

# Contact Information

This book belongs to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number : \_\_\_\_\_

My current weight is: \_\_\_\_\_ kg

My goal weight is: \_\_\_\_\_ kg

Allergies/Reaction: \_\_\_\_\_

My Diagnosis: \_\_\_\_\_

\_\_\_\_\_

My Surgeries: \_\_\_\_\_

\_\_\_\_\_

Doctor Treating Me for Heart Failure

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Other Important Phone numbers

|    | Name | Relation | Phone number |
|----|------|----------|--------------|
| 1. |      |          |              |
| 2. |      |          |              |
| 3. |      |          |              |

For any questions, comments, or concerns, please call the below no.

Dr. Name \_\_\_\_\_ Mobile No. : \_\_\_\_\_

**24 x 7 Help line No. : +91-79-30101168**

# Living Successfully with Heart Failure

The mission of CIMS Heart Failure Clinic is to reduce the incidence of cardiovascular disease through exceptional education, prevention and delivery of quality care.

This booklet contains information on risk factors that may be present and medications you or your family member may be taking or will take at home.

This general information will be helpful in dealing with your, or your loved one's condition. Please ask any of the team members if you wish to receive additional information which may not have been addressed in this manual.

We encourage you to write down details timely as well as any questions or comments on the "Notes" pages provided at the back of this booklet.



**Many people with heart failure lead normal, active lives because they take care of themselves by improving their lifestyle and putting into practice all medical advice.**

# What is Heart Failure ?

Heart failure, also called Congestive Heart Failure (CHF), means your heart does not pump blood as well as it should. This does not mean your heart has stopped working, but it is not as strong as it used to be and fluid builds up in the lungs and other parts of your body. This can cause shortness of breath, swelling in the legs, feet, and stomach.

Heart failure starts slowly and can get worse over time.

## Common Causes of Heart Failure

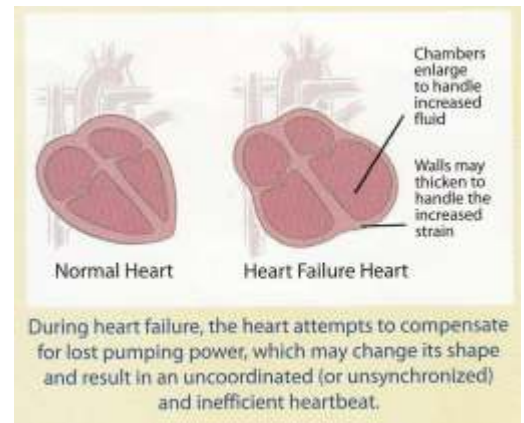
- Heart Attack
- Heart Muscle Disease
- Diabetes
- Excessive Alcohol Consumption
- Overweight
- Disease of Heart valves
- High Blood Pressure
- Viral illness
- Cancer Drugs

## Signs and Symptoms

- Breathing trouble that is worse during exercise or when lying down
- Swelling in ankles, legs, face and abdomen
- Gaining weight
- Feeling hungry, feeling full quickly when you eat, or having loss of appetite



- Having dry cough that does not go away and coughing up white frothy phlegm (spit)
- Needing 2 or more pillows at night or having to sleep in the chair
- Feeling restless, tired, or weak



# How to Diagnose Heart Failure?

**Medical History and Physical Examination:** Check for the presence of risk factors, such as high blood pressure, coronary artery disease or diabetes. Examine the neck veins and check for fluid buildup in abdomen and legs.

- **Blood tests:** Of kidney, liver and thyroid functions and other indicators
- **Chest X-ray**
- **Echocardiogram** measures the ejection fraction which helps classify heart failure and guide treatment.
- **Stress test** measures how heart and blood vessels respond to exertion. You may walk on a treadmill or pedal a stationary bike or a six minute walk test that measures the ability of heart and lungs to take in oxygen and breathe out carbon dioxide.
- **Cardiac Computerized Tomography (CT) Scan** or **Magnetic Resonance Imaging (MRI)**
- **Coronary Angiogram**

## What is Left Ventricular Ejection Fraction(LVEF)?

**LVEF:** is percentage of blood that pumps out of the heart during each beat

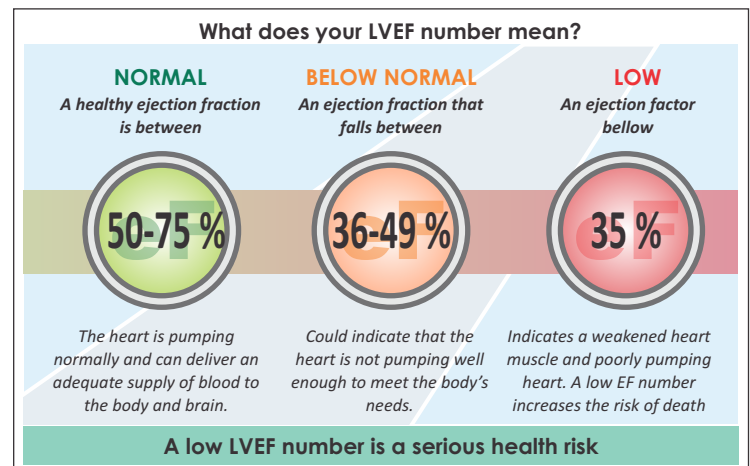
**LVEF:** is a measurement to see how well the heart is functioning

A low LVEF number can occur if your heart muscle has been damaged as a result of:

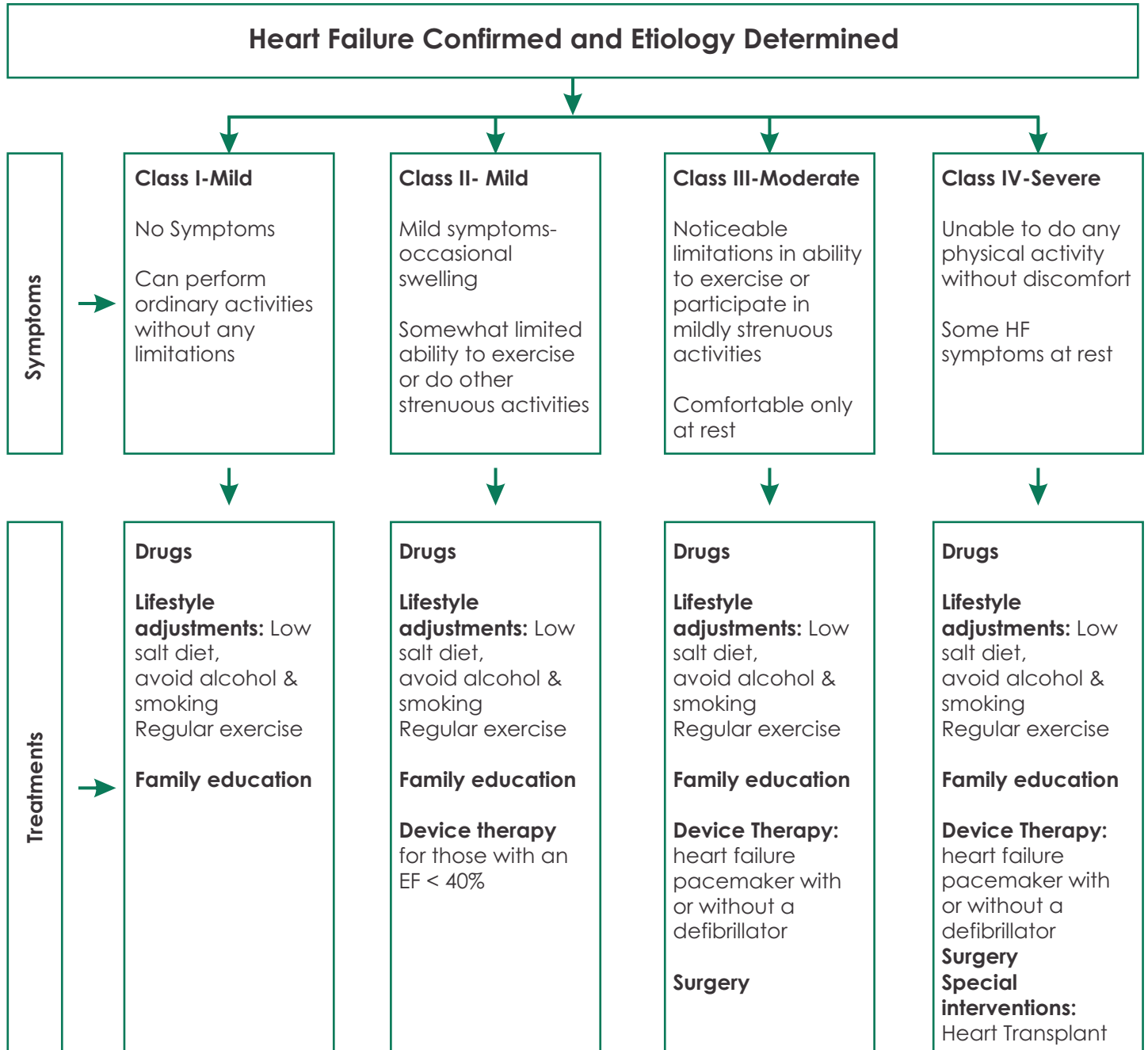
- Heart attack
- Long-term, uncontrolled blood pressure
- Heart valve problems
- Heart muscle disease

### What should you do?

- Ask your doctor if your LVEF should be measured.
- If your LVEF has been measured, ask for your LVEF number.
- If you have a low LVEF number (35% and below) ask your doctor if you should see a heart failure or heart rhythm specialist.



# Ask your Doctor, What is Appropriate for you

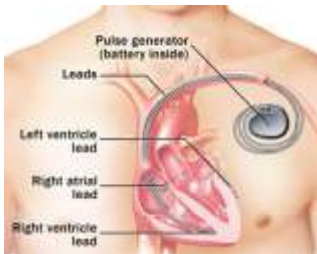


# Goal of CIMS Heart Failure Clinic

- 1) Complete evaluation to determine cause of heart failure
- 2) Determine disease progression/ prognosis.
- 3) Identify best treatment regimen.

**Right combination of treatment prevents premature death.**

## Implanting Specialized CRT and Defibrillators:



Battery-operated CRT implanted by our expert electrophysiologist can stimulate the heart so that it beats with a regular

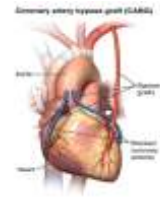
rhythm and works more efficiently.

Implanted cardioverter defibrillators act as internal "shock paddles" that respond automatically to a patient's heart arrhythmias, delivering an electronic shock to return the heartbeat to a regular rhythm.

## SURGICAL TREATMENT

### Coronary Artery Bypass Graft (CABG)

High-risk: blocked or damaged arteries are repaired or replaced through surgery,



### Complex Valvular Reconstruction

procedures to reconstruct heart valves (e.g., separating fused leaflets or repositioning valve chords) so that valves open or close better

**Ventricular Remodeling Surgery** can help some patients avoid the necessity for a heart transplant by restoring the heart to normal size, shape and function following injury to the left ventricle by a previous heart attack.

## CIMS is one of the first hospital to offer LVAD

### Left Ventricular Assist Device (LVAD)

**Bridging to Transplantation.** The device serves as a temporary bridge so that a patient can recover some life-sustaining degree of heart function prior to transplantation.

### Heart Transplant

Heart Transplant is a surgical procedure performed to remove the diseased heart from the brain dead patient and replace it with a healthy one from the organ donor.

# Lifestyle Modifications

## Choose

### Low Salt Foods

Fruits, Raw Salad, Milk, Curd, Buttermilk, Nuts, Beans, Pulses, Cereals, Egg White, Vegetables

### Low Fat Foods

Fruits, Raw Salad, Green Leafy Vegetables, Skimmed Milk, Curd/Buttermilk made from Skimmed Milk, Egg White, Lean Meat(occasionally)

### Low Carbohydrate Foods

Raw Salad, Fruits (avoid Mango, Banana, Chikoo, Sitaphal, Grapes, Pineapple), Green Leafy Vegetables, Pulses, Whole Grains, Figs

### High Fiber Foods

Raw Salad, Whole Fruits, Whole Grains, Green Leafy Vegetables, Brown Rice

### High Protein Foods

Whole Grains, Soyaproducts, Egg White Preparation, Pulses, Dal, Milk and Curd, Soya Milk, Mixflour, Low Fat Paneer Preparation, Lean Meat(occasionally), Mushroom, Fish(Salmon, Tuna), Protein Supplements (if needed)

## Avoid

### High Salt Foods

Papad, Pickle, Canned Fruits, Bakery Products, Tomato Ketchup, Salad Dressing, Chat Masala, Sea Foods, Table Salt, Ready to Eat; Ready to Make Foods

### High Fat Foods

Fried & Fatty Foods, Bakery Items, Chicken, Mutton, Fried Fish, Egg Yolk, Ice Cream, Cream, Salad Dressing, Butter, Cheese, Pickle, Sweets

### High Carbohydrate Foods

Sugar, Honey, Jaggery, Roots & Tubers (Potato etc), White Rice, Fruit Juice, Jam, Jelly, Dates(dried), Dessert, Cold Drinks, Alcohol, etc.

### Low Fiber Foods

Roots And Tubers, Fruit Juice, White Rice, Non-veg Food, Packed Food, Fried Food, Pickles, etc.

### High Potassium Foods

Green Leafy Vegetables, Fruits, Fruit Juices, Tomato, Potato, Green Peas, Cucumber, Carrot, Capsicum, Coconut Water, Mung, Moth, Tuar Dal, Lemon, Corn



# Diet Chart for Chronic Heart Failure Patient

| TIMING   | FOOD ITEMS  |
|--|---|
|  <p>Early Morning<br/>(6:00 AM TO 7:00 AM)</p>    | <p>Tea/Milk/Coffee (____ml)</p>    |
|  <p>Breakfast<br/>(8:00AM TO 9:00 AM)</p>         | <p>Tea/Milk/Coffee/any Juice(____ml)<br/>+<br/>Veg Upma/ Veg Poha/ Sprout Chat/<br/>Oatmeals/Cornflakes/Dhokla/Muthiya/<br/>Veg. Sandwich(Brown Bread)<br/>/Boiled Egg/<br/>Omlette(avoid Yellow Portion of Egg)</p>                         |
|  <p>Midmorning<br/>(10 AM TO 11 AM)</p>           | <p>Any Fruits (for Diabetic Avoid Banana,<br/>Chikoo, Mango, Sitafal, Grapes,<br/>Pineapple &amp; Any Fruit Juices)</p>    |
|  <p>Lunch<br/>(12:30 PM to 1:30 PM)</p>           | <p>Salad-1 Small Bowl, Roti,<br/>Any Veg (Green Veg) Kathol,<br/>Rice/Daliya/Khichdi/Moriyo, Dal, Curd</p>   |
|  <p>Evening Snacks<br/>(4 :00 PM TO 5:00 PM)</p> | <p>Tea/Milk/Coffee(____ ML)<br/>Khakhra/Mamra/Poha Chevda/Biscuits</p>    |
|  <p>Dinner<br/>(7:00 PM TO 8:00 PM)</p>         | <p>Veg. Khichdi+ Curd/roti +Veg +Green /<br/>Chutney/ Idli + Sambhar + Green Chutney/<br/>Veg. Paratha + Green Chutney/<br/>Veg. Muthiya + Green Chutney/<br/>Steam Handwa + Green Chutney/<br/>Veg. Daliya + Curd / Veg. Pualo +Curd</p>  |
|  <p>Late Night (9:00 PM)</p>                    | <p>Milk(____ml)</p>    |

# Lifestyle Modifications

## Weigh yourself daily

**“A sudden weight gain is one sign that you are retaining fluid.”**

If you have a weight gain or loss of 1 kg in 1 day **OR** 2.5 kg in 7 days, call your primary doctor.



## Follow a Low Sodium Diet

- A moderate 2 gram (2000 mg) per day diet restriction is essential

## Restrict Fluid Intake

|                    |                        |
|--------------------|------------------------|
| LVEF (30% to 40 %) | 1.75 Litre liquid /Day |
| LVEF (20% TO 30%)  | 1.25 Litre liquid /Day |
| LVEF (15% TO 20%)  | 1.00 Litre liquid/Day  |

## Avoid Smoking

- Chemicals in tobacco can damage heart and blood vessels, leading to narrowing of the arteries (atherosclerosis), which can ultimately lead to a heart attack.
- No amount of smoking or chewing tobacco is safe.



## Avoid Alcohol Consumption

- Do not drink alcohol at all. This includes beer or wine as well as hard liquor.
- It is very important that you honestly discuss with your doctor or your clinic nurse how much you have been drinking. They can help you with tips and services to stop drinking.



# Warning Signs of Heart Problems

**STOP YOUR ACTIVITY, REST, and REPORT** to your doctor if any of these symptoms occur:

- Pain, pressure, or tightness in chest: pain in neck, arm, jaw, or ear
- Dizziness or fainting
- Severe shortness of breath
- Pulse rate below 50 or above 120 beats per minute
- Nausea
- Pain in calf of leg(s)
- Ankle swelling, rapid weight increase or severe shortness of breath
- Temperature above 101 degree<sup>o</sup>c

# Take your Medication Regularly As Directed

## Medicine used in Heart Failure

**Diuretics:** It is commonly known as "water pills,"

**Caution:** Have your blood pressure and kidney function tested regularly.

### Common Diuretics include:

Furosemide, Torsemide,  
Bumetanide, Metolazone

**Angiotensin Converting Enzyme Inhibitors:** Widen or dilate blood vessels

**Consult your doctor:** If you develop chronic cough or your tongue, lips or face swell.

### Common ACE Inhibitors include:

Lisinopril, Enalapril, Ramipril,  
Captopril, Perindopril

**Angiotensin Receptor Blocker:** Inhibit blood vessels

**Consult your doctor:**

- If you had a bad reaction
- If kidney problems occur
- If pregnant

### Common ARB include:

Candesartan, Irbesartan, Losartan,  
Valsartan, Olmesartan, Telmisartan

**Beta-Blockers:** Slows the heart rate

**Consult your doctor**

- If you feel tired weak or dizzy
- If you have asthma or diabetes
- If man have trouble getting an erection

### Common Beta-Blockers include:

Carvedilol, Metoprolol, Bisoprolol

**Aldosterone Antagonist:** Blocks effects of hormones which can cause heart failure to get worse.

**Consult your doctor**

- If man experience breast tenderness or trouble getting an erection
- If woman have irregular menstrual cycle

### Common Aldosterone

### Antagonist include:

Spironolactone or Eplerenone

**Digoxin:** Helps strengthen the heart

**Consult your doctor**

- If pulse is less than 60 beats per minutes.
- Loss of appetite or unexpected weight loss
- Changes in vision, especially bluish/yellowish halos
- Nausea or vomiting
- Dizziness or rapid heart beats

## Medications to Avoid

- Do not take any herbal medications without the approval of doctor or pharmacist.
- Do not take any pills for pain except Paracetamol.
- Do not take any aspirin in addition to what is prescribed by the doctor.



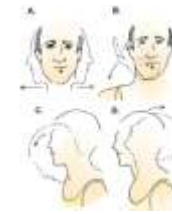
# Exercise Examples

## WARM UP EXERCISES

- It includes arm rotations, shoulder flexion (up-down) shoulder abduction-adduction (side to side movement) marching (legs up-down), etc

### Benefits

- Improves elasticity of muscles
- Promotes circulation in body
- Keeps yourself from getting tired
- Helps to gain more muscle control



Neck Movement  
Up & Down,  
Side to Side



Lifting Hands –  
UP & DOWN (front)



## AEROBIC EXERCISES

Start with slow walk for 2- 3 minutes, gradually increase speed to brisk walking for 15-20 minutes and then decrease speed for last 2 to 3 minute. Low intensity cycling, swimming can also be done once walking is mastered after 3 to 4 weeks.

## MUSCLE STRENGTHENING

Major muscle groups as Pectorals(chest) Biceps, Triceps, Abs, Back Muscles, Quadriceps, Calf muscles should be trained.

## COOL DOWN EXERCISES

- It includes slow walking, stretching of major muscles of body as pectorals(chest), shoulder, back, quadriceps, calves, etc.

### Benefits

- Prevents pooling of blood in lower limb.
- Increases venous return to heart from periphery



Calf Stretch  
(hold 10 seconds)



Quadriceps  
(hold 10 seconds)

# Taking Care of Yourself

## Questions for your Healthcare Professional:

Question: \_\_\_\_\_

Answer: \_\_\_\_\_

Question: \_\_\_\_\_

Answer: \_\_\_\_\_

Question: \_\_\_\_\_

Answer: \_\_\_\_\_

## Keep follow-up appointments

- It is important you schedule and keep follow-up appointments with your physician or cardiologist.
- By seeing your health professional, you may be able to prevent going back to the hospital. If you have problems, you should call your health professional immediately.

**If you are not able to attend an appointment, please reschedule by calling.**

## Physical activity measure for six minute walk Test

| No. | Date | Distance walked (Meters) | Remarks |
|-----|------|--------------------------|---------|
| 1   |      |                          |         |
| 2   |      |                          |         |
| 3   |      |                          |         |
| 4   |      |                          |         |
| 5   |      |                          |         |
| 6   |      |                          |         |

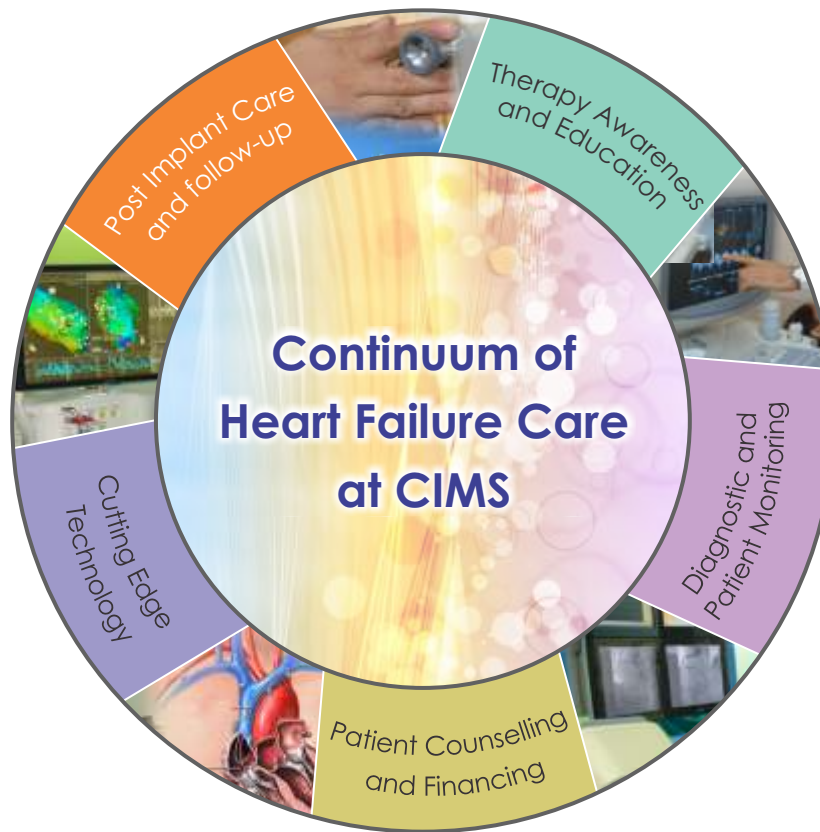
| Vaccination Schedule    | Given Date |
|-------------------------|------------|
| 1. Pneumococcal Vaccine |            |
| 2. Influenza Vaccine    |            |
|                         |            |
|                         |            |

# My Heart Health Daily Tracker

| Date       | Weight (kg) | Blood Pressure (mmHg)<br>Systolic/<br>Diastolic | Physical activity                                     | My Medicines (Kindly ✓ check box daily)  |  |  |
|------------|-------------|---|---|--|--|--|
|            |             |   |   | Morning  | Afternoon  | Evening  |
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# My Heart Health Daily Tracker

| Date       | Weight (kg) | Blood Pressure (mmHg)<br>Systolic/<br>Diastolic | Physical activity                                     | My Medicines (Kindly ✓ check box daily)  |  |  |
|------------|-------------|---|---|--|--|--|
|            |             |   |   | Morning  | Afternoon  | Evening  |
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| 27/___/___ |             |   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
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| 29/___/___ |             |   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 30/___/___ |             |   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 31/___/___ |             |   | <input type="checkbox"/> Y <input type="checkbox"/> N | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |



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