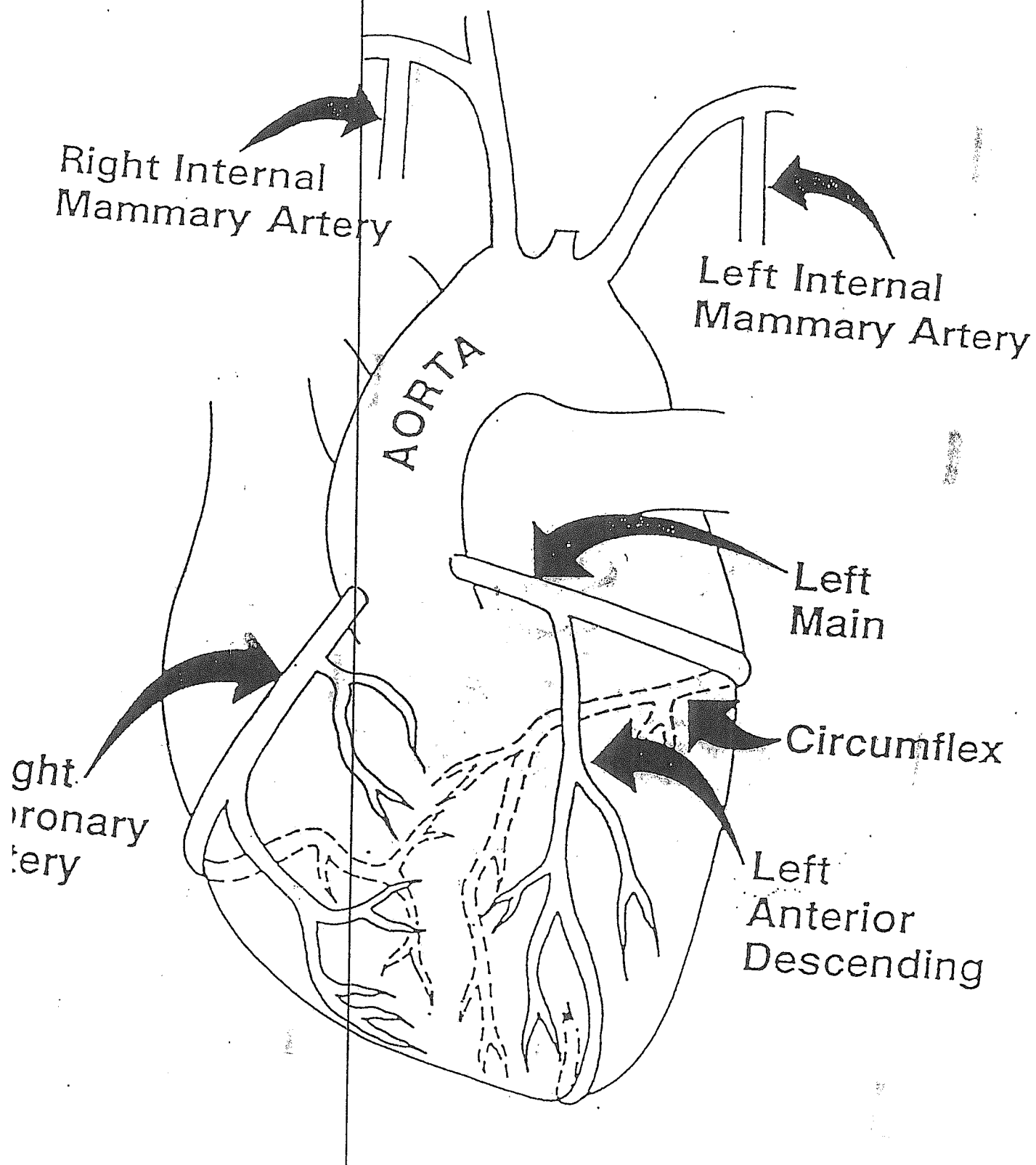


THE VERED TREE OF LIFE
by Simon Brascoupe

CARDIAC SURGERY DISCHARGE
BOOKLET

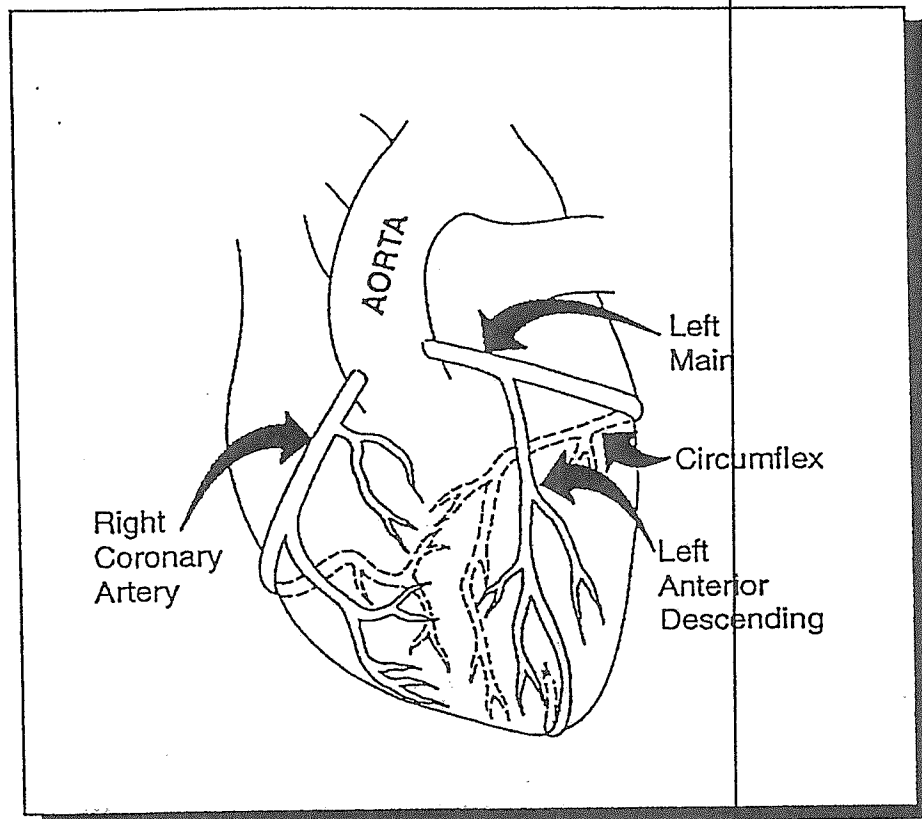
COMPLIMENTS

CORONARY ARTERIES



CORONARY ARTERIES

The heart muscle needs an oxygen-rich blood supply to work. The heart muscle has its own blood delivery system called the CORONARY ARTERIES. The coronary arteries are located on the outside of the heart, and supply blood with oxygen and nutrients to the heart muscle.



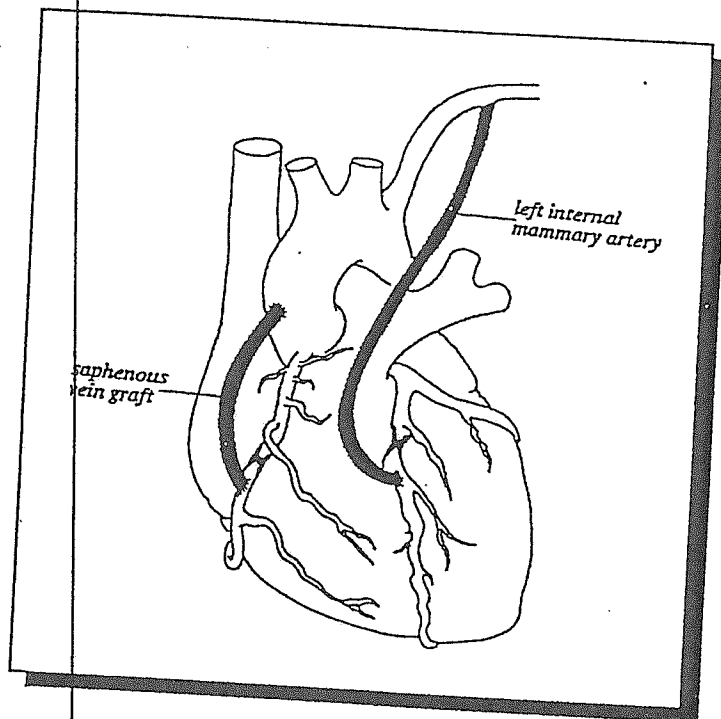
Coronary Artery Disease

Over time, the coronary arteries may become narrowed by deposits of fat products and cholesterol that travel in your blood. The build-up of these deposits may eventually cause a blockage in a coronary artery that prevents blood from reaching the heart muscle. When the heart muscle does not get enough oxygen and essential nutrients it can not work properly. This condition of the coronary arteries is called coronary artery disease (CAD). CAD can lead to angina (chest pain) or to a myocardial infarction (heart attack).

Coronary Artery Bypass Graft Surgery

Coronary Artery Bypass Graft (CABG) surgery is done to improve blood flow to the heart muscle when the coronary arteries become too narrow or completely blocked. During surgery, the bypass may be done with part of a vein from your leg (saphenous vein) or with an artery from your chest wall (internal mammary artery). It is called "BYPASS" surgery,

because the blocked part of the coronary arteries are left in place, and the new grafts are sewn from the aorta to below the blocked area. After the bypass is done, blood flows around the blocked coronary artery and takes lots of oxygen and nutrients to the heart muscle. The exact number of coronary arteries to be bypassed will be decided by your surgeon during the operation.



If part of a vein is taken from your leg, you may have swollen ankles for a couple of weeks after your operation, and you may temporarily walk with a bit of a limp.



In Hospital Before Your Heart Surgery

If you have been a patient before, you know something about hospitals. If not, it may be very strange at first. It is not easy being a "patient," but knowing these things can help you to relax.

Before your Hospital Admission:

You may have an appointment at the Pre-admission Unit in the Heart Institute. A handout on the Preadmission Unit can be found in this package. Your surgeon will refer you if appropriate, then the Preadmission Unit will contact you for an appointment.

Before Your Operation:

- You will be admitted to hospital through the Heart Institute Admitting Department.
- Your surgeon or his assistant will speak to you about the operation and answer any questions you may have.
- An anaesthetist will talk to you about the anaesthetic and any concerns you have related to the anaesthetic.
- You will be required to shower with a special soap.
- You may have other tests done such as blood tests, chest x-rays, and/or an electrocardiogram (ECG).
- You may have an enema on the evening before surgery.
- You will not be allowed to eat or drink after midnight the day before surgery.
- If you have Diabetes, an intravenous will be started the night before your operation, while you are fasting.

Day of Surgery:

- Your skin will be shaved (using Barber's clippers) at the site(s) where your incision(s) will be made. You will then be asked to wash with special soap.
- You will be asked to remove dentures, hearing aids, hairpins, nail polish, make-up, jewelry, contact lens, and all under-garments. You will be given a hospital gown to wear.
- You will receive a medication to help you relax and make you feel sleepy before you are taken to the operating room. You will not be completely asleep when you leave your room.



In the Operating Room:

- An orderly will come to your room and transport you to the operating room on a special stretcher.
- On your arrival to the operating room a nurse will greet you.
- You will briefly stay in a waiting area outside the operating room where the nurse will ask you several questions concerning your operation, possible allergies, and previous dental work. The nurse will also check your medical records.
- When you enter the operating room you will find the lights bright and the room may feel cold. The nurse will give you warm blankets you need them. You will also hear noises as people prepare for your operation.
- The nurse will stay with you until you fall asleep.
- The Anaesthetist will meet you in the operating room and begin to place the monitoring devices and intravenous lines needed to keep close observation of you during your operation.
- Once this is complete, the Anaesthetist will give you medications and you will go to sleep for the operation.
- When your operation is completed, you will be taken to the Intensive Care Unit. You will be asleep during this time, and will not remember being transferred.



Pre-operative Walking Program

A good idea for you to be following a walking program before your operation. This will help with your post-operative recovery, and help to establish good habits which you will want to maintain after the operation.

Here are some general recommendations:

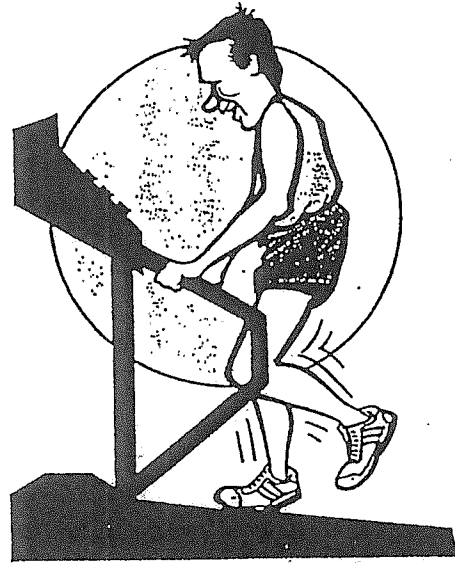
Don't walk if you have any symptoms of chest or arm discomfort, shortness of breath, dizziness or other pain. If any of these feelings come on while you are walking, STOP until the feeling goes away.

Don't try to run or to walk fast. A slow walk is best at this time.

Don't walk outside if the weather is too cold, too windy or too hot. On these days a shopping centre is your best bet.

Start off easily, perhaps with 5 minutes of slow walking and increase the time by 1 minute per day until you get up to 20 minutes.

Walk with someone else. The company is helpful and a companion helps with the motivation.



Post-operative Physiotherapy Program

The primary role of physiotherapy is to help you to regain your strength and return to your normal level of activity after surgery. The physiotherapist will help you with breathing and coughing exercises and help you increase your activity while in hospital. Before you go home, you will attend a specific exercise class and be taught a walking program.

Reasons for Exercise

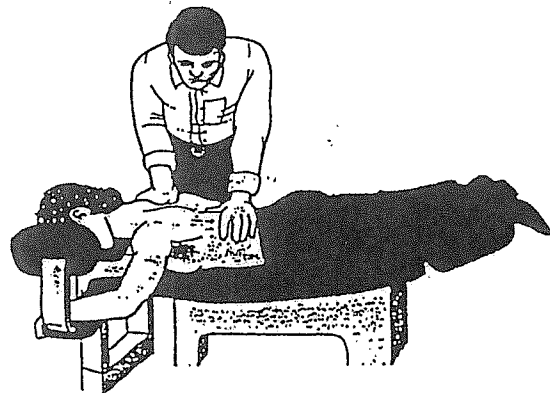
Exercises are done following surgery

to help prevent some common problems following general anaesthetic and prolonged bed rest; for example, lung infection, and muscle weakness and stiffness;

to promote a feeling of well-being;

to encourage regular exercise as part of your healthy lifestyle.

It is necessary that you take an active role in your recovery.



Pre-Cardiac Surgery Nutrition Care

As you are preparing for your cardiac surgery, taking care of your nutritional needs is very important. Research shows that if you are well nourished before surgery, you will recover more quickly. Well nourished people tend to have shorter hospital stays.

Let's have a closer look at your nutrition lifestyle patterns.

1. Please refer to the chart "Rate Your Weight"
2. Determine your current weight status:
 - a) At the bottom of the graph locate your height in feet and inches.
 - b) At the left hand side of the graph locate your current weight in pounds.
 - c) Place one finger on your weight and one finger on your height, now locate where these two points meet.
3. Circle the area you have found for your weight:
Healthy Weight; Underweight; or Overweight.

HEALTHY WEIGHT

Congratulations on maintaining a healthy weight. In preparation for your surgery you will want to maintain your weight and eat a balanced diet consisting of at least three meals each day.

Select a good variety of foods based on Canada's Food Guide. Choose foods from the following 4 food groups each day:

♥ Grains and Cereals ♥ Dairy Products
♥ Fruits and Vegetables ♥ Meats and Alternates

Refer to the booklet "Where are the hidden fats in your food?". Work through this booklet to determine if your diet is high in fat. If your score is below 80, try following some of the suggestions found on pages 8-10 in the booklet. You may want to join us at the Heart Institute after surgery for one of the Heart Healthy Nutrition classes.

However, while you are waiting, you can begin to make changes to your diet for a healthier eating style. After surgery, it can take up to 4-6 weeks for your appetite to return to normal and for you to establish a regular eating pattern. Once this has occurred, resume your low fat, low cholesterol diet.

UNDERWEIGHT

If you are underweight or if you have had a weight loss that you did not plan, the attention to your nutrition care is important. Over the next few weeks, eat a healthy diet rich in calories and protein. A good food intake at least 7-10 days before surgery can give your body important nutrient reserves.

It is very important to note that you do not have to be in the healthy weight area before your surgery. All you have to do is make sure that you are eating well.

The following are a few ideas of how to increase calories and protein in your meals:

- a) Eat breakfast, lunch, supper and if possible 1-2 snacks each day.
- b) Try a beverage supplement such as Ensure, Ensure Plus, Boost or Carnation Instant Breakfast to name a few. These are available at your pharmacy and are best served cold;
- c) Enjoy homemade milkshakes;
- d) Add extra margarine to toast, sandwiches, and vegetables;
- e) Add skim milk powder to anything that it can be stirred into such as soups, stews and casseroles.

OVERWEIGHT

Being overweight is one risk factor for heart disease. If you have found yourself in the overweight area, please refer to the booklet "Where are the hidden fats in your food?". Work through this booklet to determine if your diet is high in fat. Even before surgery, you can start making changes to reduce your fat intake and your weight. If the amount of food you eat is larger than that recommended in the booklet's guidelines, gradually reduce your portion size.

The time to actively work on weight reduction will be 4-6 weeks after your surgery. At this time you should aim to lose approximately 1-2 pounds per week. However, after surgery and before you leave the hospital plan to attend one of the Heart Healthy Nutrition classes.

EMOTIONAL ADJUSTMENT TO HEART DISEASE AND HEART SURGERY

Recovery from heart surgery involves both physical and emotional healing. Although the majority of patients adjust well, you may be left with feelings of fear or anxiety. Worries about health, finances, work return, sexual functioning and concerns with lifestyle change can all contribute to these feelings. You can also feel sad or depressed in the weeks following your return home.

The initial relief of having survived surgery is sometimes replaced with feelings of loss or anger. The future may look bleak because of lifestyle changes you must make. Or, you can feel angry because your body has let you down.

Your memory can be affected by heart surgery leading to feelings of frustration and worry.

The good news is that for most patients, the feelings of frustration, anxiety, fear or sadness disappear as you become physically stronger and more confident in your ability to make the necessary lifestyle changes!

If you continue to have difficulty adjusting, and you find it hard to feel content, research has shown that your physical recovery is affected, and you are at increased risk for future heart disease and other illnesses. These emotions can bring about behaviours that undermine a healthy lifestyle.

Cardiac surgery also has a major effect on your family members. Everyone is faced with numerous changes - your spouse, children, friends and relatives. Disagreements arise concerning activity levels, dietary changes, work return or smoking cessation. Left undiscussed, these issues can interfere with the recovery process.

Patients who have good social supports recover quickly and are at lower risk for future heart disease. The emotional adjustment to heart disease involves:

- your ability to cope with stress;
- your emotional well-being; and
- your social relationships

STRESS AND STRESS RESPONSE

Stressful events come in all shapes and sizes. People react to different things. Some stress can be avoided or controlled, others cannot. In most cases, you can and should exercise control. It's called putting things in perspective! If you tend to react to small events with the same energy as big ones,

you are probably putting unnecessary wear and tear on your heart especially since small events tend to happen a lot more often than the big ones.

The next time you encounter a stressor ask yourself how much control you have over it. When stress is beyond your control, it's best to work at letting it go. Controlling stress requires direct coping efforts which can be learned in stress management programs or by reading some of the books on your suggested reading list.

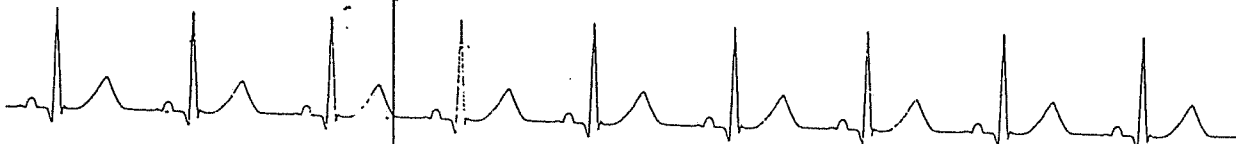


IMPROVING WELL BEING

Enhancing your sense of well being involves changing how you think and feel about yourself in different situations.

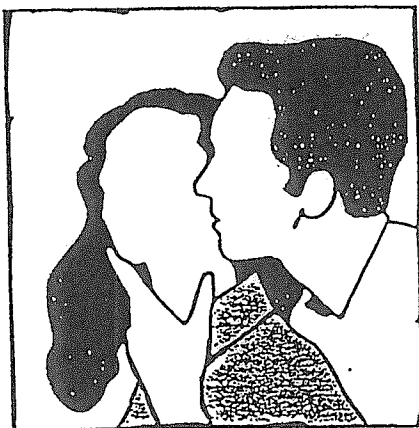
There are probably some areas of your life where you already have positive feelings of well being while there may be other areas where your sense of well being is less strong. If you experience more negative feelings than positive ones, you might be more inclined to give up important personal goals. Don't give up! You can create changes in your sense of well being by first identifying those areas in your life which require some attention, e.g., developing more physical stamina or losing some weight.

Start by choosing your area for change. Set some small, specific goals that you would like to achieve. Then as carefully as possible, try and identify those things which might either help you reach your goal or interfere with your ability to reach your goal.



Remember, change is gradual and does not occur overnight!

this strategy will help you understand yourself better and will help you to identify those things inside and out of yourself that influence your being. You'll be better equipped to take control of what you can and make confident choices about change. If you find this difficult to do on your own, perhaps you could talk to someone who could assist you.



- try and pick the best time to discuss your feelings and plan what you want to say. Don't assume that the other person knows how you're feeling
- ask for feedback and make efforts to clarify things you or the other person don't understand

Developing strong social supports which meet your needs takes work.

BUILDING BETTER RELATIONSHIPS

Another way to enhance well being is to make sure you get emotional support from friends or family.

Clarify your fears and worries, as well as the changes that have occurred as a result of your illness and then discuss these with your partner, another family member or friend

If you want to build relationships that support and help you, you often have to actively seek them out. You must express your needs in ways that enable other people to understand and respond. This is easier if:

- you are aware of your expectations of others,
- you practice good communication skills and,
- you become more assertive.

In being assertive:

you tell family members about your goals for change,
you ask them to help you stay on track and to give you feedback about how you are doing, and
you tell them the best ways to encourage you

If you want more information on how to build better relationships and develop good communication skills, please refer to your reading lists. Professional counselling which can address these issues can also be helpful. Please speak to your contact person for more information about resources.



Notes for Family Members

The waiting time before cardiac surgery can be a difficult and emotional time for the family members, as well as for the patient. Feeling distressed and concerned are normal reactions for you to have. Being aware of your feelings and discussing them with the person having heart surgery are important parts of dealing with the crisis of a family member undergoing heart surgery. Talking to a trusted friend may also help to lessen your fears and anxieties. If you find you are still having difficult time working through these issues, you should think about seeking help from a health care professional such as your doctor, a nurse, or a therapist.

Helpful Hints for the Family During the Waiting Period:

Read all the information that we have included in this package so that you are as familiar with the information about heart surgery as the patient.

You are encouraged to ask questions of the doctors, Regional Cardiac Care Coordinator or other healthcare workers.

Try to reduce your stress at home by setting aside time for you and your family member who is to undergo heart surgery to talk and spend some special time together.

Remind yourself that you are not responsible for the health of the family member undergoing cardiac surgery.

Be as involved in the care of your family member as you would like to be during this time.

Before and During the Operation:

- Most CABG surgery lasts anywhere from three to five hours.

- Family members may visit before the patient leaves for the operating room, and they should check with the patient's nurse for the time they should arrive.

- The surgeon will speak to family members after the operation either in person or by telephone. The Nursing Coordinator will let the surgeon know where you may be reached after surgery.

- The patient will go to the Intensive Care Unit for one or more days after their operation and after that may not return to the same room they were in before the operation. Therefore you will be asked to take the patient's belongings home with you either the night before or on the day of

the operation. Everything except glasses, dentures, and hearing aids should be taken home for safe keeping. You can bring belongings back to the hospital when the patient returns to their room on the Nursing ward from the Intensive Care Unit.

Look After yourself While the Patient is in the Hospital:

- When the patient goes home after their operation, they will need to have someone with them most of the time for the first week. It is important that family members get as much rest as possible before the patient comes home.

- While the patient is in the Surgical Intensive Care Unit they will be under close observation by the health care team. This would be a good opportunity for you to get plenty of rest. It is rarely necessary for you to stay at the hospital for long periods of time in the first 2 days after the operation.

- Once the patient leaves the Surgical Intensive Care Unit and returns to the nursing ward, you may want to stay for longer periods of time.

After the Patient Goes Home:

- You can share in the exercise program with the patient, and go for walks together.

- Work with the family member who is having surgery to develop a list of appropriate food choices for this time. Remember appetite following surgery may vary each day.

- Try to make the diet changes part of your family's diet, so that everyone is eating heart healthy.

- Try to make gradual changes in eating habits rather than drastic limitations for the patient. Slow changes will often be better maintained.

- Make sure you take time to rest when the patient takes rests, so that you keep your energy up. You may feel extra tired while helping your family member recover from heart surgery.

- Returning to a normal sex life may be difficult for the patient and their spouse. Start slowly, and include other forms of intimacy prior to resuming sexual intercourse.

Levin, Rhoda. Heart Mates: A Survival Guide for the Cardiac Spouse. New York. Simon and Schuster, 1987.



AT HOME AFTER YOUR OPERATION

Following your discharge from the hospital after heart surgery, you can expect that it will take about six weeks before you start to feel reasonably normal. There will be times when your recovery seems to be slow and there will be days when you feel good and not so good, both physically and mentally. This is a normal process following any major surgery.

During the first three weeks after discharge from hospital, you may experience a number of things which are common:

- **soreness in your chest and graft leg.** To minimize the soreness, it is important that you take your pain medication regularly, especially first thing in the morning and before you go to bed at night. These are the times when your pain medication can be most effective in reducing the soreness. Do not attempt to stop taking the pain medication too soon. If you have a lot of soreness, it will limit you in performing your exercises or doing your walking, or it can affect your sleep, either of which will slow your recovery.
- **difficulty sleeping at night.** Initially, this could be caused by being away from the security of the hospital. Sometimes you may not sleep well at night because you are sleeping too much during the day. As well, any soreness you are experiencing may interfere with your sleep. Following the recommended schedule for taking the pain medication is the best way to avoid this problem.
- **fatigue.** It is normal for you to feel fatigued. At first, whenever you try to do something you will find that you tire easily. It is important that you continue to follow your activity program even though it tires you because that will help you to increase your strength and endurance. It will help if after each activity you have a brief rest.
- **nausea, constipation or poor appetite.** Some stomach upset following surgery is common.

The medications you are taking can upset your stomach. Both your pain medication and inactivity can cause constipation and poor appetite. Some suggestions would be to take smaller, more frequent meals, make sure you are getting sufficient fibre in your diet, ensure adequate fluid intake, keep up with your activity schedule as closely as possible and follow the medication directions given to you by the pharmacist.

- **incisional conditions.** Redness, tenderness, bruising, and clear fluid drainage are sometimes experienced and are normal. These conditions will usually clear up over time. A warm compress will help to ease the discomfort. You may experience numbness along the chest or leg incision but this can be expected as a result of the surgery. However, should your incision become excessively swollen and/or start to drain pus you should contact your doctor immediately.

Most commonly after the first three weeks patients find that the conditions described above become less of a concern. They begin to think more of the long term return to normal activity. You may now start to think of things which are less directly associated with the surgery itself but rather with long term goals and changes which would contribute toward a healthy lifestyle. Returning to work will be decided by your surgeon. Information about medications, diet, physical activity, lifestyle change and medical follow-up will be provided to you at approximately six weeks after your surgery either through a class or the rehabilitation centre.



Postoperative Exercises

The following are some of the exercises you will be doing after your surgery. It would be helpful if you review and practice them before you come in for your surgery.

A. Deep Breathing Exercises

Why? It is important to take deep breaths after surgery to get air into the bottom of the lungs. This will help prevent lung collapse and move phlegm.

Technique

Take a slow deep breath in through your nose (until you cannot take in any more air). Purse your lips and slowly blow out through your mouth (like blowing out a candle). Your stomach should rise as you breathe in and fall as you breathe out. You should take 7 to 10 deep breaths every hour that you are awake.

B. Coughing

Why? Coughing helps to clear phlegm from your lungs. This will help to prevent a lung infection. It is common after surgery to have extra phlegm in your lungs, especially for the first few days.

Technique

When you cough, hold your pillow ("Teddy") firmly against your chest. Take a deep breath in and cough out. You should cough 2 to 3 times every hour that you are awake. Your "Teddy" helps to support your incision and lessen the discomfort you may have with coughing.

C. Mobility Exercises

Why? These exercises help prevent muscle and joint stiffness, aid circulation and increase your activity level. After surgery, your physiotherapist will tell you when you can begin these exercises.

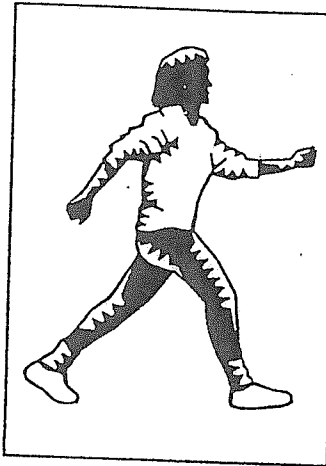
Technique

1. Leg Exercises

These exercises help to keep your legs from getting stiff:

- Bend your knee up as far as you can and slowly straighten.
- With your knee straight, slide your leg out to the side of the bed and slowly bring it back to the middle.

- * Repeat these exercises 3 times a day 5 times each leg.
- * Remember to breathe in and out normally while doing these exercises.



2. Ankle Exercises

These exercises help to prevent or reduce swelling of your legs.

- Bend your ankles up and down as far as you can.
- Make circles with your ankles in both directions.

* Repeat these exercises 10 times every hour.

3. Arm Exercises

With your arm straight, raise it up over your head while breathing in, lower slowly while breathing out. Repeat with the other arm. Do these exercises every hour, 5 times with each arm.

D. Bed Mobility

For the first few days, you will be given help to get out of bed. Afterwards, you will be shown how to get out of bed on your own. Bend your hips/knees and hold onto your "Teddy". Roll onto your side. Let your legs fall over the side of the bed, pull with your legs to help you come to a sitting position. While in bed, it is important to change your position every 1 to 2 hours (for example, lying on your right and left sides).

After surgery, it is important that you do not push or pull with your arms while moving around when in bed or out of bed. This allows the breastbone time to heal (about 6 to 8 weeks).

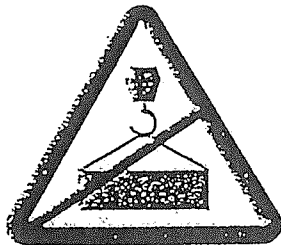
E. Activity

Your activity level will be gradually increased during your hospital stay. You will start by sitting on the side of the bed. You will then sit in a chair and begin walking in the hallway. Before you go home, you will be able to walk around the ward and climb stairs. You will be given specific guidelines for exercise and activity at home.



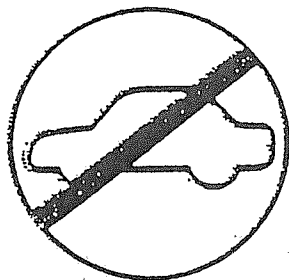
Post-operative Daily Activities at Home

1. Lifting



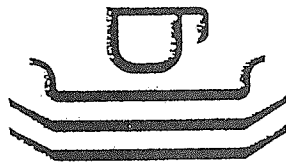
DO NOT lift more than 4.5 kg or 10 lbs for the first 6-8 weeks after surgery. Lifting heavy objects can strain your healing breastbone.

2. Driving



You are not permitted to drive a motor vehicle for the first 4-6 weeks after your surgery.

Light Work



You can help with light housework when you first get home. Examples include:

- set the table
- make breakfast
- dry the dishes
- do handicrafts
- light dusting

4. Heavy Work



You should avoid heavy work for the first 6-8 weeks. This includes:

- laundry
- scrubbing floors
- vacuuming and raking
- mowing the lawn
- shovelling snow
- chopping wood

REMEMBER you will still tire easily, so rest one hour in the morning and one hour in the afternoon. Try to get 8 hours of sleep every night.



PROGRAMS IN OTTAWA FOR PATIENTS WITH HEART DISEASE

University of Ottawa Heart Institute:

Nursing Coordinator is available 24 hours a day at 761-4708 to answer questions or concerns you may have.

The Heart Check Centre, located on the first floor of the Heart Institute, provides coronary risk factor assessment and information on reducing risk factors to the general public.

The Heart Check Centre has several programs such as: Stress Management, Smoking Cessation and Fitness. For more information call 761-4753.

Public Health Department has patient education materials for heart disease and a video library. For more information call 724-4122, Ext. 3720.

Heart and Stroke Foundation has organizations in the city called Heart to Heart for people who have a history of CAD. Contact 729-6360 for further information.

YMCA-YWCA has exercise programs for people with CAD. Call 237-1320 for more information.

Recommended Readings

The following are books that are appropriate for general reading. They may be purchased in most bookstores or borrowed from your local library. Some may be purchased in the Heart Institute's "Atrium" giftshop.

Adjustment to Heart Disease Bibliography

- Budnick, H. N. *Heart To Heart: A Guide to the Psychological Aspects of Heart Disease*. Santa Fe, New Mexico. Health Press, 1991.
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- Cousins, Norman. *Head First: The Biology of Hope*. Dutton Books, 1989.
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- Sotile, Wayne. *Heart Illness and Intimacy: How Caring Relationships Aid Recovery*. Baltimore. Johns Hopkins. 1992.

Stress and Heart Health Bibliography

- Benson, Herbert. *Your Maximum Mind*. New York. Random House, 1987.
- Borysenko, Joan. *Minding the Body, Mending the Mind*. Reading. Addison-Wesley. 1987.
- Burns, David. *The Feeling Good Handbook*. New York. Morrow, 1989.
- Cousins, Norman. *The Healing Heart: Antidotes to Pain and Helplessness*. New York. Norton, 1983.
- Eliot, R. *Is It Worth Dying For?* Bantam Books, 1984
- Friedman, M. and Ulmer, D. *Treating Type A Behaviour and Your Heart*. Fawcett Crest Books, 1984.
- Selye, Hans. *Stress Without Distress*. Signet Publishing Co., 1974.
- Siegel, Bernard. *Love, Medicine and Miracles*. New York. Harper Row, 1975.
- Williams, Redford. *The Trusting Heart*. Random House, 1989.
- Woolfolk, Robert and Richardson, Frank C. *Stress Sanity & Survival*. NAL Penguin, 1978.

Recommended Audiotapes

- Relax, Let Go, Relax*. Duluth. Whole Person Associates, 1982.
- Solitudes Series* of tapes available at various stores throughout the city.

Community Resource for Stress Management

- The Heart Institute, Heart Check Stress Management program. Fee for service. Call 761-4753.
- Ottawa Civic Hospital, Stress Management Clinic. Written referral from health professional required. Call 761-4581.
- Algonquin College. A variety of classes usually available. Call 727-9796.
- Family Service Centre. Individual counselling only. Call 715-3601.
- Community Information Centre has a li of counsellors who provide individual instruction. Call 241-4636.
- Community Health Centres programs vary from Centre to Centre. See the Yellow Pages under Social Service Organizations listed by area: for example, Centretown, Nepean, Sandy Hill.
- Family Physicians. Your family doctor can provide a referral to an appropriate resource.
- Ottawa Academy of Psychology referral and information service. Call 235-2529.
- Yoga, Tai Chi, and Meditation classes available in high schools at night and/or on weekends.





Physical Activity Bibliography

American College of Sports Medicine. *ACSM Fitness Book*. Champaign, Illinois; Leisure Press, 1992.

American Heart Association. *The Healthy Heart Walking Book*. New York; MacMillan, 1995.

Anderson, Bob. *Stretching for everyday fitness and for running, tennis, racketball, cycling, swimming, golf, and other sports*. Bolinas, California; Shelter Publications, Inc., 1980.

James. *The Exercise Habit*. Champaign, Illinois; Leisure Press, 1992.

Community Nutrition Resources

Canadian Diabetes Association
355 Bank Street, #403
Ottawa, ON K1H 8K7
1902

Heart & Stroke Foundation of Ontario
733-9664

•Ottawa District Chapter #303 - 1729 Bank Street, 733-2096
•Nepean - Kanata Chapter 1547
Rivale Rd., Nepean, 727-5060
•Ottawa-Carleton Chapter
Ottawa-Cumberland Chapter
1577 C St. Joseph Blvd, Orleans,
837-0204

Ottawa-Carleton Regional Health Unit
'The Heart Beat Restaurant Program'
722-2328

University of Ottawa Heart Institute
Prevention and Rehabilitation Centre
1053 Carling Avenue, Ottawa
761-4686

Ottawa Vegetarian Society
521-0443

Vegetarian Dining Club
729-7282

Weight Control

Hugs for Better Health
Nutrition Consultants Ottawa Ltd.
Contact: Julie Chadwick
324-5685

Weight Watchers
329 Churchill Avenue N., Ottawa
725-1200

University of Ottawa Heart Institute Prevention and Rehabilitation Centre Recommended Cookbook List

For Goodness' Sake: An Eating Well Guide to Creative Low-Fat Cooking
Blonder, T. (1990). Firefly Books Ltd.,
250 Sparks Avenue
Willowdale, ON M2H 2S4

Jane Brody's Good Food Book: Living the High Carbohydrate Way, Updated
Brody, J., (1987) Bantam, Toronto, ON

Light and Healthy Cookbook: Great-Tasting Recipes for Easy, Nutritious Meals
Fraser, M., and the food writers at Canadian Living Magazine (1991), Random House/
Madison Press
40 Madison Avenue
Toronto, ON M5R 2S1

Light and Easy for Two!
Harvey, L., Chambers H. (1989)
H.C. Publications
P.O. Box 3231, Station D,
Ottawa, ON K1P 6H8

Simple, Low-Fat & Vegetarian
Havala, S. (1994)
The Vegetarian Resource Group
Baltimore, MD

Choice Menus: An Easy Guide with Recipes for Healthy Everyday Meal Planning
Hollands, M., Howard, M. (1993)
Canadian Diabetes Association
MacMillan Canada

Healthy Home Cooking, Canadian Home Economics Association
Howard, M., Topp, E., (1993)
MacMillan Canada

Anne Lindsay's Light Kitchen: More Easy Healthy Recipes
Lindsay, A. (1994)
MacMillan, Canada

Lighthearted Everyday Cooking, Heart & Stroke Foundation of Canada
Lindsay, A. (1991)
MacMillan, Canada

The Lighthearted Cookbook: Recipes for Healthy Heart Cooking, Heart & Stroke Foundation of Canada
(en français: *Votre Coeur, Votre Santé*)
Lindsay, A. (1988)
Key Porter Press, Toronto, ON

Becoming Vegetarian: The Complete Guide to Adopting a Healthy Vegetarian Diet
Malina, V., Davis, B., Harrison, V. (1994)
MacMillan Canada, Toronto, ON

Eat More, Weigh Less
Ornish, D. (1993)
Harper Collins Publishers Inc
New York, NY

Eat Well, Live Well: The Canadian Diabetic Association's Guide to Healthy Eating
MacDonald, H., & Howard, M. (1990)
MacMillan Canada, Toronto, ON

The New Laurel's Kitchen
Robertson, L., Flingers, C., &
Ruppenthal, B. (1986)
Ten Speed Press, Berkeley, CA, USA

American Heart Association Low-Salt Cookbook: A complete guide to reducing sodium and fat in the diet
Starke, R., & Winston, M. (1990)
Random House of Canada, Toronto, ON

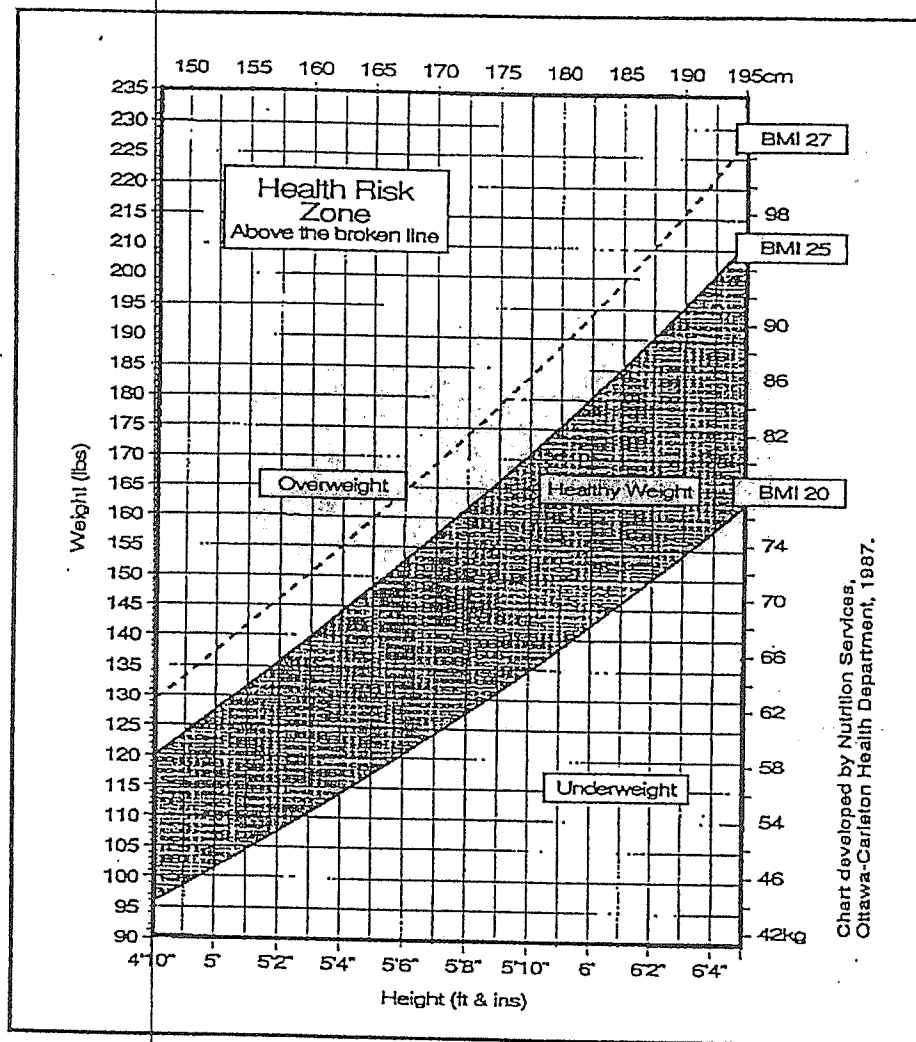
Simply Heart Smart Cooking
Stern, B. (1994)
Published in cooperation with the Heart & Stroke Foundation of Canada
Random House of Canada, Toronto, ON

Eating on the Run
Tribone, E. (1992)
Leisure Press Campaign, Illinois, USA

Heart Smart Cooking on a Shoestring
Watson, J. (1991)
MacMillan of Canada, Toronto, ON



Rate Your Weight



MAKING SENSE OF YOUR BMI*

BMI LESS THAN 20

A BMI of less than 20 may indicate you are underweight. Being underweight is not healthy and can put you at risk for certain health problems. Additional weight loss or struggling to keep your weight at this level would make the problem worse. If, however, this is your natural weight, don't worry; this is a healthy weight for you.

BMI 20-25

Congratulations, you are at a healthy weight already. Keep up the good work through healthy eating and regular physical activity.

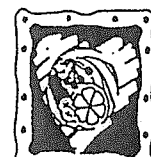
BMI 25-27

It's time to sit up and take note. You're not really overweight but it seems that unless you are an athletic or muscular person, you might be headed in that direction. You'll benefit from healthy eating and more physical activity.

BMI OVER 27

Your weight is high enough to be unhealthy. The more over 27 it is, the greater the health risk for you. Weight loss under medical supervision is recommended.

* From *Lighthearted Everyday Cooking*, by A.Lindsay



YOUR HEART

The heart is a strong hollow muscle which acts as a pump. Its job is to pump blood rich in oxygen and nutrients through arteries and veins to all parts of your body. The heart is divided into the right and left sides.

The right side of the heart receives blood from all parts of the body and pumps it to the lungs. The left side receives the oxygen-rich blood from the lungs and then pumps it back to the body. The oxygen in your blood keeps your body working.

