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HEART AND STROKE FOUNDATION OF ONTARIO

Iroquois resident was very unsuspecting of her heart trouble

by Sandra Lee Johnston
Chieftain Staff Reporter

"I was shocked!" says Maple Avenue resident Leona McIntosh, "I never suspected anything like heart trouble. I was never short of breath, there was nothing bothering me, I was always busy and just carried on."

Preparing for a trip to Tennessee with her husband Ron, in the spring of 2000, when a bubble, she says felt like indigestion of sorts high on her left side near her ribcage caused some concern, she took appropriate action. Always one to wane on the side of caution, she called her Doctor and was seen that very afternoon. "I was not expecting anything, but felt I should know for sure, especially since the trip was imminent." After a cardiogram, her doctor asked whether or not Ron was along with her on this visit. "When I replied in the affirmative, he suggested, after doing the second cardiogram ten minutes later that perhaps we should drive directly to Winchester Hospital. He smiled and noted that probably he was waving a red flag for no reason, but felt it best to be safe than sorry later, especially with a trip on the agenda," adds Leona as we speak in her kitchen.

"Thirty-five days later I was undergoing by-pass surgery, who'd have guessed?!"she shrugs.

Explaining how after 10 days in the ICU (Intensive Care Unit) at Winchester, she went on to the Heart Institute in Ottawa...she adds that then the waiting began. "I waited, and waited and waited."

Three weeks after Dr.Keon had checked things out and Dr. Beanlands announced that tests showed an angiogram would not help my situation. "I had four blockages, two in the same artery. One was completely blocked two were 80% blocked and one was 90% blocked!" A visit from Dr. Keon in the fourth week suggested that things were going to start moving immediately and they did.

"I can't recall anything the day of the operation, they must have given me some kind of sedative, for the day was a total loss for me. The May, 2000 operation took 5 hours according to reports I received afterwards, but the next thing I recall after speaking to Dr. Keon was the nurses asking me if I would like to get up and walk...there was nothing I would have rather NOT done right then, but I was up and moving and even though the leg where the vein had been used to repair the arteries did not seem able to hold me, I walked!"

Leona continues with how her recovery progressed. She has nothing but praise for the hospital staff, "The care I received at the Heart Institute was excellent, I have to say they were wonderful. The pre-op fifth floor people were great!" She tells how during the long wait prior to her operation when she felt there was really nothing wrong with her and while she wanted so badly to be on a trip to the USA, she did see other local folks in the hospital: "Earl Baker, Sally Black and Dan Bilmer were there and we heard that Sandra Beckstead was coming, although I never did see her. Each time a bed became available we wondered if she would be in it the next day!"

Perhaps the most prominent thing she recalls is that there was no doom and gloom at all in the hospital, "Everyone was very, very happy, very upbeat all the time, and that certainly helps when you are a patient. How they do it is beyond me, but I was grateful indeed."

A short five days after her operation she was up and ready to go home. "They sure don't let you lie around! I was walking to the door of my room the second day, with help of course, but the third day I was under my own steam and would have been home the fourth day except they discovered that my heart was going too fast and so I was forced to stay another day so they could regulate my medications."

When asked about pain, she notes her chest, even though they opened the entire sternum and ribcage up, she says the metal they left in there (the closures) do not bother her. "The worst part has been the leg where the vein came out of, it has been most troublesome for me. My chest was sore of course, but right now I have no problems at all with any pain."

Always a very active volunteer in her community, Leona is well known for her tireless efforts in a variety of areas. Her kitchen table was always ready to serve a cuppa tea and she was most usually ready for a visit if you dropped by and were lucky enough to find her home. Now the finding part is easier!

Although her family history did not look great, especially since she lost a brother when he was only 44 years of age due to a heart attack and her mother had experienced high blood pressure and high cholesterol levels, it never occurred to her that she too might be at risk for heart trouble.

"I have since learned that women are prone to what are

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Enjoying Life to the fullest

Leona McIntosh likes to knit. After enduring open heart surgery she was not sure she would be able to knit again, but she beat the odds and the sound of knitting needles as they click can be heard throughout her Maple Avenue home again.

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Darts for Hearts hits the bull's eye

Margaret Reynolds, left, President of the Dundas County Chapter of the Heart and Stroke Foundation receives a cheque for $791.50 from Darlene Riddell, President of the Iroquois Legion. The money was raised from the Legion's Darts for Hearts tournament on Saturday, Feb. 12. "We appreciate their efforts very much," Reynolds said. A big thank-you goes out from the Legion to all those volunteers who made the day possible.

Message from the President of the Dundas County Chapter of the Heart & Stroke Foundation 2001

Dear Friends of Heart and Stroke,

February-Heart Month-when brave-hearted volunteers are canvassing door-to-door for the Heart and Stroke Foundation of Ontario; in fact approximately 39,000 volunteers are travelling throughout communities across Ontario. What a great organizational feat and dedicated commitment by volunteers raising funds for research and health promotion in an effort to reduce risk of premature death and disability from heart disease and stroke.

And so important to us too are the generous donors who support our February campaign and other fundraising activities throughout the year. Jump Rope for Heart, Hoops for Heart, Big Bike of Stroke, the Mother-Daughter Walk and the lotteries have realized outstanding gains over the past few years.

The Foundation, in an effort to retain the best minds in cardiovascular research, has expensed in 1999, $29.8 million for life saving research and research projects. Isn't that encouraging for those of you suffering from any disability connected with heart disease or stroke?

Thank you, volunteers and donors from Dundas County Chapter of the Heart and Stroke Foundation of Ontario for your support over the years. Good heart health to one and all.

Margaret Reynolds,
President, Dundas County Chapter.

How to spot a Heart & Stroke Canvasser

The Heart and Stroke Foundation has taken steps to ensure easy recognition of their volunteer canvassers during February, Heart Month. Look for the familiar red and white Foundation logo button pinned to the volunteer canvasser. The logo is also prominently displayed on materials in the information kit distributed by the Foundation volunteer. As well, the logo appears again on your receipt should you make a donation.

"This is the third year of this canvasser identification program. It is working wonders in taking the guess work out of the door-to-door giving," says Mike Thompson.

Last year during Heart Month, the Foundation's volunteer ranks swelled to over 40,000 people. "We need to try and cover almost every community in the province,"adds Thompson. "Only with such dedicated volunteers can this life-saving campaign reach its goal."

Last year, these volunteers raised $4.7 million in donations. The goal this year is to match that total.

If you miss the visit by the Heart and Stroke Foundation canvasser, you will find materials they have left for you, including a donation envelope with information on heart disease and stroke, again all with the familiar Foundation logo.

For further information, please contact, Mike Thompson at 543-4225.

Heart problems can happen to anyone and at anytime

Sandy Bierworth
Record Editor

When Bruce Casselman woke up at 3:30 a.m. last October 23 with chest discomfort, he thought it just indigestion. He got up and took his heartburn medication with a glass of milk.

Then, he went downstairs for a smoke.

As soon as he lit up, the tightening in his chest worsened, and he knew it was something much more serious. His meds usually work within about five minutes, but they had done nothing to help him feel better. So he got dressed, grabbed his cell phone and drove himself to Winchester District Memorial Hospital, where doctors hooked him up to a cardiogram and confirmed that he was having a heart attack.

The news came as a shock to the Chesterville resident. Two days earlier, he'd had to leave his work at the Shorewood Packaging company in Brockville early to go to the Brockville Hospital because of chest pains. But the cardiogram showed nothing wrong, so he'd been convinced it was just indigestion problems.

After resting that afternoon, he'd felt back to normal. The day before his heart attack, he'd raked leaves in the yard, played games with his four-year-old son, Nicholas, and helped paint the bathroom at the Chesterville Fire Hall, where he has volunteered as a firefighter for the past 10 years.

The staff at WDMH kept him drugged so he wouldn't feel any pain, as it increases stress on the heart.

The call to Casselman's wife, Paulette, came at 5 a.m. When Bruce had left two hours earlier, she thought maybe her husband had pulled a muscle while raking leaves that day, or that he was suffering bad indigestion.

"I was shocked," she said of hearing that Bruce had suffered a heart attack. "I couldn't believe it."

She and Nicholas arrived at the hospital around 10 a.m., just in time to see Bruce being put into an ambulance to be taken to the University of Ottawa Heart Institute.

There, the 37-year-old underwent a series of x-rays and tests, few of which he recalls because of the pain killers.

It was discovered that an artery at the bottom, right-hand side of his heart had become blocked with plaque build-up. To restore the flow of blood to that part of his heart, a guiding catheter was inserted into the femoral artery, accessed through an incision on the inside of the upper high.



Heart attack survivor

Chesterville's Bruce Casselman, pictured here with his four-year-old son, Nicholas, suffered a heart attack last October. He has since given up smoking and begun a regular exercise program.

The catheter, a long, flexible tube, was guided through the aorta to where the coronary arteries branch off to the heart.

Once the catheter had reached the blockage, a small balloon on the catheter was inflated, compressing the plaque build-up against the artery wall. Mounted on the outside of the balloon catheter was a stent, which is a small, latticed, metal scaffold. When the balloon is inflated, the stent expands until it fits the inner wall of the vessel, conforming to the contours. The catheter is then deflated and removed from the artery and the stent stays in place permanently.

"Everything went so quickly," Casselman said. "I was in more pain two days earlier in Brockville than I was in Winchester and Ottawa."

And though the heart attack came as a shock, heart problems are not uncommon to the Casselman family. Four out of six people in Casselman's immediate family have suffered heart problems, including both his parents, himself and an older brother. His other older brother and sister have so far escaped heart problems.

Before this incident, Casselman led a lifestyle similar to many: Little exercise, a lot of fatty foods, and he had smoked for 22 years.

But that cigarette he lit during his heart attack was his last. The years of greasy take-out and fatty treats are gone. He walks about four-and-a-half kilometres every day, and tries to eat better.

Such dramatic lifestyle changes don't come easy, but Casselman said he realizes the implications of not following a healthier regime.

"Part of the reason I gave up smoking was for Nicholas. I want to see him grow up. You know that commercial on TV where this little boy is sitting on the bed talking about his father, who died from smoking, and how much he misses him? That could really easily be Nicholas. I don't want that."

Casselman says he doesn't regret the choices he's made in the past that added to his risk of heart disease. And while he understands the implications of leading an unhealthy lifestyle, he says he isn't going to urge others not to follow the same path.

"People should realize that if you don't feel good, you should do something to change it. How you live is a choice each person makes, and they have to face the consequences themselves. Everybody knows what smoking will do to you. Everybody knows that they should try to eat right and everybody knows how good regular exercise is for you. I don't want to preach to other people how they should live."



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One message to preach:
Take advantage of annual physicals

by Chris Zabel
Press staff

"I'm here to tell you I'm pretty damn glad they're there," said Dave Black of people in the medical profession. It's only four months since his wife found him on the floor with what turned out to be almost complete blockages of both main arteries of his heart.

And now, asked how he feels on a scale of zero to 100, he'll unhesitatingly say that the correct number would have to be 110.

"I am SO thankful for the wonderful health system in the province of Ontario," said Black. "You're looking at a statistic, one that could have gone either way. I'm so happy to be here it's not even funny."

Black, 53, was taken by air ambulance from his home in South Mountain to the Heart Institute in Ottawa on Sept. 26, and underwent triple bypass surgery the next day. Since then, with one brief return to the hospital to have fluid drained from around his heart, he said he has felt better every day, both physically and emotionally.

By Dec. 1, he was back to work at Weagant Farm Supplies, west of Winchester, where he is a co-owner. And life for the man, who admits many people might describe him as a little intense (maybe hyperactive), is back to normal.

"It's one of the bumps in the road and we're over it," he said. "One thing that's very important for everyone to realize is you are not a cardiac invalid. Moderation is the key to everything we do."

Black was first concerned for his health in the middle of August last year when he had high blood pressure and wasn't feeling well. His wife Barb, who is a nurse, measured his blood pressure and found that two or three times a day it was spiking to around 260.

During the spikes, Black said he would feel cold, clammy and drained of energy, but he wasn't too worried because after two or three minutes he'd feel fine again. Still, he was concerned. "At that point I wanted to see what was going on. When a person has blood pressure at 260, there has to be a reason."

At Winchester District Memorial Hospital, Black was given a standard stress test by Dr. Henry Prins. Although Prins didn't think the spikes had anything to do with Black's heart, the test was administered to be on the safe side.

The results were inconclusive: not perfect, but not really bad either.

The next step was an appointment at the Ottawa Heart Institute for another stress test. This time, instead of raising his heart rate on a treadmill, Black was given an injection with chemicals to artificially load his heart.

"I'm telling you. It's neat how they do it, if you're not scared," he said.

This first trip to the Heart Institute was on Sept. 13 and Black passed the tests he was given with flying colors. Another possibility was that the blood pressure increases were due to a benign glandular tumor, but tests ruled that out as well. "I was told to go back and resume my life. I figured that they're the experts, but I was playing it pretty easy," he said.

He continued going to work. "I thought something was wrong, but it was more difficult to sit at home and do nothing." Less severe blood pressure spikes continued and he was on medication.

Then, at 9 am on Tues., Sept. 26, Black dimly remembers Barb finding him collapsed in the bedroom where he was having trouble breathing and was experiencing heart arrhythmia.

"She called 911 and the response was remarkable," said Black. When he heard the beeping of the ambulance backing into the driveway, he could also hear the air ambulance overhead. He was groggy as he was loaded into the land ambulance, and then taken to the South Mountain Fair Grounds where he was taken aboard the helicopter.

When travelling by air ambulance, the trip to the Heart Institute in Ottawa only takes 11 minutes, Black learned later. He was taken in immediately and can remember being conscious to answer questions for the medical staff.

Doctors suspected blocked arteries were causing the trouble and the next day Black was taken for surgery. Then, when he was in the operating room being lifted onto the table, his heart stopped for eight minutes. Doctors later found that the right main artery was completely blocked and the left main artery was 90 per cent blocked.

It's likely that when Black's body contorted as he was lifted, the 10 per cent still open in the left artery was pinched closed. Thankful for small favors, Black said he's aware that if he had to have what amounted to a heart attack, the operating room at the Heart Institute was probably the very best place to have it.

Doctors found four blockages which they got around with three bypasses with veins taken from Black's right leg. He spent the following week in the Intensive Cardiac Care (ICC) unit where there is one nurse assigned to each patient. Most of what he can remember is a drug-induced haze. On the eighth day, doctors allowed him to regain consciousness and it appeared he was fine.

After already having a week to recuperate, the healing process was well under way by the time Black was moved to the main floor. After a total of 13 days at the Heart Institute, he was back home.

"And life starts again." At first, Black found he didn't have much appetite, and had to force himself to eat anyway. He also had to get used to carrying a Teddy, a pillow used to protect his chest as his breastbone healed back together.

While heart patients are healing, they aren't allowed to put any weight on their chests. Normally when a person gets up from a chair or bed, they use their arms, which transfers pressure across the chest. Heart patients are told to fold their arms across their chests when standing, to ensure that they stand up using only their legs. Having a bear to hug to their chests serves as a reminder to use their legs.

Every day was an improvement until after about two weeks when he had breathing problems. "I went to the emergency department at WDMH. The staff there is expert, fast, wonderful, any word you can find," said Black of the attention he received. He rode by land ambulance back to the Heart Institute where it was found that fluid collecting around his heart was causing the trouble.

A tube was inserted into Black's chest cavity. "It's uncomfortable to have fluid around your heart, but it's very uncomfortable to have it drained," he said of the procedure, for which he was completely conscious

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Physical

Continued from page 4

throughout.

However, relief was instantaneous. The problem is actually quite routine in patients with his barrel-chested body type. He was in hospital for another four days, and has been home ever since.

Doctors have told him that any lasting effects of his heart having stopped should be negligible because it happened in the operating room. He was treated immediately, which isn't the case with most patients. "If there is any permanent damage, it's very minimal," is the diagnosis that Black was glad to hear.

More good news is that the leg the vein for the bypasses was taken from is a little numb now. That means that the primary vein in the leg was so strong that the secondary systems are not very well developed. This indicates that the vein used for the bypasses was very healthy.

Recuperation was difficult from someone unused to being around the house. "I found it quite encumbering not to be driving. (Anyone who knows me knows I like to drive). So when I saw the doctor after four weeks, the first three questions I had for him were 'Can I drive yet?'" The doctor relented.

Looking back on why all of this happened to him, Black has some ideas. He knows it's not genetic because his parents and siblings haven't had heart trouble. "It's a multitude of things. The main thing is how we live our lives in the 2001-era."

In his list of potential contributing factors, he sees diet, lack of regular exercise, chronic stress, high blood pressure and smoking. Black happened to quit smoking about three months prior to when his blood pressure began to spike.

He now uses a treadmill every day, schedule permitting, and watches about 150 calories tick off on the display. However, with the pace of a typical day at Weagant's, there never was a time when Black believes he was inactive. Wearing a calorie monitor at work, he's found that in two days he'll burn between 1,200 and 2,000 calories, far more than he'd ever work off on the treadmill.



Back to Work

David Black is back behind the counter at work and loving every minute of it. He attributes his recovery to the wonderful care he received from day one. Heart problems carried him to the Heart Institute in Ottawa, where surgery saved his life.

His operation has hardly tuned him into a vegetarian or a health-nut. Black has taken the salt shaker off the table at home, but there is so much salt in so many foods he figures that only cuts his intake by about one-fifth. He eats breakfast now, which he never did before. "I'm eating more food now than I ever did, but in small quantities, and with considerably less fat."

Black said that there is probably only one thing he can point to where he thinks he screwed up. If he'd been going in for regular physicals, there would have been enough of a change in his blood tests that his doctor would have known something was wrong.

"The only preaching I'm doing is I went two years without physicals. I am preaching that every one of us should have annual physicals," he said. "Maybe medication early on could have stopped it for me. I can't tell you to change your lifestyle, but I can tell you to use something that's free."

The other advice that Black has, and this is plain as day to anyone who talks to him, is to approach a health problem with a positive attitude. At his regular mental acceptance seminar at the Heart Institute, Black said one of the issues raised was whether people were getting tired of being asked how they're doing.

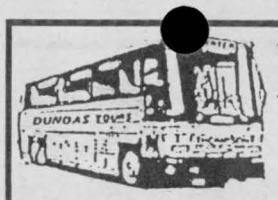
"I put my hand up and said I'm not getting tired of it. I'm just so glad people ask. "One of the things I have changed in my way of life is having more concern about people's health. You have no idea how it feels now when people ask you how you are, or when someone sends you a get well card. And the consideration of me from other people, while I was in there – there's no description. I haven't got the words to describe it."

And similarly, Black can't find the words to fully express how impressed he was with the medical treatment he received throughout the process. "We have a super, super, super health system. I can't say that enough."

Heart & Stroke Health hits the airwaves

Hosted by Dini Petty and airing on the Global CanWest Network, the Heart and Stroke Health Show will launch on Sunday, February 4, 2001 for a 26-week run. The whole world of heart and stroke will be there...physicians, patients of all ages, caregivers, family members, volunteers and researchers. It is an absorbing and fascinating series, one that opens doors to experiences, struggles and triumphs that all of us at heart and stroke have heard about but never like this...never before with the personalities up front, with the human face of heart disease and stroke unforgettably delineated.

Among the topics covered in the half-hour program are: women, heart disease and stroke, the future of research, nutrition, love and sex, heart and stroke drugs, quitting smoking and surviving the impossible. And that's just a sampling of the informative and entertaining subject matter. There are lots of tips for Canadians who want to protect themselves from heart disease and stroke. People and their loved ones who are living with these diseases will find stories of hope, courage and advice that will enhance their quality of life.



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Heart & Stroke statistics are more than just numbers

Samantha Thompson
Leader Staff

Canadians must remember Heart & Stroke statistics are more than just numbers. The stats represent real people. People with families, with obligations, with hopes and dreams. People just like you and me.

People like Jean Markell of Dundela. Jean and her family, like many thousand Canadians, live with heart disease. Some 13 years later, Jean still remembers all the details of her first heart attack as if it happened yesterday.

"On June 17, 1988, I took an evening spell. I had pain and indigestion. Overall, I was not feeling well. The doctors said it was possible that I may have taken a heart attack.

Six days later, just three hours after taking a heart stress test at the hospital, Jean felt chest discomfort. The doctors confirmed she was having a heart attack. Jean recalls, "My first thought was if I hadn't taken that stress test I would have been okay. Then my common sense kicked in, and I realized I would have had the heart attack sooner or later. It was best to be there (at the hospital) when I had it."

Jean was diagnosed with hardening of the arteries and was placed on heart medication. Looking back, Jean says she had warning symptoms before the attack.

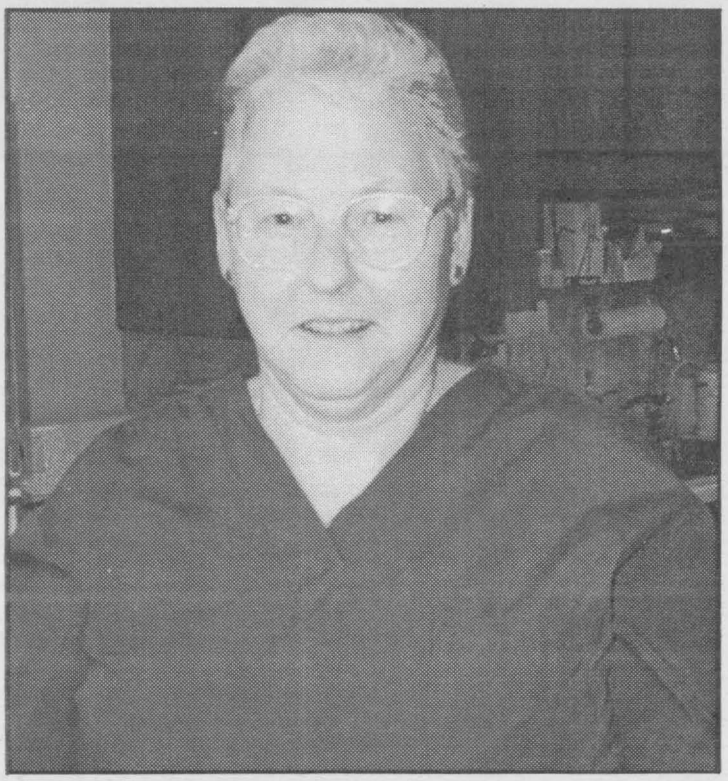
She explained, "I had pain in my upper back, indigestion and a vague feeling of being unwell. At the time, I was attributing it to my job at the factory. Now I realize they were warning signs."

Jean had four risk factors for heart disease: her father had hardening of the arteries, she smoked, she had high cholesterol and she was 47 years old. Jean's doctors put her on heart medication and told her to alter her lifestyle. Jean did as she was told. First thing she did was quit smoking.

She began walking. And by walking a little bit further everyday within a few short months, she was walking two miles a day. She changed her eating habits. She stopped eating high fat, high cholesterol foods. She, with her spouse Lloyd's help, completely changed her way of living.

Unfortunately, her condition was too advanced and the medication and lifestyle changes were not enough. On November 12, 1991, Jean underwent double-bypass heart surgery at the Heart Institute in Ottawa.

Following the surgery, Jean had to rest and let her body heal.



Heed Warning Signs

Jean Markell was lucky, and she knows it. She lives with heart disease controlled by medication and life style changes. She ignored what might well have been warnings before suffering a heart attack some 13 years ago.

Other than that, she was fine physically. Emotionally, however, she was far from being okay.

"I had to get rid of the anger, self-pity and frustration. I was very, very angry. I kept thinking, 'I wasn't old enough. Why me?' I couldn't do the things I had normally done, so I ate."

Jean dealt with these emotions for six months. In that time she gained 60 pounds.

"I didn't know who to call. I didn't have the emotional support then that's available now," she remembers.

"Every day was a struggle. I was very depressed. Actually, I went on medication for it."

She says her mood changed from one degree to another.

"I remember being uninterested in Christmas that year. I didn't want to do anything. But, by New Year's Day, I was planning a party. My mood changed completely. Once I reached the top, I went right along."

Jean wasn't able to return to her previous job. Three months after the surgery, she went to work for the Red Cross as a home care attendant.

"If you can't lick'em, join'em," she laughed.

As a way to give back, Jean began canvassing for the Heart & Stroke Foundation.

"I have canvassed for three or four years. I have also signed up to speak at Heart & Stroke meetings at the Winchester District Memorial Hospital."

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referred to as "silent heart attacks." We females do not endure the crushing pain that our male counterparts do when a heart attack strikes. It is easier for them to know it is happening."

While in the Heart Institute, she was asked to join an educational study. HEAL (HeartHealth Education About Lipids) provides the person with information to allow them to "Learn their cholesterol number...and Lower their risk." Cholesterol is a waxy, fat-like substance, most of which is made in the body, but some does come from the food we eat. Foods high in saturated fat and cholesterol raises your level of Cholesterol. LDL Cholesterol is bad while HDL is healthy cholesterol. The HDL removes LDL cholesterol from your arteries.

Problems occur when LDL becomes trapped in the arteries and clogs them, allowing less oxygen to get to the heart and chest painto occur. If a blood clot forms in the narrowed artery, a threatened heart attack or an actual heart attack may occur, it may even be that death results.

"This program study that traces the genes in a family under the guidance of Doctor Ruth McPherson, MD, PhD, FRCD will help me and others," says Leona. "She works closely with Dr. Keon throughout the study." The HEAL program is designed to get you started and keep you going with an action plan to reach your cholesterol goal. Developed by the heart specialists at the Ottawa hospitals, it works together with the advice you receive from your heart specialist and personal physician. Leona mentions that a case manager from the program contacts her by telephone several times over the 12 months following entry into the program to check on progress and offer tips to keep her on track. She has to have her cholesterol re-tested after 3 and 12 months to find out how well her risk reduction program is actually working. "My target is 2.5 LDL and I am presently at 3.0 LDL." She mentions that the call helps a lot with making her feel generally better and if there is anything wrong, she can tell the case manager and since the calls are regular, confidence builds too.

Her experience and the program have already taught Leona numerous things that will undoubtedly prolong her life while reducing risk factors. Those items learned include that heart disease (Coronary disease) is a long-term process in which the arteries that supply your heart with blood become narrowed with deposits of fat and cholesterol. You become aware that you have the disease by experiencing angina (Chest pain) or a heart attack (myocardial infraction). In most cases heart disease has been developing over a number of years and without treatment will typically get worse over time. For most people, heart disease can be reversed with the right combination of medical treatment and lifestyle change. A long-term commitment to these will be necessary.

Risk factors contribute to the development of heart disease: some of these can be controlled, like high cholesterol, (a problem for Leona) high blood pressure, diabetes (Which Leona has also been diagnosed with) and obesity. Certain risk factors cannot be changed like family history, (a factor in Leona's case) being of the male gender and being older than 55 years of age (another one she lists). Those factors that can be changed are smoking, poor eating habits, lack of exercise and coping with stress (Most do not realize this is even a problem for them).

The Cholesterol lowering medication can lower the LDL levels by 25-60%, a lower fat, higher fibre diet can account for lowering of some 10-20% and by dropping 10 pounds (4.5kgs) of body weight another 5-10% lower LDL results.

Leona takes Lipitor, which is a type of cholesterol lowering medicine which belongs to the class of drugs called "statins." The job of the meds is to breakdown the bad cholesterol by reducing the production of cholesterol in the body.

As we speak Leona notes that the program has included three in her family at risk and "They went all the way to grandchildren. Thus it seems to be genetic and often diet won't be enough."

"I have been fighting high cholesterol for some 7 or 8 years now, even though we have never been big fat eaters," says Leona. She is pleased with her medicine; "My arteries were 80 and 90% blocked on one side and in a year the Lipitor has brought both sides down to 70%. While this was not the reason for the heart problems, it needed attention."

Confidently she says that being healthy boils down basically to knowing what you should and shouldn't do."

True to form, she is also involved in a project being carried out by the Institute of Research in Rochester on genetic heart problems.

She stops and it is evident she is reliving the entire experience. "I remember ny stress tests went nuts. Yet, I felt good and wasn't sure why I was in hospital instead of being enroute to the USA. I had things to do!!" Then she even admits the hospital food was excellent.

When discussing her life now, after the operation, she smiles and seems ready to live the rest of her life to the fullest. "I know my limits. For one thing I tire quicker now. I am very careful with my medication always making sure I don't miss any-always taking them on time. I set them out one week at a time and if we travel I take two days pills, just in case." She admits she has attempted to lower her stress level, "I always was a volunteer, and I still do some things, I just cut down on the number of them I am involved with. I do the Christmas Exchange and my Church work, nothing too physical. I still knit and I still babysit for my children."

A brief stop and she continues, "My life has not changed a lot. I was quite confident when I came home, I had and still have good care. My blood sugar and pressure are good and I think I recuperated fine, thanks in no small part to the wonderful care I received, in hospital and since I came home."

She shares her diet with us, lots of fish, chicken, pastas, veggies and not much red meat, no sugar (Splenda is good!), no gravy, no bacon; "We limit ice cream and have gone to 1% milk." She even tells us that her nemesis is chocolate. "I have to promise myself if I am good all day, eating my fibre, fruit and veggies (dark green and orange are best) I can treat myself to some chocolate."

She walks, increasing time spent walking each day, each week. "When I can't get outside to walk, I use my treadmill, although I do have a problem with my bad hip (She has had a hip replacement) which slows me as well as limiting my length of time per walk."

As we wind down the interview, she explains how a side effect of the life support during the operation has resulted in a blind spot in her vision, which she is confident will return to normal eventually.

"Know what you are taking and why: you will enjoy it more if you know it will not hurt you, ask questions of your doctor and be sure you get answers" says Leona who also takes some natural medicines. (Folic Acid, Chromium and CoEnzyme Q10 VTC-preventative meds to strengthen upper respiratory system and heart muscles.)

She looks like things are well under control and life is still good on Maple Avenue in Iroquois.

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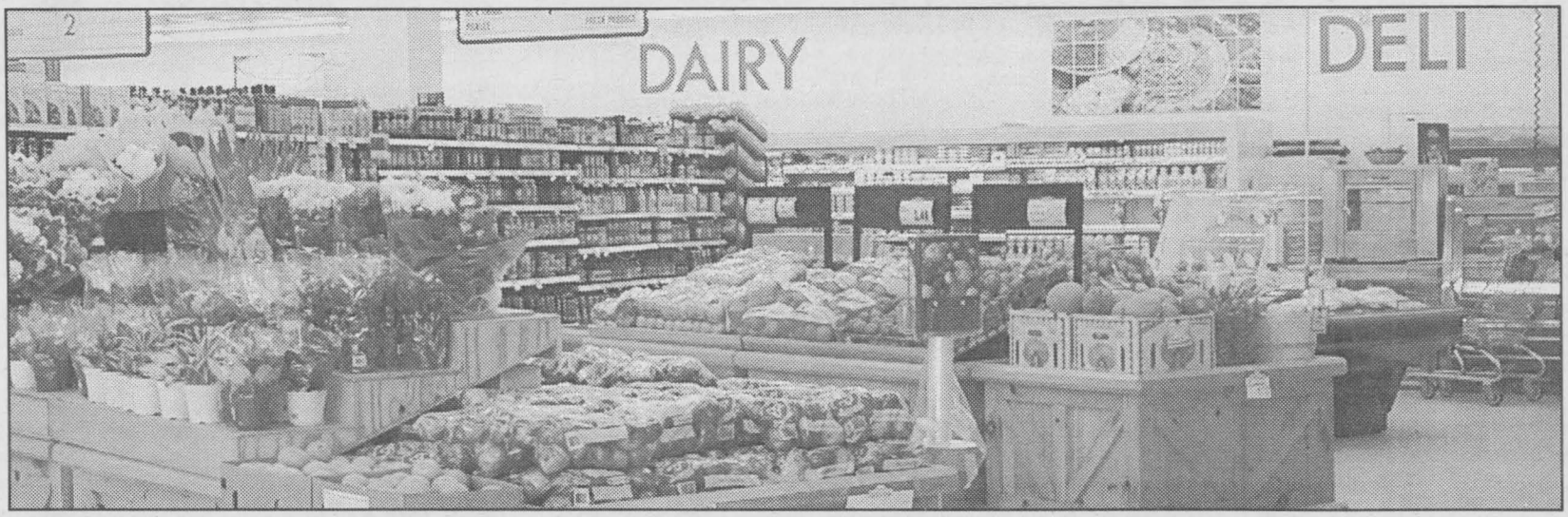
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