Coronary Angioplasty

an Information Booklet for Patients

Delivering a Healthy WA
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Hello - this information booklet has been designed to let you know what will occur during your stay in hospital, while you are undergoing coronary angioplasty. Important information is highlighted with the following symbol:

The booklet begins with information on how your heart works, followed by an explanation of the procedure. The booklet also describes what you can do to manage your recovery and improve the health of your heart (and yourself!)

On page 25 you will find a list of cardiac services you can contact should you have need for support or general (non-urgent) enquires.

This booklet is reviewed regularly. Please check with your Nurse or Doctor if you have any concerns or questions about the content.

Julie Prout
Cardiac Rehabilitation Service Clinical Nurse Specialist

Acknowledgments

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Thank you to the National Heart Foundation (WA Branch) for permission to use material from the MY HEART MY LIFE manual.

This project was made possible through funding from the Edith Cowan University Industry collaboration Grant Scheme and the Western Australian Nurses Memorial Charitable Trust.
### A DEFINITION OF MEDICAL TERMS

<table>
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<th>Term</th>
<th>Definition</th>
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<tr>
<td><strong>Angina</strong></td>
<td>The feeling of pain related to an insufficient supply of blood and oxygen to heart tissue. Normally occurs when plaque narrows the coronary arteries. Stable angina occurs on exertion only, while unstable angina occurs at rest.</td>
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<tr>
<td><strong>Angioplasty</strong></td>
<td>Also known as PCI or Percutaneous Coronary Intervention. A procedure where a balloon is inflated to compress the plaque back into the artery wall in order to open up the narrow artery.</td>
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<td><strong>Aorta</strong></td>
<td>The main blood vessel that delivers blood and oxygen to the body via arteries branching from it. The aorta originates from the opening of the left ventricle and finally divides into two in the abdomen.</td>
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<td><strong>Artery</strong></td>
<td>A blood vessel carrying oxygen-rich blood to organs and tissues.</td>
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<tr>
<td><strong>Atherosclerosis</strong></td>
<td>A disorder of the arteries which is characterised by yellowish plaque (cholesterol, lipids and cell debris) in the inner layers of the walls of large and medium sized arteries.</td>
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<tr>
<td><strong>Contrast</strong></td>
<td>The dye used during cardiac procedures to see the arteries on X-ray.</td>
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<td><strong>Coronary Arteries</strong></td>
<td>Arteries carry blood and oxygen to the heart muscle. There are 3 main coronary arteries:</td>
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<td></td>
<td>- right coronary artery (RCA)</td>
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<td></td>
<td>- left anterior descending (LAD) coronary artery</td>
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<tr>
<td></td>
<td>- circumflex (Cx) coronary artery</td>
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<tr>
<td><strong>Myocardial Infarction</strong></td>
<td>Also know as “MI” or “heart attack. Usually occurs when the plaque ruptures causing a clot. The clot may lodge in the coronary artery which prevents blood and oxygen flow to the heart muscle. The portion of heart muscle being fed by that artery dies.</td>
</tr>
<tr>
<td><strong>Plaque (coronary)</strong></td>
<td>A patch of atherosclerosis on the inner wall of the coronary artery. It is made up of cholesterol, lipids and cell debris and is able to restrict the blood flow OR it may rupture (forming a clot) which causes a &quot;heart attack&quot;.</td>
</tr>
<tr>
<td><strong>Stent</strong></td>
<td>A small stainless steel mesh tube placed in the coronary artery. The stent acts like a scaffold and holds the artery open.</td>
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HOW YOUR HEART WORKS

Your heart is a muscle that pumps blood to all parts of your body. The blood provides your body with the oxygen and nourishment it needs to carry out its work:

- The normal heart is about the size of your fist and has two sides – left and right, separated by a muscular wall.
- There is an upper and lower chamber on each side connected by valves which direct the flow of blood.
- The smaller upper chambers are known as the atria and the larger lower chambers are the ventricles.
- The right side of the heart pumps the blood to the lungs where it receives oxygen.
- Blood then enters the left side of the heart from the lungs and the heart pumps the oxygen-rich blood around the body (to organs and tissues).

Figure 1 - Structural diagram of the heart
CORONARY ARTERIES

There are three main coronary arteries.

- Left anterior descending (LAD)
- Right coronary artery (RCA)
- Circumflex (Cx)

These arteries have the important job of delivering blood and oxygen to the heart as its “fuel supply” to enable pumping.

Figure 2 - Diagram of the Coronary Arteries
WHAT IS CORONARY ARTERY DISEASE?

Coronary artery disease occurs when fatty deposits, called plaque, build up inside the arteries and narrow them. This is referred to as ‘clogging’, which reduces and blocks the flow of blood through these vessels. The severity of this disease depends on the location and number of narrowings in the coronary arteries. This clogging on the inside wall of the arteries occurs in patches and is called atherosclerosis. This happens over many years and there may be no symptoms until angina or a heart attack occurs.

Multiple areas of narrowing can occur in the coronary arteries. These narrowings may lead to angina or a heart attack.

Figure 3 – Progression of Plaque Build-up in a Coronary Artery

Normal Tear in lining of artery Fat and cholesterol accumulate
Angina

Angina is a temporary chest pain or discomfort resulting from a reduced blood supply to the heart muscle.

It occurs because part of the heart is temporarily unable to get enough blood and oxygen to meet its needs, due to an abnormally narrowed artery in the heart.

It is an early warning sign, and at this point no damage has occurred to the heart muscle.

Angina is your heart’s way of telling you it is not getting enough oxygen rich blood.

Heart Attack

A heart attack happens suddenly when the blood supply to an area of the heart muscle becomes blocked; it is usually associated with a sudden onset of chest pain or discomfort.

A heart attack usually occurs when a blood clot forms around the fatty deposits, or plaque, on the inside wall of the arteries to the heart.

Figure 4 - Diagram showing blood clot in a coronary artery and area of subsequent damage to the heart wall (muscle)
CORONARY ANGIOPLASTY

Coronary angioplasty is also known as Percutaneous Coronary Intervention (PCI) or Percutaneous Transluminal Coronary Angioplasty (PTCA), however we will refer to it as angioplasty in this booklet.

Angioplasty improves blood and oxygen flow via the coronary arteries to the heart without the need for open-heart surgery. It is a medical procedure to widen narrowed or blocked coronary arteries.

Angioplasty increases the blood and oxygen available to the heart muscle in order for it to work more effectively.

A successful angioplasty will relieve or improve symptoms such as chest pain (angina) and shortness of breath.

To reduce the chances of further plaque build-up in your coronary arteries, and future events such as angina or heart attack, you will need to modify your risk factors for coronary artery disease.

Please refer to pages 20-23 of this booklet for further information.
PREPARING FOR CORONARY ANGIOPLASTY

What to expect before the Angioplasty

- Chest x-ray
- Electrocardiogram (ECG)
- Blood Tests
- Explanation of the procedure and after-care
- Signed consent form
- The Doctor needs to know if you have any allergies

On the day of the angioplasty

ρ All medications are to continue except the following:

- Diuretic (“fluid”) tablets
- Anticoagulants (Warfarin)
- Diabetic medications (the Doctor may also ask you to stop taking Metformin on the day of, and 2 days following the Cardiac Catheterisation).
- An intravenous line (“drip or IV”) will be inserted
- You will have your groin hair shaved (both left and right groin)
- You need to fast from food and fluids at least 6 hours prior to the angioplasty.

Your Doctor will give you specific instructions regarding stopping and restarting any of your medications.

- Shower with special soap and change into a hospital gown and disposable pants
- There is no need to remove glasses or dentures
- Jewellery should be sent home, wedding band maybe worn
- Just before leaving the ward, you will be asked to empty your bladder
- You may be given pre-medication tablets prior to the procedure
- You will be taken to the Cath Lab on your bed or in a wheelchair.

Your test will usually take place as scheduled however occasionally emergency patients may need to be taken first or other patients’ procedures
may run longer / shorter than anticipated. **Whatever the situation you will be informed if changes occur.**

THE CORONARY ANGIOPLASTY PROCEDURE

Figure 5 - Picture of a Cardiac Catheter Lab

The ‘Cath Lab’

The Cath Lab resembles a small operating theatre. There is a glass panel where Cardiac Technicians and Radiographers monitor your progress and record the results during the test. The room will be cool however staff will ensure you are covered by a blanket to keep you warm.

Four or more staff (Nurses, Doctors and Technicians) will be present. Strictly sterile conditions are maintained and the staff will be dressed in theatre scrubs. They will wear gloves, a headscarf or hat and lead aprons (to shield them from x-rays).

You will be connected to an ECG machine and your heart rhythm and blood pressure will be monitored. To prevent infection, your groin will be cleansed with a cool antiseptic solution, usually Iodine.

*Please inform the Nurses if you are allergic to iodine so another solution can be used.*

Your whole body, except your head, will be covered with a blue sterile sheet. This sheet sticks around the site in your groin that is being used for the procedure.

*It is important for you not to move or touch the top of these sheets, once you are covered.*
During the procedure you will be asked to keep your arms by your side. Staff will do their best to keep you comfortable.

**If you need to move / cough, or feel uncomfortable at all during the procedure, tell Nursing staff immediately.**

The Doctor will inject some local anesthetic into the groin. You will experience a slight stinging or burning sensation, closely followed by a feeling of numbness in that area. Once this area has been numbed you will feel a sensation of pressure, however you should not feel any discomfort. If you do, please let staff know and additional local anaesthetic can be given.

An introducer sheath, (a short flexible tube) will be inserted into the artery in your groin. A long catheter is then passed through the introducer sheath and advanced up into the aorta and the coronary arteries. You will not feel the movement of this catheter.

Both the catheter and heart movement are observed under x-ray and will be seen as black and white pictures on a monitor. To ensure the pictures are easily seen, the main lights in the room will be turned on and off intermittently. The camera that takes these pictures is positioned above your chest.

**You may be able to see the monitor from time to time, however DO NOT strain or move in an attempt to watch it.**

The Doctor then threads a wire through the catheter into the narrowed or blocked artery. Once this wire is inserted the Doctor threads the balloon over the wire into the artery. The balloon is positioned at the site of the narrowing and inflated. The pressure squeezes the plaque against the walls of the artery, enabling the artery to open to a wider size (see Figure 6 on page 13).

The balloon is usually inflated for 20 - 60 seconds. A person may require more than one balloon, and these balloons may be inflated more than once. The Doctor will select a balloon that is the right size for your artery.

You may be asked to breathe in slowly and deeply or perhaps hold your breath for several seconds. This helps to get a clearer picture. When the
Doctor is satisfied that the plaque has been compressed and the artery opened sufficiently, the balloon catheter will be removed.

The length of time for an angioplasty is usually about 30 minutes to one hour.

Figure 6 - Diagram of a Coronary Balloon Angioplasty

At the completion of the procedure the catheters are removed and the introducer sheath is secured in your groin. Once this occurs you will be transferred back onto your bed.

Cath Lab staff will transfer you to your bed. Please DO NOT attempt to assist them.
You will then be transferred to the Coronary Care Unit.

CORONARY ARTERY STENTS

During the angioplasty procedure the Doctor may decide to insert a stent into your coronary artery. A stent is a small, slotted stainless steel tube (like a wire cage), that is placed in your coronary artery.

The Doctors may decide to insert a stent at the site of your narrowed artery for the following reasons:

♥ To hold the coronary artery open
♥ To improve blood flow through the coronary artery
♥ To prevent or relieve angina.

Once a stent has been inserted it cannot be removed. It will remain permanently fixed in your coronary artery. Because it remains in your coronary artery the Doctor will prescribe certain medications to ensure the stent remains patent (or unblocked).

In some cases the Cardiologist will choose to use a drug coated stent. These stents are coated with medications to prevent tissue growth in the artery, which is the main cause of restenosis (the artery narrowing again).

The following procedure is used to insert the stent.

♥ The stent is mounted on a balloon catheter.
♥ The balloon is inflated and the stent is expanded.
♥ The stent is implanted in the vessel.

Figure 7 & 8 Diagrams of Coronary Artery Stents
RETURNING TO THE CORONARY CARE UNIT

In Coronary Care

Once the procedure has finished it is important that you keep your affected leg as straight as possible, until the Nurses tell you otherwise.

You will be transferred back to Coronary Care immediately and attached to the monitors so the Nurses can regularly monitor your blood pressure, heart rate, pulse, colour, warmth, movement and feeling in your legs. Blood tests will be taken from the catheter in your groin and an ECG will be performed.

As you have been given medication during the procedure to thin your blood (increasing blood-clotting time), the sheath cannot be removed until your clotting times return to an appropriate level. This can take between 2 – 6 hours, however your Nurse in Coronary Care will measure it regularly.

As the local anesthetic wears off it is normal to have some discomfort in the affected area. You should immediately report if any of the following occur:

♥ Fresh bleeding (warm, wet feeling) from site in groin
♥ Swelling, numbness or pain at wound site
♥ Difficulty in breathing
♥ Chest discomfort or angina
♥ Palpitations or irregular heart beat
♥ Feeling unwell in any way

Ring your buzzer by pressing the button 3 times, to immediately summon a Nurse.
It is important that you keep your leg as straight as possible. You may sit up to 30 degrees or lie on your side as soon as Nursing staff allow.

**On your return to Coronary Care do not try and move on your own. Nursing staff will advise you when you can move and assist you to do so.**

Once the sheath is removed you must remain in bed for 4-12 hours; however your nurse will sit you up 30-40 degrees for 4-6 hours before you get out of bed. Your nurse will tell you when you can get out of bed. The times will be different for each person.

Sometimes in the Cath Lab, at the end of the angioplasty / stent procedure, the Doctor may decide to insert a closure device to plug the artery in your groin. If you receive the device you will be given a medical alert card that you need to keep for 90 days.

In some cases a ‘patch’ may be used to seal the artery. When the patch is placed, manual finger pressure must be applied for 20 minutes. The patch is covered with a transparent dressing and the nurse will inform you when you are able to walk. The patch can be soaked off with water and removed gently 24 hours later. Do not apply any dressings, lotions or creams to this site.

**If you want to cough, laugh, sneeze or exert yourself on the toilet, the nurse will show you how to place your hand on the puncture site to provide support.**

You can eat and drink as you wish after you leave the Cath Lab. Your usual medications will be continued, sometimes with an adjustment in dose. Occasionally a new medication may be added and the Nurse or Doctor will discuss these with you before you are discharged.
AT HOME

♥ For the next 48 hrs you should AVOID straining, lifting and carrying objects more than about 4kgs, driving, exercise and sexual activity. If you have any queries please speak with your Doctor.

♥ Observe wound site for:

⇒ Fresh bleeding or sudden large swelling.

*If this occurs lie down and apply firm pressure with 2 fingers just above the wound site for at least 10 minutes (if you are with a friend/relative get them to do this). Call an ambulance and come to the Emergency Department IMMEDIATELY.*

♥ Observe affected leg for:

⇒ Changes in colour, numbness, pain or significant discomfort.

*If you are unable to see your GP immediately please come to the Emergency Department.*

♥ Expect some slight bruising at the wound site for up to 7 days. If you notice bruising extending down your leg, place firm pressure on the site and contact your GP.

♥ Normal showering activities are allowed. Do not have a bath or swim for 5 days after the procedure.

♥ Continue taking medications unless advised otherwise. You will still need to carry your GTN spray with you (please see page 24 of this booklet for use of GTN).

♥ Usually the dressing can be removed the next day in the shower. Your Nurse will advise you prior to discharge if this changes.

♥ Do not apply any dressings, lotion, creams or ointment to the wound site.
In a minority of patients the narrowing in the coronary artery may return, most often within the first 6 months after the angioplasty. Should this happen, you will probably experience the return of your original symptoms. If this same pain returns use your GTN spray and come into hospital immediately.

If the narrowing occurs again, in most cases it can be treated successfully with a repeat angioplasty.

To reduce your chances of further angina or heart attacks you should try and modify your risk factors for heart. Please see page 20-23 and also refer to your My Heart My Life manual for more information on how to make lifestyle changes.

It is important that you discuss the issue of DRIVING with your Doctor before you leave the Hospital.

Driving will be restricted for at least two days.

Prior to leaving hospital you will be given instructions on making your follow-up appointment with your Cardiologist. In some cases the appointment will be made and given to you prior to discharge. Your Nurse or Doctor will inform you of this before you go home.

Contact your Cardiologist or GP if there are any complications or concerns with your recovery.
WHAT ARE THE RISKS WITH THE ANGIOPLASTY PROCEDURE?

♥ The angioplasty procedure can be associated with the following risks including, but not limited to:

♥ Coronary artery injury resulting in perforation or dissection (split) and flap formation of the artery wall

♥ Clot formation and abrupt artery occlusion (closure)

♥ Angina

♥ Serious heart rhythm disturbances

♥ Heart Attack

♥ Blood loss-requiring transfusion

♥ Infection or blood vessel damage at the catheter insertion site

♥ Reaction to contrast media

♥ Arterial spasm

♥ Stroke

♥ Death

♥ There is also a small possibility that special vascular surgery may be required to repair the groin artery where the catheter was inserted.

♥ Should the artery become narrowed or close off completely, under treatment or after the procedure, it is usually possible to re-open it with the balloon catheter.

♥ It is sometimes necessary to provide further treatment such as a coronary stent or to use clot-dissolving drugs if the artery narrows or closes off completely. If this is unsuccessful, urgent coronary bypass surgery may be advised.

♥ Please speak to your Doctor if you have any questions about risks of having an angioplasty.

Serious acute complications occur in less than 5% of patients
MANAGING CORONARY ARTERY DISEASE

Possible ways of managing or treating your disease

1. Lifestyle change.
2. Medical treatment (medicines).
3. Angioplasty / stent insertion.
4. Major surgery (e.g. coronary artery bypass surgery).

**Angioplasty is NOT A CURE for Coronary Artery Disease. Choosing NOT to make lifestyle changes may mean that your arteries will narrow or block again.**

*It is very important to know what YOU can do to reduce your risk factors for coronary artery disease.*

Risk Factors

A number of risk factors have been identified as being associated with an increased incidence of coronary artery disease, including:

- Smoking
- Elevated cholesterol (hypercholesterolemia)
- High blood pressure (hypertension)
- Diabetes
- Obesity
- Physical inactivity
- Stress (particularly depression and social isolation)

*Family history* is also a risk factor that is not modifiable. HOWEVER you can educate your family on how to reduce THEIR risk factors.

*These are all modifiable risk factors that YOU can change. The best way to tackle coronary artery disease in the long term is to change to a healthier lifestyle.*
Information regarding making lifestyle changes is easily obtained either from Sir Charles Gairdner Hospital or in the community. We briefly mention important aspects for your consideration on the following pages.

HOW TO REDUCE CORONARY ARTERY DISEASE RISK FACTORS

SMOKING

By quitting smoking you will significantly reduce your risk of further episodes of angina or heart attack. Nursing staff can refer you to the hospital occupational therapist, who can help you identify / plan ways to QUIT. Community services available are the QUITLINE (ph 13 18 48) and the Cancer Foundation’s FRESH START program (ph 13 11 20).

Elevated Blood Cholesterol

High cholesterol can cause your arteries to clog. Both medication and a low fat / high fibre diet can reduce cholesterol. Foods to be avoided include those high in saturated fat e.g. fatty meats, full fat dairy products, most deep-fried food, biscuits and commercially baked pastries. Ask your GP to check your cholesterol 3 – 6 monthly. You should aim to have your total cholesterol level below 4.

High Blood Pressure

High blood pressure (BP) can strain the heart and damage the blood vessels. Maintaining a healthy weight, exercising, reducing salt intake, limiting alcohol to less than 2 standard drinks per day and quitting smoking assists in lowering your blood pressure. The National Heart Foundation recommends BP is equal to or below 130/85. Your GP can advise and assist you to monitor your BP every time you visit him/her.

Diabetes

People with coronary artery disease often have diabetes. It is important to maintain a healthy weight, be physically active and eat a healthy diet (low in fat, low sugar, high fibre). Aim to maintain your blood glucose level within the normal non-diabetic range. If you are unsure what this is ask
your Nurse / GP for a referral to a community diabetic centre.

Physical Inactivity

It is vital to develop an exercise routine that you are comfortable with and that is performed for at least 30 minutes most days of the week.

Exercise significantly reduces your likelihood of being admitted to hospital with angina or heart attack. The Cardiac Rehabilitation & Heart Failure Service physiotherapist is able to discuss this with you.

Exercise can be incorporated into you daily routine (eg: using stairs from the ground floor instead of the lifts and also by parking further away and walking to your destination).

Stress

The emotional and social factors that link stress as a risk factor for heart disease are depression and social isolation. There are medical and non-medical treatments for depression. Speak with your Nurse / Doctor / GP so that you can choose a form that is appropriate for you.

Social support can help overcome loneliness. A Cardiac Rehabilitation support group, community based cardiac support group, walking group or any social clubs, can be important factors in meeting people, making friends and finding support. Your Nurse / Doctor / hospital social worker or GP can provide you with further advice.

You will be given a copy of “MY HEART MY LIFE - A manual for patients” while you are in hospital. This manual includes information that will assist you in making lifestyle changes in order to keep you healthy for many years.

If you do not receive a copy of “MY HEART MY LIFE” ask your Nurse or phone the Cardiac Rehabilitation Service Co-ordinator on direct dial 9346 4302.
Cardiac Rehabilitation at SCGH

The Cardiac Rehabilitation & Heart Failure Service at Sir Charles Gairdner Hospital provides advanced cardiac care. The goals of the service are to help patients recover from their cardiac event (angina/heart attack) and also to assist you to modify risk factors (making lifestyle changes) to reduce the likelihood of angina or heart attack.

The team consists of:

♥ Doctors
♥ Cardiac Rehabilitation Co-ordinator
♥ Heart Failure Nurse
♥ Dietitian
♥ Social Worker
♥ Nursing Staff
♥ Physiotherapist
♥ Occupational Therapist
♥ Pharmacist

The team provides information and care during your recovery while you are in hospital and also once you have been discharged home.

The Cardiac Rehabilitation Services runs weekly education sessions that you and your family / friends are welcome to attend.

These sessions can be attended while you are in hospital, and also once you have been discharged.

Examples of Education Sessions Offered:

♥ What is heart disease? Home management of angina.
♥ Know your medications.
♥ Stress management and relaxation session.
♥ The healthy heart diet.
♥ Exercise and you.
♥ Cardiac information and support.

Please ask your Nurse if you wish to attend the education sessions OR contact the Cardiac Rehabilitation Co-ordinator on 9346 3333 page 4840 or direct dial 9346 4302.
TREATMENT OF ANGINA

ANGINA

STOP what you are doing and sit down

Spray the NITROLINGUAL SPRAY (GTN) under the tongue

WAIT 5 MINUTES

IF PAIN PERSISTS spray another NITROLINGUAL SPRAY (GTN) under the tongue

WAIT 5 MINUTES

IF PAIN PERSISTS spray another NITROLINGUAL SPRAY (GTN) under the tongue
and call for an AMBULANCE (DIAL 000)

CONTACTS

If you have any questions or you require further information and advice either before or after your Coronary Angioplasty, please contact either your Cardiologist or the Cardiac Rehabilitation & Heart Failure Service Coordinator.

The National Heart Foundation

The National Heart Foundation provides information about heart disease (and stroke). The HEARTLINE number is 1300 36 27 87 (during business hours in all States). The website address is: www.heartfoundation.com.au.

Heart Support Australia

Heart Support Australia is a non-profit, voluntary organisation providing support, encouragement and information to assist people with heart conditions. All volunteer counselors have experienced heart problems and are trained specifically to cater to the needs of heart patients.

Heart Support Australia (Perth Branch)
PO Box 3239 Broadway, Nedlands 6009

Phone 1300 661 351 (Cost of a local call from anywhere in WA).
The website address for further information on Heart Support Australia is: http://www.heartnet.org.au/.

Notes Page

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<td>Figure 1</td>
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<td>Figure 2</td>
<td><a href="http://www.tmc.edu">www.tmc.edu</a> 9th May 2006</td>
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<td><a href="http://www.nlm.nih.gov">www.nlm.nih.gov</a>, 10th May 2006</td>
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<td>Figure 4</td>
<td>My Heart My Life – Heart Foundation WA 2006</td>
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<td>Sir Charles Gairdner Hospital Audio Visual Unit May 2006</td>
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<td>Figure 6</td>
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<td><a href="http://www.thecardioblog.com">www.thecardioblog.com</a> 10th May 2006</td>
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<td>Figure 8</td>
<td><a href="http://www.maxhealthcare.in/visitors">www.maxhealthcare.in/visitors</a> 10th May 2006</td>
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