Healing after a Heart Attack

If you are deaf or hard of hearing, please let us know. We provide many free services including sign language interpreters, oral interpreters, TTYs, telephone amplifiers, note takers and written materials.
After a heart attack, you may have a many new things to worry about: Is it going to happen again? Why am I still so tired? Can I keep my job? Who’s going to mow the lawn if I can’t? When will I feel “normal” again? What can I do to regain my health?

Most heart attack survivors will fully recover. You will likely go back to your daily activities within the next few months. But to help prevent future heart problems, you will need to make important lifestyle changes.

This booklet will answer some of the questions you may have as you heal from your heart attack. If you have other questions, please talk to your doctor or nurse.

How badly was my heart damaged?

Your doctor will tell you how much of your heart was damaged. The damage depends on which artery was blocked and how long it took for treatment to begin.

Healing may take up to 12 weeks, with a scar forming within the damaged part of the heart (just like tissue heals over a cut). During this time, your heart won’t work as well as it did before. You will need to reduce your activities and give your heart time to heal.

In most cases, the healed heart will be able to pump enough blood to the body. You will likely be able to do the same activities you did before.
When will I get my strength back?

With regular exercise, it could take up to six weeks to get your normal strength back. Your doctor and cardiac rehab therapist will ask you to follow a special exercise program. These are safe exercises to help you regain your strength.

You will feel weak at first. This is mainly because you have been resting in bed. The longer you are inactive, the more muscle strength you lose and the longer it takes to recover.

What is heart failure?

In some cases, the healed heart will not work as well as it did before. When the heart can’t pump enough blood through the body, fluid may build up in your body and lungs. This is called heart failure. If you notice any signs of heart failure, you should tell your doctor at once. Symptoms include:

- Gaining more than 2 to 5 pounds in a week
- Trouble breathing, especially when lying flat, walking or climbing stairs
- Feeling so tired that it’s often hard to do your normal activities
- Dry cough or coughing up small amounts of blood
- Swollen legs, feet or ankles
- Feeling full or sick to the stomach, but not from eating
- Feeling that your heart is beating very fast or beating oddly
- Getting confused or having more memory problems than usual.
To help limit heart failure, it is important to control your blood pressure. You may need to take medicine, get more exercise, change your diet, lose weight and check your blood pressure daily.

Heart failure can be treated if we catch it soon enough. If you see symptoms, tell your doctor right away. Treatment may include diet changes, medicines and, in some cases, surgery.

**Will I have chest pain in the future?**

After your heart attack, you may or may not have angina (pain in the chest, neck, arm or jaw).

Angina is a sign that the arteries cannot bring enough blood and oxygen to the heart. This is due to plaque build-up in the arteries. In time, it can lead to a heart attack if not treated.

The main symptoms of angina are pain or pressure in the chest, neck, arms or jaw. You may also have nausea (feel sick to your stomach), cold sweats and shortness of breath.

Angina often feels the same each time it occurs. It may happen when you are more active. It should go away when you rest, stop your activity or take nitroglycerin.

**Your doctor has given you nitroglycerin for angina.**

1. During an angina attack, put a tablet under your tongue and let it dissolve.

2. With rest and nitroglycerin, your angina should be gone within a couple of minutes. If it’s not, take a second tablet 5 minutes after the first.
3. If you still feel angina, you can take a third tablet 5 minutes after the second.

4. If the pain isn’t gone after the third tablet, call 911.

If this is your first angina attack, take the nitroglycerin and call your doctor.

If angina is getting worse over time (if it happens while you’re resting, is more painful or comes more often), tell your doctor. This could be “unstable angina”—a sign that your heart disease is getting worse.

How much activity is too much?

**Exercise**

Exercise is vital to your long-term health. Your doctor or rehab therapist will tell you how much exercise is safe for you. Be sure to follow your exercise program.

At first you may feel nervous about exercise. This is normal. If you worry about doing too much too soon, it helps to know the warning signs. If you have any of the symptoms below, stop your exercise. If they do not improve after stopping the activity, call your doctor.

- Shortness of breath that’s not normal for what you are doing or that takes too long to recover from
- Feeling dizzy or lightheaded during exercise or for a long time after
- Feeling overtired
- A heartbeat that is irregular or much faster than normal
- Pain or pressure in the chest, neck, arm or jaw (possible angina).
The more you exercise, the less nervous you will feel. Regular exercise will improve your fitness level. This will help prevent another heart attack in the future.

**Driving**

It may not be safe to drive right after a heart attack. You may not react as quickly because of medicines, weakness or tiredness. Also, pain or discomfort may make it hard to pay attention to things around you.

Ask your doctor when it will be safe for you to drive. Remember that driving safely is not just about your ability, but also about the safety of others.

**Going back to work**

You may be eager to get back to work because you need your paycheck and you miss your “normal” life.

Ask your doctor when you can work again. You may be off work for a few days or up to several months. It depends on the type of work you do, the kind of treatment you had and how much damage you’ve had to your heart.

When going back to work, some people find it helpful to work part time for a while. If you can, go in for a few hours at a time or for half days. Be sure to rest before you get too tired. A short nap during the day will help.

Remember that stress at work and adjusting to health changes can take as much energy as physical work. Give yourself time to heal.
Sex

You can have sex (including intercourse) if your doctor says your body is ready—and if you feel ready. If you can climb two flights of stairs quickly or walk at a pace of 3 miles per hour without symptoms, your body is likely ready to have sex.

If you don’t feel ready, don’t push yourself. You and your partner need to talk about how both of you are feeling. You may need to change the way you have sex so you can take it easy for a while.

If your interest in sex has changed, it may be because:

- Your medicine affects your interest or ability.
- You worry if sex is safe or if you will respond the way you used to.
- You are depressed about your heart disease.

If you are concerned about a lost of interest in sex, talk to your doctor. He or she may change your medicine or suggest a counselor or other specialist.

When you feel ready to have sex again:

- Ask your doctor if you should take your medicine before you have sex, or if it doesn’t matter.
- If you take medicine that contains nitrates, don’t take Viagra or similar drugs. Ask your pharmacist if these drugs are safe when combined with your medicines.
- Choose a time when you feel rested and relaxed. Wait at least two hours after eating a heavy meal.
• If you drink alcohol, drink just a little (no more than one or two drinks). Wait two or three hours after having a drink.

• Take your time. Kissing, touching, massage and loving talk will help your body prepare for the more active part of sex.

• If you had surgery, find a position that doesn’t put pressure on the part of your body where you had the surgery. You may need to protect your surgery site.

Is it normal to feel angry, afraid and depressed?

Everyone reacts differently to illness. Almost any feeling you have will be a “normal” feeling. You need to recognize your feelings and accept that it’s okay to have them. But don’t let these feelings get in the way of your health, or your life.

*Anger*

Why me? It’s a natural reaction for many people. Perhaps you eat well, you don’t smoke, you exercise—you feel it’s not fair that you have heart disease. Or maybe you were a heavy smoker, ate poorly and never exercised, and now you’re angry at yourself.

It’s okay to indulge in feelings of anger for a while—but not if you direct it at other people. It’s not your spouse or partner’s fault, or your parents’.

If you feel like you need to be angry for a while, try directing your anger at your disease: Tell yourself that you’ll do what you can to beat it. This way, your anger may help you stick with your rehab and reduce the effects of heart disease.
Fear

Fear may be a big part of your life right now, but it will start to fade over time. To help control your fear, gather information. Ask your doctor specific questions about your problem. Have friends and family help you find answers in books or on the Internet. Your care team can point you toward other resources as well.

It can also help to meet other people who worry about the same things you do—and who are learning how to get over their fears. Ask your social worker about support groups in your area.

Finally, remind yourself that there are some things you can control. You can make healthy choices. You can play an active role in your rehab therapy. All of this will lower your risk for problems in the future.

Depression

Depression can sneak up on you. You think you’re doing okay, but you just don’t feel like yourself. You have a hard time getting interested in the things you used to enjoy, you want to be alone or you feel more tired than usual.

These feelings can be the result of a change in your health, or they may be part of the natural stress of healing. But if they last more than two weeks, they may be signs of depression.

Depression is not just in the mind. It includes both emotional and physical changes. If you are depressed, you may need help to handle it. The first step is to recognize that something is wrong. If your friends and family tell you they’re concerned, pay attention. Then, tell your doctor how you’re feeling and what symptoms you are having.
Your doctor will rule out medicine and other factors that may cause depression. He or she will then help you figure out the next step (such as counseling or anti-depression medicine).

Symptoms of depression can include:

- A sad mood or empty feeling that won’t go away
- Sleeping too much, sleeping too little or waking often without being able to get back to sleep
- Not enjoying the things you used to like
- Eating too much, or not wanting to eat at all
- Weight loss or gain
- Feeling guilty, hopeless, worthless irritable or restless
- Tiredness and loss of energy
- Thoughts of suicide or death.

Many of these symptoms are normal for people who have had health changes. They may not mean you’re depressed. But if they do not improve within two weeks, talk to your doctor.
How can I prevent another heart attack?

Not everyone will have a second heart attack, but many people do. A heart attack is a warning. It says that your heart disease may get worse if you do not take steps now to improve your health.

You may need to make some big changes in your life. It might not be easy, but the payoff is worth it. With the help of your care team, you will learn to set and achieve goals for heart-healthy living.

Eat a heart-healthy diet

The foods you eat can be as important as the medicines you take. For a heart-healthy diet:

- Eat a range of fruits, vegetables and whole grain products each day.

- Eat fish at least twice a week. Fatty fish, such as salmon, sardines and herring, are best.

- Limit saturated fat. These are found in whole milk products, fatty meats and tropical oils (coconut, palm, palm kernel).

- Try to avoid all trans fats. These are found in partially hydrogenated vegetable oil, a common ingredient in margarine, peanut butter, some baked goods, chips and other snack foods. Always read food labels. Look for brands that have no trans fats.

- Limit sodium to 2,400 mg per day.

- Limit cholesterol to less than 200 mg per day.

- Balance the number of calories you eat with the amount of calories you use. This will help you stay at a healthy weight.
• If you drink alcohol: Have no more than one drink a day if you are a woman. Have no more than two drinks a day if you are a man. One drink equals 12 ounces of beer, 5 ounces of wine or 1½ ounces of liquor.

• A dietitian can help you create a meal plan that works for you. He or she can also give you tips for reaching your goals. If you would like to meet with a dietitian, please tell your doctor.

**Increase your activity level**

An overweight person who gets regular exercise has a lower risk of heart attack than a thin, inactive person. Follow your cardiac rehab program.

When your doctor says you’re ready, try walking, swimming, golf or other gentle activities. After your heart has healed, your doctor may want you to get more exercise than you did before your heart attack.

People who have heart disease are also at risk for stroke and peripheral artery disease (a blood clot in a leg, arm or elsewhere in the body). When you reduce your risk of another heart attack, you reduce your risk for these problems as well.
Control your weight

Over time, eating more calories than you use each day can lead to weight gain. Many people gain their weight slowly over many years, so it makes sense that losing weight will also take time.

The best way to lose weight is slowly and steadily: about $\frac{1}{2}$ to 2 pounds a week through diet and exercise. Losing too fast can strain your heart and other organs. It also increases muscle loss.

The best weight-loss plans promote healthy lifestyle change rather than a quick fix or extreme measures. A well-balanced diet is an important part of any weight-loss plan. You should also eat healthy snacks and smaller portion sizes. Work with your care team to find a diet and exercise plan that’s right for you.

If you smoke, stop

Smokers are twice as likely to have a heart attack than non-smokers. Smoking:

- Reduces oxygen to the heart muscle
- May cause heart-rhythm problems
- Harms the artery walls
- Reduces “good” cholesterol (HDL)
- Increases heart rate and blood pressure.

When you stop smoking, the benefits begin right away. If you need help stopping, ask your doctor or nurse. There are support groups, therapies and medicines to help you quit.
Control your cholesterol

Arteries become narrow or blocked when plaque (fatty material) builds up on the artery walls. Most of this plaque is made from cholesterol. If you lower your cholesterol, you will reduce your risk of heart attack.

- Take your cholesterol medicine regularly. It is best to take it after the largest meal of the day. For most people, this is in the evening.
- Eat low-fat protein foods such as cooked dried beans and peas, fish, poultry and lean red meats.
- Eat low-fat dairy foods (skim milk, low-fat cheese, low-fat yogurt).
- Eat lots of fruits and vegetables.
- Avoid organ meats, fatty red meats, baked goods and whole milk.
- Avoid foods with high levels of saturated fats or trans fats. Be sure to read package labels.

Treat high blood pressure

High blood pressure increases the risk of heart failure, stroke and kidney disease. It also hardens the walls of your arteries, causing the heart to work harder than it should.

Track your blood pressure at home and bring a list of your readings to the clinic. If you take blood pressure medicine, be sure to take it on time each day, even if you feel fine.

Exercise, diet changes, weight loss and relaxation exercises all will help to control blood pressure.
Control your blood sugar if you have diabetes

Work with your diabetes care team to keep your A1c level below 7 percent. This will greatly decrease your risk of heart disease, stroke, high cholesterol and high triglycerides.

Take medicines as directed

Having to take pills several times a day can be discouraging. But these drugs are very important to your health. Always take your medicine the way your doctor told you to. You should never stop any medicine without first talking to your heart doctor (cardiologist). If you do, it can cause serious heart problems.

• In many cases, your heart doctor will prescribe aspirin to help prevent future heart problems.

• If you had a stent placed, you will take a medicine called Plavix for a year or longer. This medicine helps to keep the stent open and prevent a blockage. Don’t stop this medicine without first talking to your heart doctor. If another doctor wants you to stop this medicine, he or she should speak to your heart doctor.

• You may start taking an ACE inhibitor. This drug helps your heart to heal.

• You will likely take a beta blocker to slow your heart rate and lower your blood pressure. This makes it easier to pump blood throughout the body. You will learn to check your pulse and blood pressure to see how your body responds to this medicine.

• If your blood pressure is still high, you may take both an ACE inhibitor and a beta blocker. When combined, these two drugs often have a greater effect in reducing heart attacks.
Keep track of any symptoms or strange feelings you have after taking your pills. Share this with your doctor. Talk to your doctor about any problems or questions you have about your medicines.

If your medicines are a financial burden, let your nurse know. Your care team can help you find out if you qualify for financial help.

**See your doctor regularly**

You will need to visit your heart doctor (cardiologist). He or she may do a blood test at each visit to make sure your medicines are working well. Your heart doctor will work with your family doctor to monitor your health.

The doctor will check your heart to make sure there are no changes. If there are signs of heart failure or clogged arteries, he or she will want to treat them as quickly as possible.
When should I call for help?

If you have symptoms of a heart attack or stroke, call 911. See page 18 and 19 for a list of warning signs.

Call your doctor or nurse if:

• You have sudden swelling in one arm or leg (along with pain, warmth or tenderness).

• You have an irregular heartbeat.

• You have an angina attack, and you have never had one before.

• You have had angina attacks in the past, but now they are different, come more often, seem more painful or last longer.

• You think you may be depressed.

• You have any questions.
Know the warning signs

**Heart attack – Call 911**

- Pain, pressure, tightness, squeezing or burning in one side of the chest, the middle of the chest or between the shoulder blades
- Pain or pressure in the throat, jaw or teeth
- Pain or pressure that spreads to the shoulders, arms, neck or jaw
- Tingling, aching or numbness on the inner sides of your arms, elbows or wrists
- Fainting or feeling lightheaded, usually with other symptoms
- Heartburn or feeling sick to your stomach, usually with other symptoms
- Cold sweats or heavy sweating
- Feeling very tired or more tired than normal
- Shortness of breath
- Sudden, strong anxiety
- Heartbeats that skip or seem very fast or very slow, usually with other symptoms

Symptoms may go away, then come back.
Stroke – Call 911

- Sudden numbness or weakness in the face, arm or leg (often on one side of the body)
- Sudden confusion or trouble understanding what is going on
- Sudden trouble speaking, understanding speech or reading
- Sudden blurred or decreased vision in one or both eyes
- Sudden trouble walking, loss of balance, dizziness or problems with coordination
- Sudden, severe headache for no reason
- Fainting or seizures

Symptoms may go away, then come back.
Resources

To speak to one of our nurses about your chest pain or treatment, please call 1-800-USHEART [1-800-874-3278].

To make an appointment with the Cardiovascular Clinic, call 612-625-3600.

To speak with a diabetes educator, call 612-626-1123.

For more information on heart disease and recovery, visit www.webmd.com or www.americanheart.org.