



Heart & Soul

Welcome to Heart & Soul, a newsletter for the cardiac patient. We on the surgical team at University Hospital have created a newsletter, accompanied by a website (<http://www.upstate.edu/heartandsoul>) that will provide you with information on open heart surgery, nutrition, exercise, and stress management. The surgical team provides comprehensive cardiac surgical care including cutting edge techniques such as minimally invasive surgery with a mini-chest incision and "off-pump" coronary artery bypass surgery, which results in a faster return to full activity. We were the first in Central New York to use the daVinci Robot, which provides increased visualization and instrument dexterity, for small incision coronary bypass and mitral valve repair. We also offer treatments for advanced heart failure and endovascular aneurysms. Our mission is to improve your quality of life.

To Your Health,
Gregory Fink, MD, FACS, Chief,
Division of Cardiothoracic Surgery

Linda McAleer, RN, BS, CNA,
Associate Director of Nursing

Website: <http://www.upstate.edu/heartandsoul>

Repairing Thoracic Aortic Aneurysms

Gregory Fink, MD, FACS

The aorta is the largest blood vessel in the body. It starts in the heart and runs through the chest and into the abdomen. The part of the aorta that goes through the chest is called the thoracic aorta. When a weak area of the thoracic aorta expands or bulges it is called a thoracic aortic aneurysm. Thoracic aortic aneurysms are serious because they can burst or rupture causing severe internal bleeding, which can rapidly lead to shock or death.

Researchers believe that atherosclerosis, (hardening of the arteries), causes thoracic aortic aneurysms.

Risk Factors

- Smoking,
- High blood pressure
- High cholesterol
- Obesity
- Marfan's
- Syphilis

Diagnostic Tests

- Chest X-ray
- Echocardiography
- Magnetic Resonance Imaging (MRI)
- Computed tomography Scan(CT)
- Angiography

Treatment

Treatment of thoracic aortic aneurysms has always been difficult and it was not until 1950 that a thoracic aortic aneurysm was successfully repaired.

If an aneurysm is small it will be monitored with CT or MRI every six



months. Blood pressure will also be monitored and medicated as necessary. If the aneurysm is large and causing symptoms, it must be treated immediately. Options include surgical repair or **endovascular stenting repair**. Open surgical repair requires your surgeon to make an incision in your chest to replace the weakened portion of the aorta with a fabric tube called a graft. Following the surgery you will stay in the hospital for 5-7 days. Recently, endovascular stent grafting has emerged as a technique for repairing thoracic aortic aneurysms. During this procedure, the stent graft is inserted into the blood vessel through a small incision in the groin. Using x-ray guidance the stent is threaded up the vessel to the

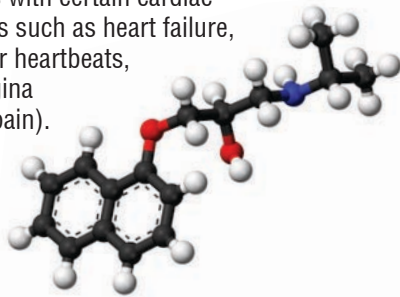
see **Thoracic...** continued on page 2

Beta-Blocker Therapy: Consistency is Key

Jason Hoch, PharmD Candidate 2008

Beta-blockers are a class of medications commonly used to treat high blood pressure in millions of people every day. Recent research however, has shown beta-blocker therapy can treat much more than high blood pressure.

It has been proven to prevent heart attacks and improve survival rates in patients with certain cardiac histories such as heart failure, irregular heartbeats, and angina (chest pain).



Commonly prescribed beta-blockers include:

- **Atenolol (Tenormin®)**
- **Carvedilol (Coreg®)**
- **Metoprolol Tartrate (Lopressor®)**
- **Metoprolol Succinate (Toprol XL®)**
- **Propranolol (Inderal®, Inderal LA®)**
- **Labetolol (Normodyne®)**

Unfortunately, side effects can occur when starting beta-blocker therapy. These can include dizziness, unusual weakness or tiredness, cold hands and feet, trouble sleeping, decreased sexual ability, depression, and shortness of breath.

These side effects can subside with time as the body adjusts to the medication. If side effects continue or become bothersome, a dosage adjustment may be required.

While diet and exercise are important,

taking beta-blocker therapy on a daily basis is vitally important to maintaining its beneficial effects. It works by slowing down the heart rate and reducing the workload on the heart. Beta-blockers often require once- or twice-daily dosing to maintain these benefits, and therefore should be taken at the same time every day. If you miss a dose, skip the missed dose and go back to your regular dosing schedule. Do not double dose. Stopping beta-blocker therapy abruptly can have negative consequences. **IT IS EXTREMELY IMPORTANT TO CONTACT YOUR DOCTOR BEFORE STOPPING BETA-BLOCKER THERAPY!** If you have any questions or concerns about your beta-blocker therapy, please contact your doctor or pharmacist.

Thoracic Aortic Aneurysm

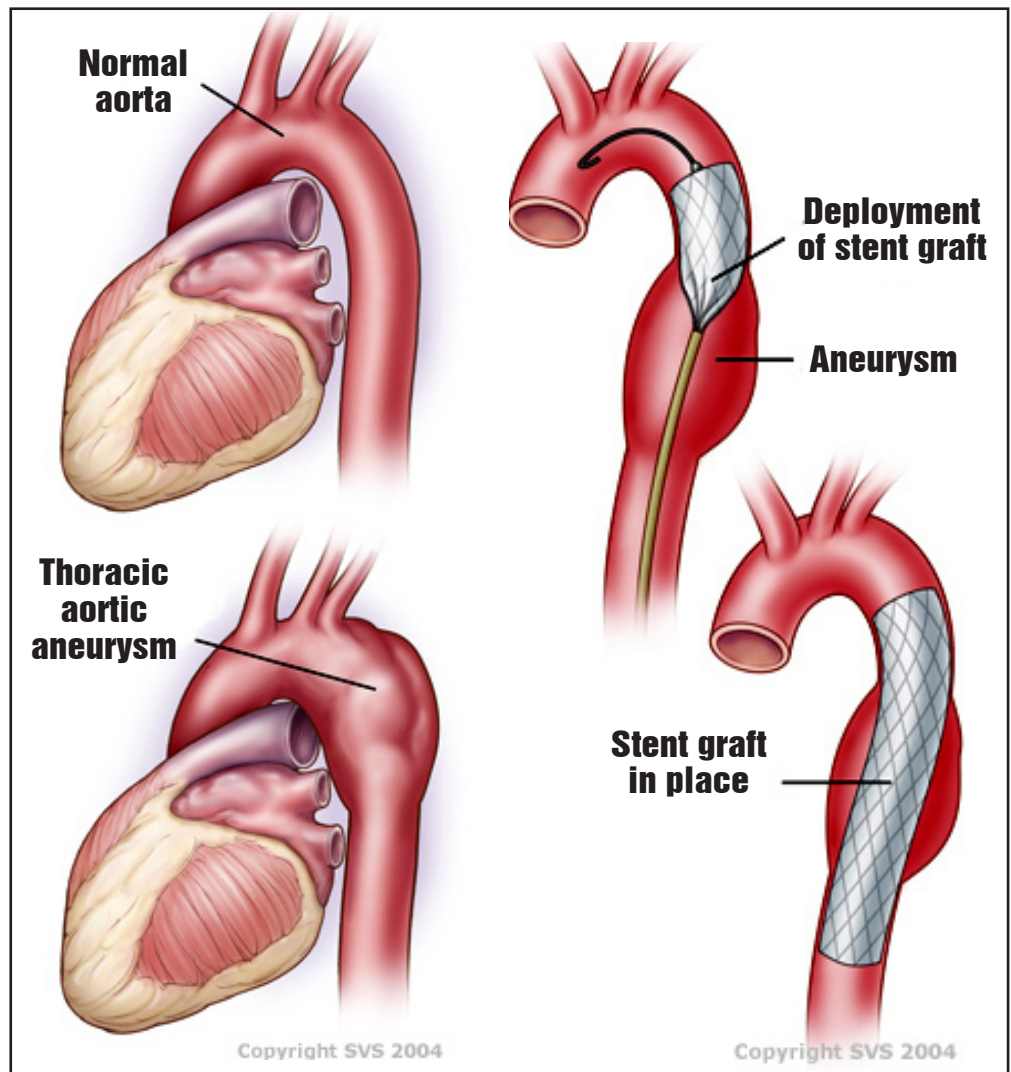
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aneurysm and expanded, sealing to the normal artery above and below the aneurysm. Once the stent graft is sealed, the aneurysm is no longer at risk for rupture.

This procedure offers a minimally invasive alternative to traditional open aneurysm repair which involves a large chest incision and a higher risk of death, blood loss and paralysis.

After endograft stent placement, patients have a short stay in the hospital and generally recover quickly with less pain.

Endograft repair of thoracic aortic aneurysms is being performed at University Hospital in collaboration with Dr. Michael Costanza, a vascular surgeon. This collaborative effort allows University Hospital to offer state of the art care and a comprehensive team approach for the treatment of aortic disease.



Good Fats, Bad Fats

Betsy Crist, MS, RDCDN
Registered Dietician

Hello everyone! As the dietitian of the group, I wanted to refresh your memory on a heart healthy topic that may sometimes seem confusing.

Not all fats are created equal when it comes to your health. **Some fats increase your blood cholesterol while others can actually help lower your cholesterol.** By replacing some of the foods in your diet that are high in saturated fat with foods that are high in unsaturated fat, you may be able to lower your LDLs (the bad cholesterol) and improve your heart health

What are Good and Bad Fats?

Saturated Fat:

Saturated fats are solid at room temperature and have been shown to increase blood levels of cholesterol. Butter, shortening, cheese, and animal fats are typically higher in saturated fat. These are often referred to as “bad” fats.

Trans Fat:

Trans fats are made when food manufacturers make a solid fat like margarine or shortening out of a liquid fat like corn oil. This process makes the fat more saturated and also creates “trans” fats. Trans fats also cause blood levels of cholesterol to increase so they are also considered “bad.” Foods that contain “partially hydrogenated” oils usually contain some trans fats.

Unsaturated Fat:

Polyunsaturated and monounsaturated fats are soft or liquid at room temperature and have been shown to decrease blood levels of cholesterol when they replace saturated fats in the diet.

Vegetable oils, tub and liquid margarine, olives, nuts, seeds, and avocados are examples of high fat foods that are mainly unsaturated. These are often referred to as “good” fats.

How Can You Get More of the Good Fats and Less of the Bad Fats?

You don’t need to completely give up foods that are high in saturated fat. Take a look at your diet and find areas where you can reduce them or replace them with unsaturated fats:

- Limit total fat by choosing lower fat milk, cheese, meats, and snack foods
- Cook with vegetable oils instead of solid fats
- Choose chicken, fish and lean beef
- Use margarine in place of butter
- Read labels and compare foods to find the lowest in saturated fats
- Choose fruits for dessert more frequently in place of sweets
- Add sliced almonds to salads
- Snack on sunflower seeds

Remember, when it comes to weight loss, fat is fat. So if you are watching your weight, be careful to add unsaturated fats only as a replacement for saturated fats. **Calorie for calorie, all fats pack the same punch!**

Enjoy this heart-smart recipe:

MEDITERRANEAN BAKED FISH

This dish is baked and flavored with a Mediterranean-style tomato, onion, and garlic sauce to make it lower in fat and salt.

- 2 tsp olive oil
- 1 large onion, sliced
- 1 can (16 oz) whole tomatoes, drained (reserve juice) and coarsely chopped
- 1 bay leaf
- 1 clove garlic, minced
- 1 c dry white wine
- 1/2 c reserved tomato juice, from canned tomatoes
- 1/4 c lemon juice
- 1/4 c orange juice
- 1 tbsp fresh grated orange peel
- 1 tsp fennel seeds, crushed
- 1/2 tsp dried oregano, crushed
- 1/2 tsp dried thyme, crushed
- 1/2 tsp dried basil, crushed
- black pepper to taste
- 1 lb fish fillets (sole, flounder, or sea perch)

1. Heat oil in large nonstick skillet. Add onion and saute over moderate heat 5 minutes or until soft.
2. Add all remaining ingredients except fish.
3. Stir well and simmer 30 minutes, uncovered.
4. Arrange fish in 10x6-inch baking dish; cover with sauce.
5. Bake, uncovered, at 375° F about 15 minutes or until fish flakes easily.

Yield: 4 servings

Serving Size: 4 oz fillet with sauce

Each serving provides:

Calories: 177

Total fat: 4 g

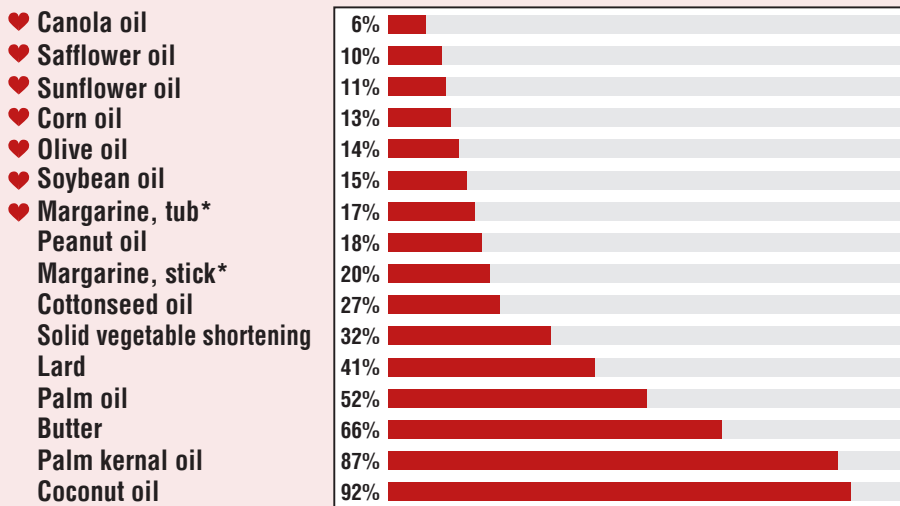
Saturated fat: 1 g

Cholesterol: 56 mg

Sodium: 281 mg

The SatFat Graph

Use this handy guide to help you choose the products with the least amount of saturated fat.



*An average of margarines listing liquid oil as the first ingredient.

Cardiac Rehabilitation

Denise Killius, RN
Director of Cardiac Rehabilitation

Cardiac Rehabilitation is a program designed to help people recover from heart disease and reduce the risk for future heart problems. People who follow a cardiac rehab program feel better, live longer, and lead a healthier life!

Heart patients who benefit include those who have had:

- A heart attack
- Coronary artery disease or other forms of heart disease
- Stable angina
- Bypass surgery, coronary angioplasty, stent placement
- Valve replacement or repair
- A heart transplant

The Cardiac Rehab program at University Hospital focuses on exercise, education, counseling and behavior change. Exercise is personalized to each patient's specific need and is prescribed to help build strength, flexibility, and endurance.

Education focuses on managing heart disease, meeting dietary goals, understanding self management and following a treatment plan.

Counseling identifies high risk behaviors.

Behavior-change skills are taught on how to

adopt low risk healthy behaviors. Other lifestyle changes can include quitting smoking, reducing stress, controlling weight, and lowering blood pressure and cholesterol.

Benefits of Cardiac Rehab

- Improved exercise tolerance
- Improved functional status
- Improvement in symptoms of angina
- Decreased symptoms of heart failure
- Lower cholesterol levels
- Decrease in cigarette smoking
- Improved self image
- Reduction in pre-mature mortality
- Weight loss

The Three Phases of Cardiac Rehab

Phase I: Inpatient

This program is started when a heart disease patient is in the hospital and begins with light exercise education and counseling.

Phase II: Outpatient

This phase is a supervised, monitored exercise program including education of risk factors and an individualized supervised exercise program three days a week for approximately 12 weeks. Phase II Cardiac Rehab is offered at University Hospital at the state of the art Institute for Human Performance. This facility with nearby parking is just two blocks from the hospital. Participants need a physician's referral



Institute for Human Performance in Syracuse

(usually a cardiologist) to begin Cardiac Rehab. Most health insurance plans, including Medicare, will pay for some of the cost of Cardiac Rehab (Phase II) for patients who:

- Begin the program within 12 months after a heart attack
- Had coronary artery bypass surgery
- Have chronic stable angina
- Had heart repair or replacement
- Had coronary angioplasty or coronary stenting
- Had a heart or lung transplant

Phase III: Maintenance

Phase III is also offered at University Hospital's Institute for Human Performance. Phase III is outpatient cardiac rehab following completion of Phase II.

This program is designed to promote maintenance of physical activity and risk-factor modification for graduates of the monitored exercise program.

For more information contact Denise Killius RN, Nurse Coordinator, Cardiac Rehabilitation Program (315) 464-8369.

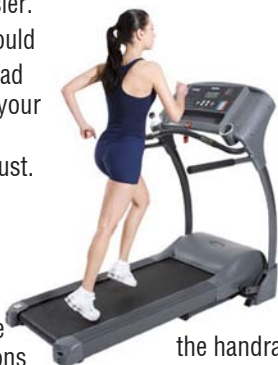
Aerobic Exercise Equipment: What's Right for You?

Erin Pieklik, PT, MPT
Physical Therapist

You are determined to exercise, and you decide to purchase a piece of exercise equipment for home. But, what should you buy? A treadmill, stationary bike, ski machine, elliptical trainer? Here is some information that might make selecting the right piece of equipment a little easier.

- First and foremost, exercise should be fun and enjoyable. If you dread exercising, you'll probably find your exercise equipment posing as a clothes rack or just collecting dust.
- Make sure to measure the space you have available for the equipment.

You don't want to end up with a piece of equipment that is too large and doesn't fit. Check the dimensions



before purchasing it.

- Try out similar equipment that a friend or family member owns to see if you find it enjoyable.
- Try the equipment out in the store. Make sure you play with all of the control buttons. Can you easily see the display and reach the controls?

Now some tips on each piece of equipment to help to narrow down your decision.

Treadmill

- A good option if you are at a lower conditioning level.
- Take note of how slow the treadmill is capable of going. You are more likely to use a lower speed than the maximum speed.
- Make sure the belt of the treadmill is wide enough and long enough for a comfortable stride.
- If you plan on holding onto the handrails for support, make sure you can reach them comfortably.

Stationary Bike

- Try out the seat for comfort.
- Note the sturdiness of the bike.
- A recumbent bike may be more comfortable. It allows you to recline.

Ski Machine

- Allows you to exercise with your arms and legs.
- Durable ones will be costly.

Elliptical Trainers

- This machine simulates the body's natural movements.
- Allows you to exercise with your arms and legs. Some models give the option of moveable and/or stationary arm handles.
- Reduces the impact on your joints because the footplates move around an axis in an elliptical pattern.
- Durable ones can be costly.

Always consult your physician before beginning any exercise program. Good luck with your quest, and enjoy!

Surgery Update for Referring Physicians

Robotic Cardiac Surgery at Upstate

The daVinci surgical system, or daVinci robot as it is commonly called, is a \$1.5 million complex device that allows a variety of complex surgeries to be performed through small incisions. The daVinci robot facilitates this by greatly enhancing the surgeon's visualization and instrument dexterity. Controlled remotely, the robot, in essence, places the surgeon's eyes and hands at the surgical field. The surgeon sits at a console separate from the patient and views a 3D image of the surgical field while controlling instruments that mimic the complex motions of the human hand. The surgeon's technique is actually enhanced by the daVinci robot's ability to scale motion and filter any tremor, thereby allowing very precise movements. The daVinci robot never functions independently; it is completely controlled by the surgeon.

The cardiac surgery team at Upstate was the first in Central New York to use the device in 2004 and is currently a regional leader in robotic cardiac surgery. Given the complexity of robotic surgery an experienced team is a requirement. While the daVinci robot is a state of the art, high-tech device, the success of robotic surgery is very much dependent on the

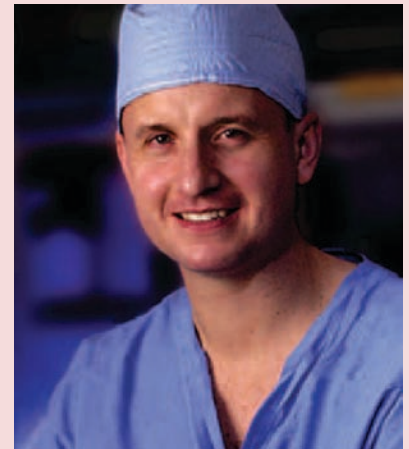
people operating the device. Upstate's robotic cardiac surgery team consists of the cardiac surgeon, physician's assistants and nurse practitioners, perfusionists, anesthesiologists, operating room nurses and surgical techs, and intensive care unit nurses. Each is a necessary component of a successful robotic cardiac surgical procedure. The Upstate team has helped train other centers in the Northeast, including the Cleveland Clinic, as they began performing robotic cardiac surgery.

Not every patient is a candidate for robotic cardiac surgery. The device is currently used in about 10 percent of all cardiac procedures performed at Upstate, although this percentage is likely to increase in the near future. The following questions and answers should help patients and physicians understand the state of robotic surgery at Upstate.

What cardiac surgical procedures are performed with the daVinci robot at Upstate?

The following procedures are performed with the daVinci robot.

- Mitral Valve Repair
- Coronary Artery Bypass: Single vessel
- Atrial Septal Defect (ASD) Repair
- Myxoma (or tumor) removal
- Tricuspid Valve Repair
- 3-vessel CAD treatment (hybrid)



“The da Vinci system reduces the size of the surgical incision, the length of stay, postoperative pain and risk of infection,” reports Charles Lutz MD, the first University Hospital surgeon to operate with the new system.

Unfortunately, at the present time patients requiring aortic valve surgery, multiple valve procedures, or a combination of valve and coronary bypass surgery are not candidates for the robotic approach. As technology advances, however, this will certainly change.

What are the benefits of robotic surgery?

Since robotic surgery is performed through small incisions, the time to full recovery is much shorter. Conventional cardiac surgery is performed through a sternotomy (or breast bone dividing) incision, which limits the patient's activity for 2-3 months as they recover. With robotic surgery there is no broken bone to heal so most patients are fully recovered within one month. For most patients this translates into a faster return to work and other activities such as running, biking, and golf. The patient's length of time in the hospital is also shorter, averaging 3 to 4 days as opposed to 6 or 7 days with conventional cardiac surgery.

Mitral Valve Prolapse

Patients with isolated mitral valve prolapse and severe mitral regurgitation are candidates for robotic surgery..

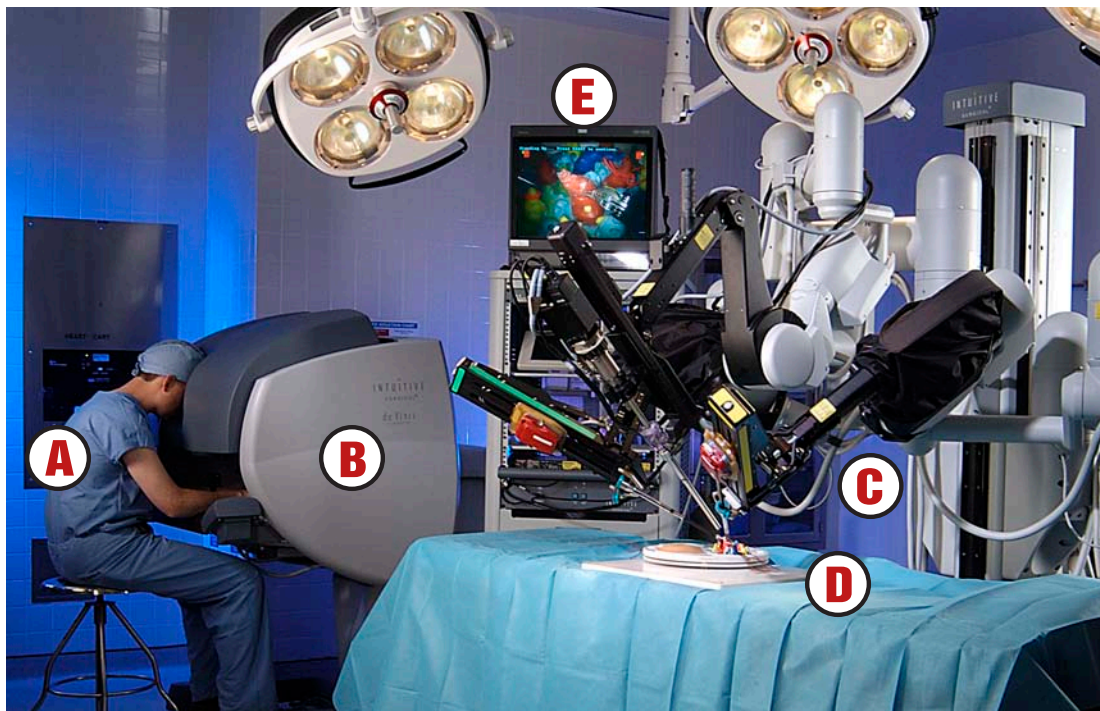
Mitral valve prolapse is a common abnormality of the mitral valve. The mitral valve separates the left atrium from the left ventricle and is a parachute like structure consisting of leaflets and chords that connect the leaflets to the ventricle. Normally when the heart contracts the leaflets of the mitral valve seal and prevent blood from leaking back to the lungs (regurgitation). In the case of severe mitral valve prolapse the leaflets don't seal and mitral regurgitation occurs. Patient's with severe mitral regurgitation are usually followed by a cardiologist and evaluated with a

test called an echocardiogram. If the mitral regurgitation is severe and the patient experiences symptoms such as shortness of breath, surgery is usually indicated.

Patients with mitral valve prolapse and severe mitral regurgitation are fortunate in that the valve can usually be repaired which is preferable compared to valve replacement.

Off-pump or Beating Heart Surgery

Patients who need a single vessel coronary bypass procedure are also candidates for the robot. Most of these surgeries are performed with the heart and lungs stopped and with the patient supported on a heart-lung machine. The heart-lung machine is also called cardiopulmonary bypass or "the pump." The invention of the heart-lung machine made modern cardiac surgery possible but in certain patients it's associated with increased complications such as stroke, lung and kidney failure, as well as bleeding. With advances in technology coronary artery bypass surgery today can be performed without the heart-lung machine. This is called off-pump or beating heart surgery. At Upstate, more than 50% of all coronary bypass procedures are performed using this technique.



Patients with single vessel coronary artery disease involving the left anterior descending (LAD) coronary artery are candidates for a robotic coronary bypass procedure. This procedure is also called a robotic-assisted minimally invasive direct coronary artery bypass (MIDCAB) procedure.

For patients with **3-vessel coronary artery disease** who want a minimally invasive approach, a hybrid approach is available and is becoming more popular. This approach involves the cardiac surgeon and cardiologist working as a team to treat the patient's coronary artery disease in the most minimally invasive way possible. The cardiac surgeon performs a robotic-assisted single-vessel coronary bypass and the cardiologist places a stent to treat the disease in the other coronary arteries. **This procedure is currently performed at Upstate.**

FYI: Other robotic procedures performed at Upstate

Upstate Medical/University Hospital urologists perform robotic-assisted prostatectomy for prostate cancer and gynecologists perform robotic-assisted hysterectomy for uterine cancer.

- A** The surgeon, who works at a console several feet from the patient, views the highresolution, 3-D surgical field on the console screen.
- B** With hands and wrists naturally positioned, the surgeon manipulates instrument controls positioned below the display screen.
- C** InSite® vision software seamlessly transmits the surgeon's hand, wrist and finger movements to the ultra-sensitive EndoWrist® instruments positioned inside the robotic arms.
- D** Through 1-CM ports, the instruments immediately execute the commands. Each instrument has a specific mission – such as clamping, suturing or severing – and is designed with seven degrees of motion to precisely mimic the surgeon's dexterity.
- E** The InSite Vision System – also visible on the surgeon's display – enhances, refines and optimizes 3-D images of the operative field.

The Role of the Social Worker

Jennifer Kite, CSW

The social workers at University Hospital are master's prepared (MSW), state certified and licensed. Social workers are consulted on a wide variety of psycho-social issues relevant to our patients and families.

University Hospital social workers assist with:

- Facility placements for nursing homes or rehabilitation
- Crisis intervention
- Locating supportive housing
- Finances/Insurance issues
- Conflict resolution
- Decision-making regarding health care proxies and advance directives
- Adjustment to illness and non-adherence to treatment
- Family distress and conflict resolution
- Coping with loss, end of life issues, including hospice, death, bereavement
- Advocacy to obtain community resources
- Stress management

University Hospital social workers work with the cardiovascular case manager, nurses, physicians and support staff to achieve the best outcomes for patients and their families.

For more information contact us at (315) 464-6161.

Case Management

Tanya Hicks, MS, RN
Case Manager

All case managers at University Hospital are baccalaureate or master's prepared RNs with at least 5 years of acute care clinical experience.

It is our role to guide you and your family toward common goals of shortened length of stay, decreased resources and increased satisfaction. University Hospital was the first hospital in the greater Syracuse area to institute case management. The case manager works hard to make sure you get the education and care that meets your specific needs before you come to the hospital, during your stay, and post-discharge.

Case managers constantly survey the care given in the hospital and ask the questions: Can we do it better? Can we do it more efficiently without compromising the quality of our care? For example, we used to keep patients in the hospital two weeks after open heart surgery. The cost to the patients was very high and so were infection rates, so we looked to improve services. Patients now go home in 4-5 days. Research

shows that people recover mentally and physically better and faster at home. About 97 percent of patients surveyed felt comfortable going home 4-5 days after surgery, especially when they knew the social worker had made arrangements for visiting nurses to look after them at home.

Our inpatient cardiovascular case managers provide the following services:

- Screening of all admissions for high risk and complex discharge issues.
- Discharge planning for patients needing home care and rehabilitation services
- Consultation with nursing staff regarding patient education
- Consultation with nursing staff regarding the prevention of complications
- Data collection and participation in quality improvement activities
- Coordination and development of critical pathways (a plan for your hospital stay)

If you or anyone you know is expected to have open heart surgery and has questions, please do not hesitate to contact me at (315) 464-6161.

Mending Hearts

Julie Glaza, RN, BSN

Open Heart Intensive Care



Why did I become a nurse?

It probably won't surprise anyone that it was difficult to pinpoint one specific reason. After twenty years of being a professional nurse I am now able to share my motivation and what attributes I bring to nursing.

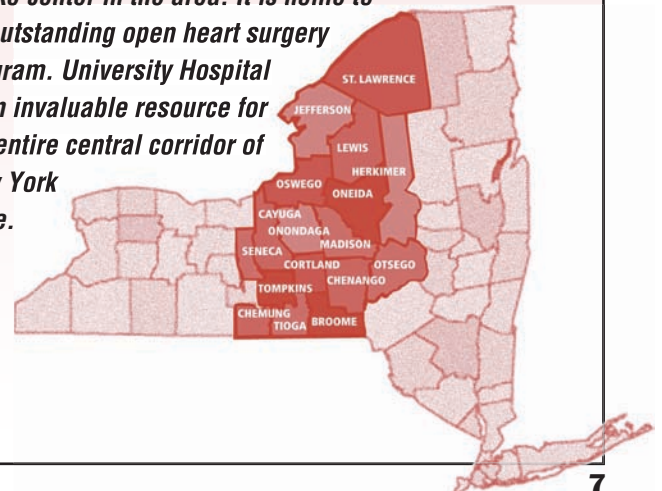
I work as a nurse in the Open Heart Intensive Care Unit at University Hospital

in Syracuse. The initial post op period is extremely challenging both medically and technically. Although this is an important aspect of my job, the real rewards come from helping the patients and their families through the recovery period. I believe I can provide the guidance and comfort to help them through this difficult time. I along with my colleagues provide a comfort level that allows questions, concerns, and teaching to take place. We pride ourselves in the attention to detail in everything from the patients blood pressure to that extra piece of toast in the morning. I remain in nursing because I have a role in my patient's recovery. I remain in nursing because I change patient's lives in a positive way. I remain in nursing because I make a difference. Technical expertise is what you can expect from my colleagues and me at University Hospital but it is the attention to detail that sets us apart.

DID YOU KNOW?

SUNY Upstate Medical University is Onondaga County's largest employer with approximately 7000 employees.

It is one of only 125 academic medical centers in the country and the only one in central New York. Its hospital, University Hospital, is the region's only Level 1 Trauma Center as well as the first NYS-dedicated stroke center in the area. It is home to an outstanding open heart surgery program. University Hospital is an invaluable resource for the entire central corridor of New York state.



Heartfelt

On November 29th, 2007, I had emergency open heart surgery at Upstate Medical Center. I am so grateful for my physicians. They were so professional, caring and always listened intently. They consulted with their colleagues and each other when my perplexing symptoms did not fit the normal medical textbook. Dr. Barbara Clayton, Dr. Matthew Gorman, Dr. Charles Lutz and Dr. Joseph Battaglia are truly "saints" here on Earth.

I would also like to commend the nurses and staff on the Cardiopulmonary Intensive Care Unit at Upstate. I have never received such wonderful care in my life. The staff on that unit are a great inspiration to our medical and nursing professions. Everyone of you contributed to my daily progress, and sometimes it was only with a gentle touch or smile. I can never thank you enough for giving me such wonderful care, and attending to my family's and friends' needs during such a very difficult time.

Last, I would like to thank my family, my NP, and RN friends, and everyone who has been there to help me recover. Dr. Clayton, Dr. Gorman, Dr. Lutz and Dr. Battaglia, I would like to publicly thank all of you for the greatest gift. I wish you and all your family safe and happy and the healthiest 2008! You are so wonderful!

Kathy Mulcahy

Former Patient of the Open Heart

Intensive Care Unit at University Hospital



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University Hospital Heart Volunteers

Who are we? What do we do? We are the volunteers who sport the zippered heart patch on our volunteer jackets and share the distinction of having recovered from open heart surgery. We are now enjoying post-surgery life. Many patients come to the hospital laden with anxieties and trepidations. In fact some are so frightened that they have strong second thoughts; some patients consider going home and scrubbing the surgery. We meet our patients in the Admissions area or at the Pre-Testing facility. In either case, we introduce ourselves as open heart veterans. We escort the patients and families to the testing locations, e.g., x-ray, EKG, lab, etc., prior to surgery. It's a time when we can get acquainted and hopefully allay some anxieties and get patients thinking positively about the experience. Visiting the family during the day of surgery is important to us and to them. It's a time for support and reassurance. We advise them when they can expect phone calls telling them about the progress of the surgery. When patients are in Intensive Care, we visit them when they are sufficiently awake. We also inquire about their condition so that we can share our conversations with family and other visitors. Finally, we visit patients after they leave the Intensive Care Unit. This is the time when we can talk and perhaps compare notes: food, appetite, walking, pain- How will I feel when I get home? How long before I can drive?-and many more concerns and questions. It is a time to support whatever patient education is taking place. It is our hope as Heart Volunteers to make the surgery a positive experience. For further information call The Heart Volunteers at 464-5180.



University Hospital Heart Volunteers from front left: Mary Andriello, Herb Isaacs Marcia Hannett, Morris Groskin, Carm Spadaro, Ginny Haynes, Joan Scholl, Joe Cunningham and John Henderson



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