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Vacation ends with heart attack

by Sandra Lee Johnston
Chieftain Staff Reporter

Sandra (Smyth) Beckstead, explains that when she suffered her heart attack almost two years ago, definitely in denial. Working at the family apple orchard in Dundela is what I love to be involved in and what stress comes from a job you enjoy?

Enroute home from a holiday in Mexico, Sandra had a strange numbness in her left arm. "I seemed to have lost the strength in my arm, but did not want to make a fuss on the plane, so ignored it, but I just did not feel right," she says.

A week later, the numb feeling down her arm returned and even though she did consider seeing a doctor, things settled down, so she went to work, ignoring it when it went away.

Finally, one day, she decided the pressure in her chest, which continued to become heavier and heavier and extend down her arm, feeling like a 100 pound weight on her chest, might be serious.

Alone, since husband Paul had left for the farm already, she called her dad to let him know what was happening, he too could not believe it. "It was like indigestion and when a club soda did not help, I decided to seek professional help,"says the lady.

Never thinking to call 911, she drove herself to the Morrisburg Medical Clinic. "All the time I was thinking, it can't be a heart attack, I'm still breathing, and I am only 52 years old!...I would not admit it."

"By the time I arrived at the Clinic, I was doubled over with the pain, my arm was numb and there was a terrific burning in my throat," she explains. Thankfully a doctor had just arrived for afternoon appointments. "I was very lucky Doctor Houze had just come in." She admits she was still in denial ,"I continued thinking this cannot be a heart attack." She continues, "Everyone is different and their symptoms are varied. I have talked to others and we agree not everyone gets the same symptoms."

"A nitro tablet under my tongue, a call to 911, and the next thing I knew I was in ICU at Winchester Hospital," says this farm gal who never smoked and has always been in good physical shape. She had experienced high blood pressure which was controlled with medication and nothing else that would even suggest heart trouble.

She speaks of her care at WDMH and Doctors Schnurr and Crabtree and the ICU nurses as being excellent.

Admission to the Ottawa Heart Institute where she was referred to a Cardiologist, she underwent the traditional treadmill stress test and an Angiogram (May 24) which showed a blockage.

The decided course of treatment was Angioplasty (a balloon to enlarge the narrowing and a stint to allow the blood flow). She consented to testing a new medication at the same time.

During the waiting period, she was allowed to return home.

Back in Ottawa in July, Angioplasty began, when suddenly Sandra recalls feeling something was not right, and in fact something was wrong, the Doctor stopped the procedure. The verdict: the blockage was located where Angioplasty would not work, "My block was in the trunk and not a limb as suspected, therefore more serious than anticipated," explains Sandra. "Actually the Doctor told me I was very, very lucky because things could have become worse in a hurry. We knew what we were dealing with, and I was in hospital."

Open Heart Surgery was sched-

Please turn to page 7



Back at Work

Sandra (Smyth) Beckstead is back at the Orchard Store fit as a fiddle and eager to work. *Chieftain Photo by S.L. Johnston*

Fifty years young and still going & growing strong

This year, the Heart and Stroke Foundation is celebrating a 50 year milestone and the pace of research is getting faster every day. You could say we are just getting started, but, since this is our golden year, let's look for a moment at a few of our numerous achievements.

In the late 1950s, the Heart and Stroke Foundation helped fund the development of heart pacemakers.

In the 1960s, we established the world's first coronary care unit and showed the world how to save lives of "blue" babies.

The Foundation pioneered CPR training in the 1970s and in the 1980s we were first to identify the cardiovascular effects of ASA.

And as for the next 50 years, in the words of a wise old scientist..."We ain't seen nothing yet!"

There has been a revolution in laboratory techniques; so what used to take years can now be done in days or even hours.

Thanks to the genetic revolution, our researchers are looking at ways of growing new cells in the heart. As we map the

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Never assume that a heart attack can't happen to you

by Chris Zabel
Press Staff

One morning, having just come in from outside, Robert Guy was having a heart attack and watching TV. He was curious why his left arm was bothering him.

"I got a pain my upper left arm,"said Guy. "It was a tingling in the muscle, like I pulled it." Having worked up a bit of a sweat outside on his property southwest of Winchester, a pulled muscle seemed like the most obvious cause of the pain, although it was strange it wasn't going away.

It wasn't until the following day that Guy learned the pain in his arm had been a heart attack. And it came as a real surprise. In November 1997, when it happened, Guy was 57. He believed he led an active life, driving his pickup truck out to visit farms every day. When his doctor told him to lower his cholesterol he agreed that this was sound advice, although he didn't change his diet. Surely his job in sales couldn't be considered stressful.

"And a heart attack was something that happened to someone else," he assumed, on the rare occasions when he thought about it. Being a small giant of a man working in agriculture, he didn't think about getting sick very often.

However, a doctor at Winchester District Memorial Hospital diagnosed Guy's heart attack almost immediately. Two minutes into his stress test on the treadmill, the chest pains were back. A similar test at the Heart Institute in Ottawa also concluded immediately that Guy had had a heart attack. He had three blockages in his heart and he was scheduled for a triple bypass for August in the next year.

Four years later, fully recovered and completely free of chest pains, Guy can see that he was probably exactly the type of person who should have been worried about a heart attack. He noticed indications earlier that he wasn't in great shape. When he was loading seed into his truck, he would be out of breath after loading 15 bags and he would have to sit down and rest. He had high blood pressure and his diet wasn't great either. Selling seed often kept him out on the road and meals were regularly hamburgers at McDonalds or Tim Horton's coffee and donuts.

After being diagnosed in November, the wait before surgery the following August was frustrating. It was a stroke of luck that his surgery date was moved up to June. Not only would he get the surgery over with sooner, but his daughter's wedding was in September and an earlier operation would give him time to recover for the event.

The surgery itself was fairly typical. Guy went into the Heart Institute at 6am on a Wednesday. Of the five days before he went home, Guy mainly remembers drifting in and out of consciousness. He also remembers the nurses. "The nurses were super," he said. By Saturday they had him up and walking around the hospital.

When he got home, Guy followed the instructions he had been given to rebuild his strength. On day one, he was supposed to walk for eight minutes and every day after he was supposed to walk one minute longer. By the 30th day, the goal was to be able to walk 1.5 miles in 30 minutes. Guy measured out the distance on the road in front of his house and on the 30th day, he completed the distance in 26 minutes.

Guy has been able to put his heart attack almost entirely behind him. "Since I had the surgery, I've done pretty much what I wanted and I just haven't had chest pains," he said. He felt great at his daughter's wedding in September. He went moose hunting that fall. And he no longer had to take breaks when he was loading bags of seed into his truck. "That's what surgery did for me," he said.

There are some adjustments Guy has made in his life. He walks 2.2 kilometres every day, completing his route in about 20 minutes. On days when the weather is bad, he works up a sweat on his treadmill. Since the heart attack, he's been to the doctor for two stress tests and he's passed them both.

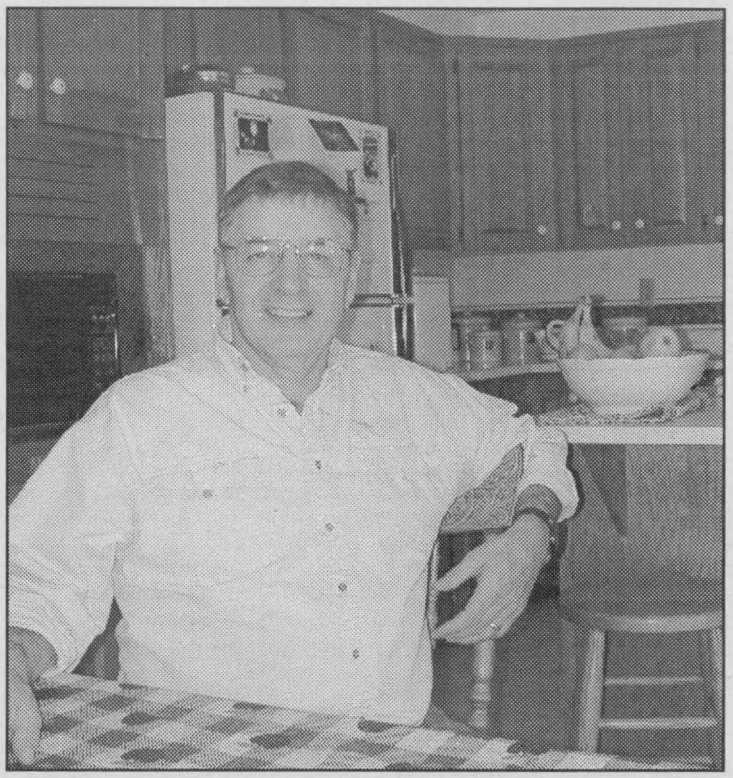
Changing his diet took some effort. While he was waiting for surgery, Guy started paying attention to what he ate and cut way back on fat. By the time of the operation, he'd lost more than 20 pounds, most of which he's been able to keep off since. And his cholesterol is down from 7.4 to 3.4.

"Robert was a big cheese eater," said his wife, Betty. "For him that was one of the big things to cut down." The Guys cut servings of meat back to one a day, often having chicken instead of red meat. They started to watch the amount of oil they used in cooking. And with the help of some heart-friendly cookbooks, began taking a greater interest in vegetables.

"I'll never be a vegetarian, but with some recipes they have, you really don't miss it," said Guy, trying to help Betty remember where they had a recipe for low-fat pea soup.

The main challenge was getting through snack time without cheese. "We used to keep all

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Robert Guy at Home

A heart attack survivor with some good advice for everyone.

Press Photo by Chris Zabel



Frank Marriner

Red meat and fast food catch up with Frank Marriner of Morrisburg

by Conan de Vries
Leader Staff

Like many North Americans, Frank Marriner of Morrisburg, gave only a passing thought to the health of his heart and believed his circulatory system would easily withstand the rigors of a diet rich in red meats and fast food.

He was wrong.

"I was playing blooper ball and every time I ran to first base, I'd be getting angina," says Marriner of the transient chest pains that eventually led him to consult a doctor.

Marriner was administered a stress test at the Winchester District Hospital and the results were sufficiently suspect to warrant as trip to a cardiologist.

"He must have noticed the lines were going squirrelly, because I wasn't on (the treadmill) for a minute and a half and he said, "Get off," says Marriner.

At the University of Ottawa Heart Institute, an electrocardiogram and angiogram left no question that Marriner's lifestyle had caught up with him. He was immediately scheduled for triple-bypass surgery.

The operation was slated for March 17, St. Patrick's Day, and in preparation, Marriner provided his own blood, through the Red Cross, for use during his surgery. When doctors tried to reschedule his operation, the Red Cross, concerned that the blood might expire in the meantime insisted the operation proceed as scheduled.

"They had the date all set and then I get a call two days before my operation saying it had been postponed," says Marriner. "(The Red Cross) must have called the Heart Institute and I get a call back saying it's on schedule."

On Thursday, March 17, 1994, Frank Marriner was rolled into the operating suite at the Heart Institute where surgeons proceeded to reroute his circulation around not three, as expected but four blocked arteries. Doctors had discovered previously unnoticed blockage and decided to bypass it as well.

"The biggest concern is when they start your heart up; some people have a heart attack from it, but mine started up on its own and that's what they hoped," says Marriner, who does not recall a thing until waking up in the recovery room-his surgery having gone smoothly and without complication.

"Everything went perfectly. I've always said I've had toothaches that were worse than what I went through at the Heart Institute."

The prospect of major surgery, however, was still a rude awakening for a man whose first visit to a doctor had only been nine years previous, and to his wife, unaccustomed to nursing her husband through illness.

"I was a basket case...it threw my world into chaos," says Barbara Marriner, who herself suffers from a variety of aliments and has depended on her husband for support. "Here he was sick and he was helping me cope."

With little inclination towards anxiety or panic, Frank coped well with the trial he faced and his wife believed this positive attitude helped speed his recovery.

"I think his attitude is his strong point, which makes it a lot easier," she says. "He took it very methodically...before the surgery he had everything lined up in case something happened to him. He had all his bases covered."

As well as a rather placid demeanour, Frank credits the caring and conscientious treatment he and his wife received at the Heart Institute for much of the composure he showed during the ordeal.

Upon his release from the hospital, five days after emerging from the operating room, Frank remained home from his job with the federal government for about 14 months. During this time he diligently performed the exercises assigned him at the Heart Institute and began watching his diet.

Returning to work fit and feeling healthy, Frank continued to limit his intake of fatty foods and earnestly followed his exercise regimen. It wasn't until his retirement in 1997 that Frank's commitment to heart health began to ebb.

"You feel good and then it starts to wane. I told my cardiologist I needed a push, but I didn't think it would be this big a push," says Frank.

The push to which he refers is an experimental program at the Heart Institute called, Case Management Home Cardiac Rehabilitation Program, also referred to as Intervent. Frank began this program last June when he noticed that his angina had returned.

Though his heart was still functioning perfectly, he had allowed his conditioning to deteriorate in the years since his surgery. Intervent was just what the doctor ordered to stiffen his resolve to resume his heart-healthy lifestyle.

Case Management within the Intervent program is patient-focused and tailored to his or her needs. It includes regular contact with staff of the cardiac rehabilitation team, in person or by phone, who act as teachers, psychologists and motivators as they guide their patients through a robust program of education and exercise.

"With me it's always, I'll do it tomorrow, so that is where I need a push...starting something is my biggest difficulty," says Marriner, who has nothing but unqualified praise for the Intervent program and those who manage it. "When I go in there, they make me feel like part of the family."

Since November, Marriner has lost 23 pounds, walks five times a week, attends his Intervent sessions without fail and, with his wife's help, is once again a scrupulous eater.

"There's no sign of angina lately, I've lost weight and my blood pressure is perfect again."

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Helping Our Community For More Than A Decade

Heart attack survivor moves on

by Nelson Zandbergen
Record Staff

At the age of 51, Dale McNaughton believed he had beaten the odds against the heart problems that had stricken some other members of the McNaughton family as early as their 40s.

It was December 23, 1998. The Chesterville pharmacist and father of three grown children was in the middle of a workout at a gym in Winchester. Formerly an avid jogger who participated three times in the National Capital Marathon during the early 1980s, he had started exercising again in October after years of falling out of shape and growing 30 pounds overweight. His three-times-a-week workout sessions with training partner Brad Cotnam had been going well, until about noon on the day he says was the most frightening in his life.

The classic symptoms were suddenly upon him, a tightness in his chest, shortness of breath, a cold sweat. "Then I had to lie down," he recalls. "I was pretty sure what was happening. I still remember looking at my watch and seeing 12:25." Then the telephone number from one of his contacts in the medical community instantly came back to his mind, he says. "I said, Brad, Dr. Slowey's probably at home. Call him." he marvels at the timely recollection. "I couldn't tell you now what his number is."

The system swung into action.

An ambulance soon arrived and the paramedics gave him two childrens' aspirins while whisking him to Winchester District Hospital, where he was met by Dr. Schnurr, who gave McNaughton a "once in a lifetime blood clot-busting drug."

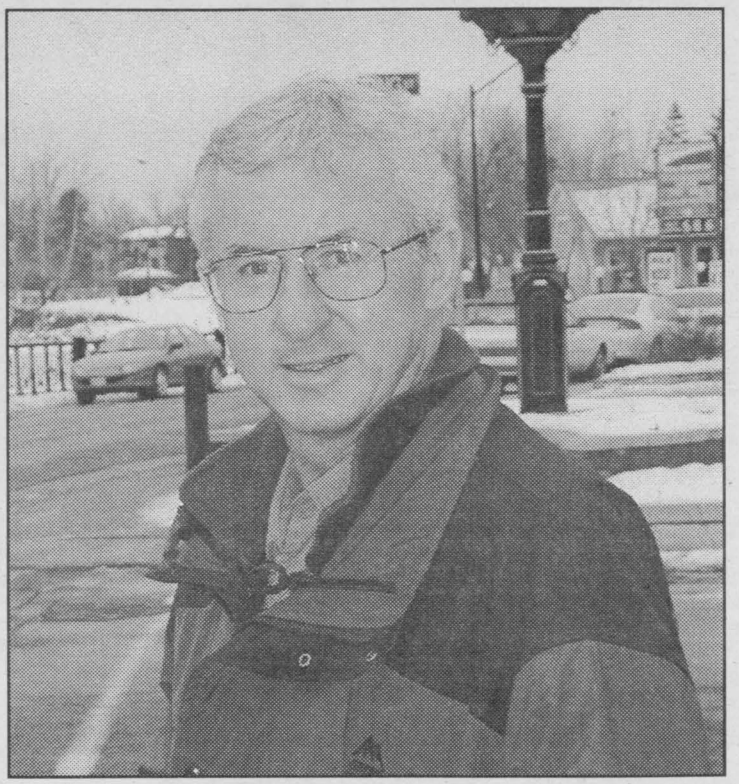
As expected, the doctor told him he had suffered a myocardial infarction-a heart attack.

He's thankful for the prompt actions of the two doctors in particular. "I attribute Dr. Slowey and Dr. Schnurr with saving my life."

The next eight or nine days were spent in intensive care at WDMH, followed by three months off work at Seaway Valley Pharmacy in Chesterville while undergoing regular check-ups from Dr. Slowey.

Fortunately for McNaughton, he's been advised the attack did little or no damage to his heart. Today he goes on four-mile walks (about one mile jogging) five or six times a week.

Recovery is "more mental than anything," he says, something he learned from other heart attack victims while attending a ten-week course -which he highly recommends-put on by WDMH. He found that coping with the usual stresses of life after a heart attack can be a challenge for the victims. "You tend to try to protect yourself from everyday strains. That tended to be a common thread."



Time to Slow Down

Dale McNaughton learned his lesson a tough way.

Record Photo by N. Zandbergen

I basically thought I was infallible, and all of a sudden you feel less than a whole person.

Almost apologetically, he says his customers may have noticed a change in his demeanour when he first returned to the pharmacy in 1999. He explains, "I wasn't bitter; I was in sort of a protective mode for a year."

As an admitted type A personality, he says the heart attack forced him to reassess how hard he was working in a bid to dump unnecessary stress and work less. After the attack, when his wife drove him on those trips to the doctor, she intentionally took a route that would not pass by the pharmacy, so he wouldn't get any ideas. And he learned after the fact that others could clearly see that he has been wearing himself out before the attack. In one anecdote, a smiling McNaughton recalls a conversation with a gentleman who came into the store. "He said, "I heard you had a heart attack." I said, "Yes and then he said, "Good!" "So I said, "Thank You!"

Yes, he says, the heart attack was something of a wake-up call. "The Good Lord was telling me to clean up my act." He spreads lots of credit around for helping in his recovery. Two local university students, Janice Cook and Jennifer Whitteker happened to be at the gym during his heart attack. He is "forever grateful" for their comfort prior to the ambulance's arrival.

Also, three recovered heart attack victims visited him during his convalescence at home, boosting his spirits and inspiring him to do the same things for others.

Then there is the excellent staff at WDMH and the staff at the pharmacy. "I can take a little time off and not worry."

And he says he only found out later that his wife, who also works at the pharmacy, was putting in extra hours before visiting him every day at the hospital.

"If you're surrounded by a loving family and good staff, you'll make it," he proclaims.

FROM FRONT

Fifty years

genome, more effective and targeted drugs are coming our way to treat heart disease and stroke.

But, there are also problems to be faced. As the baby boomer population ages, they enter the prime years for heart disease and stroke. And while the pay-off from research has never been greater, the costs continue to escalate. The good news is that we can expect to reap more life-saving advances in the next decade or two than in the last century.

Your support has really been crucial in getting us this far.

Now, help us build on Ontario's 50 year old tradition of excellence in the science and treatment of heart disease and stroke.

Your home can be your fortress against heart disease and stroke

Follow the Heart and Stroke Foundation on a trip through a heart-healthy home, and see how you can make your own home that much safer.

Let's start with **the bathroom.** Are there medications in the medicine cabinet? Not a good idea. The air here can be humid and damaging to medications. Moving medications to a drier, cooler spot will help.

Be sure to always finish any prescription. Never stop taking the medication because you are feeling better. If you are on a medication for a chronic condition such as high blood pressure or elevated cholesterol, check with your physician before you run out of your current prescription. Also, there should be no out-of-date presciption medicines, as they serve no useful purpose.

Where can you safely discard outdated medications? Don't flush them down the drain or toilet, as this is bad for the enviroment. Don't toss then in the garbage either, as children and pets can often turn them up (and because they ultimately end up in a landfill). Instead return the medication to your pharmacy, which can dispose of it properly.

Let's check in **the kitchen.** The presence of a heart healthy cookbook is a good sign-especially when close beside a basket of fruit. Open the fridge. Lots of vegetables and fruit, skim milk, low fat yogurt and light mayonnaise, along with soft tub vegetable oil margarine, shows this household is eating sensibly to cut the risk of heart disease and stroke. There's a bottle of olive/canola oil in the cupboard for salad dressing, a loaf of whole grain bread and a can of water-packed salmon for cardio-protective fish oils. Yum!

A bid welcoming table in **the dining room** shows that the family likes to dine and relax together. Family meals are a great antidotes to stress, a risk factor for heart disease and stroke.

The family **recreation room** has a sofa and a television with nobody watching because they are out for a walk. No overweight couch potatoes here!

Let's hope there are no ashtrays anywhere in the house-and no smokers. Smoking is the number one preventable cause of heart disease, stroke and cancer. If anyone insists on smoking, ask them to do it in the yard or street to remove the danger of second hand smoke.

A **hall closet** packed with exercise gear may require regular tidying, but it's a sign of healthy activity. Being physically active for 30-60 minutes on most days will help build strong and healthy hearts.

The **main bedroom** has a telephone with emergency numbers and names and addresses of family doctors and local hospital. The information is clearly displayed and also lists the symptons of heart attack and stroke. The same information is found on the refrigerator door in the kitchen.

Many ways to support Heart & Stroke research

Not sure how to get involved and help support life-saving heart and stroke research? Find out which fun-filled and informative events are taking place near you, by contacting you local Heart and Stroke Foundation office.

Becel Ride For Heart: Join thousands of cyclists and in-line skaters on major traffic expressways in Toronto on June 2.

Big Bike for Stroke: The Big Bike is a 30 seeat bicycle that tours Ontario between April and October. Get out and pedal for some research funds and receive great incentive prizes.

Cheerios Mother Daughter Walk: Support the women in your life by participating in this fun event for the whole family. Raise awareness amongst women about heart disease and stroke while generating research funds. This year's event will take place in more than 52 communities in Canada on Sunday, September 22.

Direct Mail: Send in a one-time gift, or join our monthly giving program, and you'll be funding world class research projects right here in Ontario!

Fit For Heart: Register to participate in your local Fit for Heart event. There are approximately 400 events in Ontario throughout the year. Swimming, aerobics, bowling, golf, curling, volleyball, hockey and much, much more. There's something for the whole family!

For more information on these or and Heart and Stroke Foundation events and programs, please visit our website at www.heartanstroke.ca or call our Health InformationService at 1-888-HSF-INFO (1-888-473-4636).

Heart Matters

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Cornwall Public Library
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Activities 1:00 to 8:00 p.m. Daily

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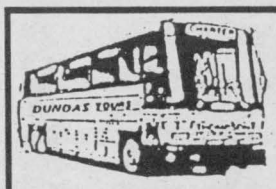
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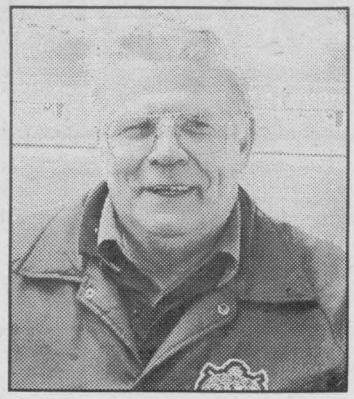
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Door to door campaign in February



Steve Thompson
Council President
Dundas County Chapter
Ontario Heart and Stroke Foundation

Again this year your neighbours will be knocking on your doors in February in the person-to-person campaign. We hope you will welcome them and that you will be able to make a donation. The volunteers are all local people, wear identification badges and issue receipts. Dorothy Houze of Morrisburg is organizing door-to-door visits and can generally use more volunteers. She can be reached by calling 543-3134. Thank You again for your assistance.

The money raised helps fund the incredible research in which our Canadian doctors and scientists are involved. About half the donations are used for this purpose, over one quarter for health promotion and community programs and about one-fifth for fundraising, staffing and other expenses of the Foundation.

One of the most exciting recent advances is he successful use of gene therapy. It was first used two years ago to grow new blood vessels to the severely damaged heart of Grenville Dungey, 58 of Toronto. The experiment was successful and he now has a full and vigorous lifestyle. The technique involves inserting genes directly into the damaged areas of a heart. Dr. Hakim from Ottawa, a speaker at a recent Dundas Appreciation Evening has been working with a gene to help the brain repair itself after a stroke. Clinical trials in that field are expected this year.

It is an honour to work with the dedicated volunteers in Dundas County and they appreciate the assistance you give. Dundas County has the highest per-capita record of giving in the February canvass across Ontario and we hope this year is no exception.

Special thanks are due to those people who have agreed to be interviewed for this supplement regarding their own health problems. These are intently personal and often painful to relive. That they are willing to share their thoughts with you as a way of offering hope and information to others humbles those of us who only volunteer our time.

Thanks to you, it is predicted that in another three years, heart attacks and strokes will cease to be the number one cause of death in Canada. You and those who volunteer have made this possible.

Questions often asked?

1. How does the Heart and Stroke Foundation select recipients of research grants?

The Heart and Stroke Foundation of Ontario makes its funding decisions based upon a score for scientific excellance determined by Scientific Review Committee. Researchers write and submit detailed grant proposals to the Fondation. Four experts, in the area of research being described, review each application in detail and assign a score evaluating scientific merit. The Foundation uses the score to priortize the monies available to fund the projects.

2. How much money has the Foundation awarded to research?

The Foundation has awarded $430 million to research since its inception in 1952. The Foundation would like to provide funds for all research, but sadly, can only finance 30% of the dollars requested.

3. What have you discovered from all this research?

Among our celebrated accomplishments,the Foundation can boast that it supported the discovery that ASA can inhibit blood clots-initiating its worldwide use in reducing the risk of heart attack and stroke. Foundation funded researchers also developed ECG (electrocardiogram) telemetry improving the diagnosis of heart disease by allowing physicians to observe the activity of a patient's heart as they went about their daily activities several kilometres away. The Foundation was also involved in a large scale study showing that a medication originally developed to cut the risk of heart attacks and stroke in people at high risk, even if they have normal blood pressure.

4. What are some of the projects currently funded by the Foundation?

The Heart and Stroke Foundation of Ontario funds a variety of research programs including:

~Health behaviour research, aimed at finding better ways to help individuals and populations change lifestyle and behaviour habits that cause or contribute to stroke or heart disease, (e.g. promoting physical activity among youth and programs to determine effective approaches to smoking cessation in high school students) and improve the management of these diseases.

~The development of new, more effective and safer "clot busting" drugs.

~The identification of the genes involved in the development of high blood pressure, obesity and ither cardiovascular risk factors and diseases.

~Experiments in growing human heart cells, so damaged hearts can be healed.

~Studies to understand how the heart develops, which should contribute to our understanding of why children are born with heart defects.

~The use of growth factors to relieve angina stimulating the development of new blood vessels that provide a new blood supply route around plugged arteries.

~Improving robotically-assisted bypass surgery in an attempt to reduce the trauma of, and maybe eliminate, open-heart surgery, as well as making the operation available to rural areas.

~Exercise programs to optimize the benefit to patients, such as groups for post-menopausal women with various forms of cardiovascular disease.

5. What about stroke research?

Examples of research projects aimed at helping reduce disability and death from stroke include:

~ Improving tools to identify people at risk for developing blood clots in the carotid artery-the main artery supplying the brain.

~ Determine why and how brain cells die following a stroke with the object of minimizing post-stroke brain damage.

~ Improving physiotherapy services provided to patients following stroke

In addition, the Foundation recently announced the creation of a Stroke Centre of Excellance. This virtual Centre will focus on the cause, diagnosis, prevention and management of stroke.

CONTINUED

Vacation

Continued from the Front

uled for July 12. Using veins from her upper chest to resection the blockage, all done from the inside,she healed quickly. She laughs as she shows the writer, that her incision starts lower than most, so she can wear lower necklines without her scar showing.

"I will be on medication for the rest of my life, my heart was damaged in the attack, so I am on a five-year recovery program. I visit the Ottawa Doctor once a year and have lab/blood work done every six months," says Sandra.

"The nurses and Doctors at both hospitals were excellent" and she adds she was glad she did not have to leave hospital prior to surgery.

When asked if things have changed any since the surgery, she says, "The real change for me is how I feel about my body, if I want to do something now, I do it...I don't put things off any longer...I was always going to curl, I am curling a bit this winter! She adds that she knows she lost some memory during the entire episode, whether through the operation, the attack or whatever, many people are aware of this side effect. "I remember that I was to go with Crystal for her first ultrasound, and I recall the ambulance ride, I did not think I had oxygen until in the WDMH parking lot, I told the attendant it was working!" She suggests that maybe your mind wants to forget what happens in such circumstances.

"My sister stopped smoking and that is a bonus. I don't shovel snow, I walk outside in good weather and on my treadmill when it is not. I carry nitro spray with me at all times."

She continues telling how she to use her grille to cook, ("I never fried our food.") adding her cholesterol was not high and there is not a family history of heart attacks..."You just never know," she notes.

She has realized some loss of memory since the attack. "I recall things that happened on the day now, that I was unaware of at the time, although I do not like to recall any of it."

Throughout the interview Sandra continues to remind the reporter she would rather forget the entire episode.

She appreciates that her daughter quit work to stay with her during her recovery,"I was home one week after surgery, they don't keep you very long! As soon as I could climb those steps without problem, (the test before a heart patient can leave) I was outta there!"

Making everyday count, she foresees no more problems. Speaking to her she seems to be right on track and sees the attack and surgery as a wake up call, "Perhaps I was working too hard."

Heart attack

Continued from page 2

kinds of cheese in the house. I used to cut a slice," he said, indicating a fat centimetre with his thumb and forefinger, "that thick, right across the face." There may be fewer things finer than a thick square from a block of old cheddar, but as the months went by, Guy learned not to miss it.

Making healthy lifestyle changes was easier fore Guy than for some people. Fortunately, he stopped smoking 25 years earlier. "The one thing I'm glad I did years ago was quitting smoking," said Guy. "If I hadn't, the heart attack would have happened sooner."

Even with his smoking days behind him Guy remembers in great detail how tough it was to quit. "When I first quit, I was over a pack a day and I did it on a little bit of a bet," he said. After not smoking for six months, he thought one cigarette wouldn't hurt and then immediately started smoking again. It took several tries to finally quit. "And afterward, I'd still find myself reaching for the pack. I'd light up at parties and the taste would just be sickening. Eventually I stopped that because I was wasting cigarettes from the guys that smoked," he said.

On the whole, Guy's recovery was remarkably straightforward. "I went to the doctor six weeks after surgery and he said I was good for another 20 years," said Guy. The only thing that bothers him is a little dizziness if he bends over several times in a row to pick things up.

Realizing that not everyone recovers so completely from a heart attack and surgery, Guy feels a little lucky. And to those in their 50s who really can't picture themselves having a heart attack, he has some straightforward advice: "if you are a smoker, try to quit. I know it's not easy," he said. "And if you think you're active, get out walking and you'll find out how active you really are."

Heart & Stroke Foundation Planned Events for 2002

As usual, this year's volunteers will be staffing a number of events, not only as fundraisers, but as a way of keeping the Heart and Stroke Foundation and the research being done in the public eye. We invite you to watch for these events advertised in your local papers and/or in flyers and on posters in your communities.

* **Person-to-Person** (door to door canvass)...will be held in February. Watch for your neighbours as they canvass your street.
* **Paint the town RED**...numerous activities are planned for February in several communities.
* **The Health Fair and Symposium** will be combined this year.
* **Jump Rope for Heart and Hoops** fundraisers planned at several schools.
* **The Big Bike** event will be held in late spring or early summer.
* **The Heart and Stroke Golf Tournament** will be hosted Saturday, June 1 at Cedar Glen Golf Course, Williamsburg.
* **Volunteer Appreciation Evening** on Tuesday, May 21, at 7:30-pm at the Park Lane Seniors Support Centre in Williamsburg. There will be a guest speaker on Heart and Stroke research, a panel discussion with survivors of heart attacks and presentations will be made to community volunteers. The public is invited and refreshments will be served.
* **The Annual Duck Race** will be held in Chesterville this summer, again with the Masonic Lodge organizing the event.
* **The Garden Tour** is planned for the summer.
* **The Annual Mother-Daughter Walk** is planned for the Fall.
* **A Craft Show** will be held again this year in December.
* **Dundas County** hopes to host the Regional Heart and Stroke Conference this year.
* **Heart and Stroke Curling Bonspiel** will be held in Morrisburg again tentatively on the second Saturday in January 2003.

February is Heart and Stroke Month

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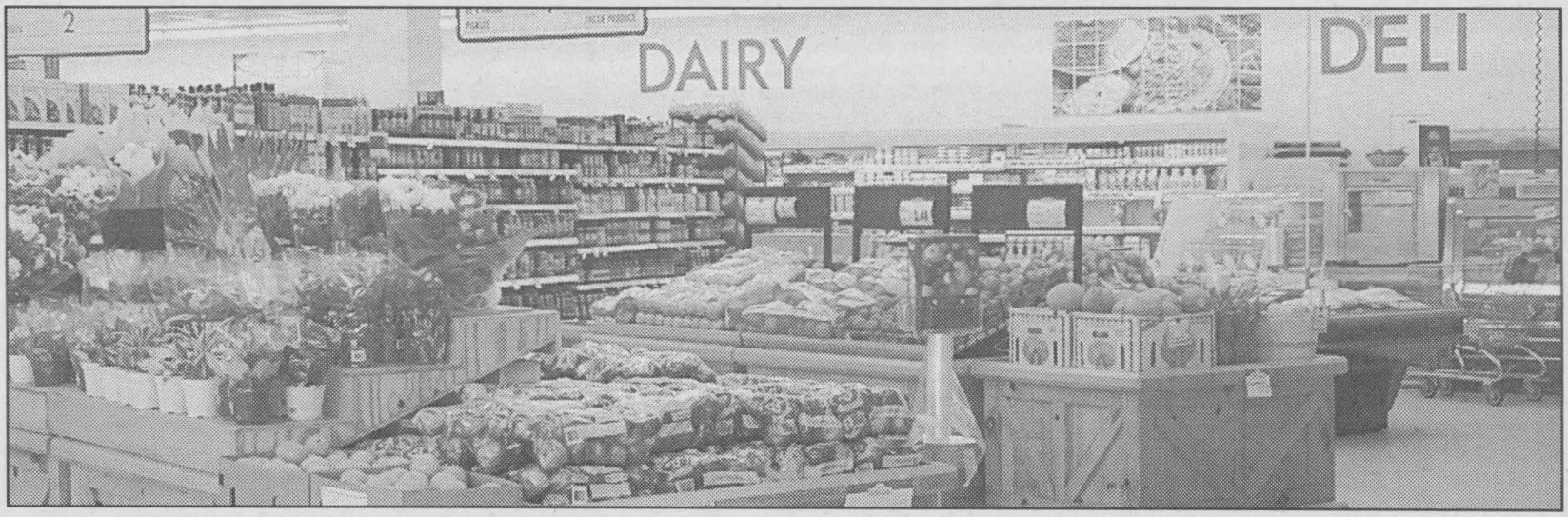
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