President’s Message

October has arrived along with the Autumn season. That means college kids have gone back to school, football season is underway, and Mended Hearts is back to a full schedule of activities.

We’re expecting a full house on October 17th, as we welcome Dr Michael DeFrain to our meeting. Dr. DeFrain is a Cardiothoracic Surgeon at HealthPark Medical Center, with expertise in minimally invasive and robotic surgery of both the heart and lungs. Although he is relatively new to Fort Myers (arriving just one year ago), he has already been named by Castle Connolly as one of America’s Top Doctors. Come early for good seating and the complimentary meal. See p. 11 for details on signing up for the meal.

I had an opportunity to visit at Cardiac Rehab recently and enjoyed speaking with the recovering patients. I reminded them that rehab is one of the best things they can do for themselves and their families, and pointed out that for me it’s now eleven years since my surgery. I emphasized that they follow the life-changing habits they’ll learn in rehab, to help them recover and live longer, productive lives.

We need more hospital visitors, especially during the busy Winter Season. Talk to any of our officers to volunteer your time. You may find it to be personally rewarding. I know that I do.

Stay well!

Ray

Visiting Report – August 2018

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❖ Flu Vaccinations for Older Adults

It’s October, and flu season is approaching. The Centers for Disease Control and Prevention (CDC) and Florida Department of Health both recommend that everyone aged 6 months or older get a flu vaccination by the end of October.

According to CDC, people 65 years and older are at greater risk of serious complications from flu compared with young, healthy adults, because human immune defenses become weaker with age. There are two flu vaccines designed specifically for people age 65 and older:

“High-dose vaccine” (FluZone) contains four times the amount of antigen as the regular flu shot and is said to be associated with a stronger immune response. In a clinical trial of more than 30,000 participants, adults 65 years and older who received high-dose vaccine had 24% fewer influenza infections than those who received the standard-dose vaccine.

Fluad — made with MF59 adjuvant was designed to help create a stronger immune response to vaccination. Once again, quoting from CDC, “In a Canadian observational study of 282 people aged 65 years and older conducted during the 2011-12 season, Fluad was 63% more effective than regular-dose flu shots.”

www.cdc.gov/flu/about/disease/65over.htm
**Officers**
President: Ray Ochester 415-4627 ray@ochester.com
Vice President: Ed Siemienas 466-9244 edsiemienas@yahoo.com
Secretary: Joe Jansen 461-0980 jfjansen@aol.com
Treasurer: Mary McGhee 437-4580 marymcghee@hotmail.com

**Hospital Visitors**
Charles & Faye Norris
Dan & Mandy Beran
David Millington
Ed Siemienas
Joe Fricker
Joe Jansen
John Ippensen
Kathy Taylor
Max Steed
Ray & Anne Ochester
Rich Garcia
Richard Brenner
Skip Marsden
Tom & Mary McGhee

**Telephone Visitors**
Herb Gallop
Kathy Taylor
Marianne Gail
Walter Watkins

**Visitation Committee**
Scheduling -- Joe Cramer, 292-7735
Training -- Ray Ochester, Ed Siemienas

**Newsletter Committee**
Jim Plummer, Editor, 337-2721
Assistant Editor (Vacant)

**Programs Committee**
Joe Jansen

**Sunshine Committee**
Patricia Krauss, 482-5523

**Webmaster**
Joe Cramer, 292-7735
Assistant Webmaster (Vacant)

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“**It’s great to be alive – and to help others!**”

To express interest in assisting Mended Hearts, clip out this form and mail to:
Mended Hearts
9190 Southmont Cove #103
Fort Myers, FL 33908

**I am interested in these areas of service:**
- [ ] Hospital Visitor
- [ ] Phone or Internet Visitor
- [ ] Assistant Webmaster
- [ ] Assistant Newsletter Editor

Name__________________________________

Phone__________________________

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2
September Guest Speaker — John Lawlor, DPM

Our guest speaker, Dr. John Lawlor, is a doctor of podiatric medicine (DPM), specializing in the prevention, diagnosis and treatment of foot, ankle and leg disorders.

Dr. Lawlor works closely with Primary Care Physicians to begin the early intervention and treatment that are essential for care of the feet, as well as necessary surgical procedures. He described many of the conditions he sees in his practice. We had a full house for our meeting in the Sanibel Room, and there was a lot of interest in his presentation.

During the first part of every consultation with a patient, Dr. Lawlor examines the foot and ankle in detail for outward signs of any disorder. As one example, a reduced pulse in the lower leg can signal potential heart disease risks including Peripheral Artery Disease. Also, as a portion of the initial exam, he looks at (or trims) the toenails. If they are yellowed or deformed, that would be the sign of a fungal infection, which could be caused by sweaty feet. A prescription medication may be needed. He said to be very concerned with this, as leg amputation sometimes starts with toenail symptoms. The same goes for corns and calluses. These can be trimmed or removed. A cotton or a foam cushion can also be used to reduce the rubbing and reduce the risk of infection.

Many times, a corn can be caused by a hammertoe deformity, which causes the tops of a person’s toes to rub on their shoes. There was a lot of interest within our group with hammertoes, so Dr. Lawlor spent a lot of time on this topic. A hammertoe is a bending of one or both joints of the second, third, fourth, or fifth (little) toes — most commonly, it’s the toe next to the big toe or the smallest toe — making the toe point upward rather than lying flat. This abnormal bending puts pressure on the toe when wearing shoes, causing problems to develop, including corns on the top of the toe. Hammertoes are caused by a muscle imbalance between the tendons on the top and the tendons on the bottom of the toe. Treatment can be either surgical or non-surgical. Surgery involves removing a section of bone in the knuckle, to straighten the toe. In some cases, it may be necessary to install a pin. Non-surgical treatments depend on the severity of the deformity. Wearing sensible shoes with a deep toe box might help, or orthotic inserts in the shoe might be used.

Our members asked a lot of questions, leading to more discussion on foot ailments of interest to many of us, including bunions (bump on the side of the big toe), plantar fasciitis (heel pain), and some of the foot problems associated with diabetes. We thank Dr. Lawlor for his excellent presentation.
Want to Reduce Your Stress and Live Longer? Become a Volunteer

Volunteering offers mental and physical benefits. Helping others lowers stress and leads to lower rates of depression, particularly among volunteers older than 65. In fact, individuals who volunteer live longer than those who don’t, according to the National Institute of aging. Meanwhile, you develop a sense of purpose and develop new relationships. Here are some references, if you’d like to read more about the proven benefits of volunteering:


As a heart patient or family member, you’re in an ideal position to help others who are undergoing heart procedures by volunteering with Mended Hearts.

The fundamental function of Mended Hearts is our hospital visiting program. With the strong support of Lee Health, we visit heart patients in the hospital; to listen and empathize with the anxiety and concern these patients have, while sharing our own experiences, where that might help.

To become a Mended Hearts visitor, you must be a heart patient or the family member of a heart patient, become a member of Mended Hearts, and complete both the hospital’s and our chapter’s accreditation training. We have an excellent group of hospital volunteers (see the photo below). We will train you, and then you can join this joyful team.

We have other volunteer opportunities within our chapter of Mended Hearts, to assist with our activities – our monthly newsletter, our website, periodic social events, or perhaps you have other ideas for benefiting the lives of former heart patients.

It’s easy to volunteer. Clip out the form on page 2 of this newsletter and mail it to the address shown, or talk with any of our officers at a chapter meeting. We always need help, and we would enjoy talking with you.
A Short Primer on Heart Attacks

Every organ in the body, including the heart, needs oxygen and nutrients to work properly. The heart receives oxygen via the coronary arteries. A “heart attack” occurs when flow through one or more of the arteries supplying oxygen-rich blood is blocked from reaching the heart. Lack of oxygen causes heart tissue to become damaged or die. This is a heart attack, also known as a myocardial infarction. Damage to the heart increases the longer an artery stays blocked.

In January 2018, the American Heart Association estimated there are 720,000 new heart attacks and 335,000 recurrent attacks in the US per year. Average age at the first heart attack is 65.6 years for males and 72.0 years for females. The good news is that, if treated quickly, most people are able to survive a heart attack.

How do arteries get blocked? When plaque builds up in the interior walls of the arteries, it prevents blood from flowing smoothly. Plaque is made up of fats, cholesterol and other substances. Over time, plaque hardens and narrows the arteries. If plaque breaks off the artery wall, it can form a clot that blocks blood flow. Clogged arteries also put a person at greater risk for stroke if the clot flows through the blood up into the brain.

What causes plaque to form in the arteries? Plaque can be caused by factors such as high blood pressure, high blood cholesterol, uncontrolled diabetes, aging, poor diet, sedentary lifestyle, and smoking. This build-up of plaque, or “hardening of the arteries” is called atherosclerosis. Except for age and heredity, most of these risk factors are controllable.

Who is likely to have a heart attack? Lifestyle plays an important role in having or avoiding a heart attack. Staying at a healthy body weight is one of the keys — those people who are overweight or obese are more likely to have high blood pressure, diabetes and heart attacks. Most heart attacks start slowly and build up; but, in the presence of existing atherosclerosis, an event such as strenuous activity or stress may suddenly trigger a heart attack.

What are the signs of a heart attack? Symptoms usually come on without warning. Here are some of the common signs:

- **Chest discomfort** in the center of the chest that lasts for more than a few minutes. It can be an uncomfortable pressure, squeezing, fullness or pain. Sometimes the pain goes away and returns. This is the most common symptom for both men and women.
- **Pain or discomfort in other areas of the upper body**, such as shoulders, one or both arms, the back, neck, jaw, or stomach.
- **Shortness of breath**, with or without chest discomfort.
- **Other signs**, such as anxiety, cold sweat, nausea, paleness or lightheadedness.

Symptoms for women may not appear to be as apparent as when men have heart attacks; women may downplay the pain, or maybe they don’t recognize them as signs of a heart attack. Some of the common signs for women include shortness of breath, pressure or pain in the lower
chest or upper abdomen, dizziness, lightheadedness or fainting, upper back pressure, extreme fatigue.

Response to symptoms. Seek immediate medical help if symptoms last for more than 10 minutes; a fast response is critical. Call 9-1-1. Ambulances are equipped with emergency cardiac equipment, and EMS response staff can start treatment immediately.

After calling for help chew an aspirin tablet, if available, to begin dissolving the blood clot while waiting for help to arrive. Tell first responders and hospital staff that you took an aspirin, before they start working on you.

Treatment of Heart Attack. Speed is everything – get proper medical assistance immediately. An electrocardiogram (ECG) checks the heart’s electrical activity and can help doctors see if a heart attack has occurred. It can also show which artery is clogged.

Doctors will make restoring blood flow to the heart their priority. They may use medications to break up the clot, or they may do a cardiac catheterization procedure to diagnose and treat the condition. During cardiac catheterization, a long thin tube called a catheter is inserted in the groin, neck or arm and threaded through blood vessels to the heart. The blocked artery is opened by inflating a tiny balloon in it, flattening plaque against the walls. This procedure (called an angioplasty) is often combined with the permanent placement of a small wire mesh tube called a stent in the artery to make sure it stays open.

Catheterization/angioplasty isn't always the right solution. If the main artery that brings blood to the left side of the heart is narrow, if the heart muscle is weak, or if there are multiple diseased blood vessels, then Coronary Artery Bypass Grafting (CABG) will be the only valid option. During CABG, the surgeon removes a healthy artery or vein from another part of the body (leg, arm, chest, or abdomen) and connects (grafts) the healthy vein or artery around the blocked portion of the coronary artery, creating a new path for oxygen-rich blood to flow to the heart. Surgeons can bypass multiple coronary arteries during one surgery.

It's important to remember that catheterization and CABG don't cure the underlying heart disease that caused blockages in the first place. Lifestyle changes will be a necessary part of life after surgery.

To lower risk for a heart attack, eliminate significant risk factors:

- Don't smoke
- Eat heart-healthy meals
- Exercise regularly
- Maintain a healthy weight
- Control blood sugar
- Watch cholesterol levels
- Monitor blood pressure
- Manage stress

To lower risk for a second heart attack. On average, 18% of heart attack survivors will be admitted for a second one. The American Heart Association recommends the following five steps to prevent a second heart attack: Take prescribed medications; follow-up with a cardiologist regularly; participate in Cardiac Rehab; manage risk factors (see above); get emotional support (family, community, church/synagogue, or support groups such as Mended Hearts).
Preventing 1 Million Heart Attacks and Strokes by 2022

Million Hearts® 2022 is a national initiative co-led by the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS), with partners across federal and state government agencies and private organizations. The initiative’s common goal is to prevent one million heart attacks and strokes in the United States in the next five years.

Some statistics from the CDC -- more than 1.5 million people in the U.S. suffer heart attacks and strokes per year, and more than 800,000 deaths per year result from cardiovascular disease (CVD). Every 40 seconds an adult in the U.S. dies from a heart attack, stroke, or other outcome of cardiovascular disease. Although cardiovascular deaths have been decreasing for the past 40 years, the reduction in deaths has slowed since 2011.

Their premise is that heart disease and stroke are preventable and that “Coordinated actions by public health and healthcare professionals, communities, and healthcare systems can and will keep people healthy, optimize care, and improve outcomes within priority populations.” See https://www.cdc.gov/vitalsigns/million-hearts/index.html

The Million Hearts® 2022 initiative focuses action on five targets selected for their impact on heart disease, stroke and related conditions. They believe that reaching these goals across the nation will result in one million fewer heart attacks and strokes in the next five years:

- 20% reduction in mean daily sodium intake
- 20% reduction in tobacco use
- 20% reduction in physical inactivity
- 80% performance on the “ABCS” of CVD prevention: aspirin when appropriate, blood pressure control, cholesterol management, and smoking cessation

They see many “opportunities” for success, as they word it, based on the following current shortcomings identified in national surveys from 2011 - 2016:

- 40.2 million Americans are living with uncontrolled hypertension (blood pressure).
- 9 million people are not taking the recommended doses of aspirin “to prevent an initial or recurring cardiovascular event.”
- 39.1 million adults are not taking the recommended statin therapy to manage their cholesterol.
- 54.1 million adults are smokers.
- 70.7 million adults are not physically active.

Goals are grouped into three strategy areas: Effective Public Health Strategies (Keeping people healthy), Effective Health Care Strategies (Optimizing care), and Improving
Outcomes for “Priority Populations” (Blacks/African Americans with hypertension, 35- to 64-year-olds, people who have had a heart attack or stroke, and people with mental and/or substance use disorders).

On the CMS (Medicare) side, the ABCS (See definition on previous page) are now embedded in more than a dozen quality reporting initiatives of the CMS Merit-based Incentive Payment System (MIPS). Quoting from the Journal of the American Medical Association (https://jamanetwork.com/journals/jama/fullarticle/2702070 published online September 6, 2018), “The Million Hearts® CVD Risk Reduction model is the first “pay-for-prevention approach,” testing the impact of individualized risk assessment on event rates for Medicare beneficiaries. If successful, this could be scaled nationally.” For example, electronic health record algorithms could identify and electronically refer patients to cardiac rehabilitation or to community-based resources, such as a tobacco “quitline.”

[Editor comments: Sorry about all the government jargon in this article; but it is, after all, a government program. There are some significant goals in Million Hearts®, as described above, but changing the mindset of a large percentage of the American people to meet the goals may be a stiff challenge. There seems to be the threat of a large hammer for the government to use through payment or withholding of healthcare costs to Medicare patients through CMS. This should be interesting to watch.]

Much more background information and detail on specific actions underway, or being planned, can be found at this website -- https://millionhearts.hhs.gov/

❖ 2018 Lee County Heart Walk

October is the perfect time to start training and fundraising for the 2018 Lee County Heart Walk, which will be held Saturday, December 8th at Centennial Park, 2000 West First Street, in Fort Myers. People from all walks of life take part in Heart Walk, and it’s usually quite a fun event. Festivities begin at 8:00am, and the walk starts at 9:00.

Funds raised at the walk, which is sponsored by the American Heart Association, go toward research into the country’s No. 1 and No. 5 killers — heart disease and stroke — as well as for public education. This year, more than 1 million people are expected to participate in cities all across the U.S.

The walk route is 3 miles in length, with a 1-mile option also available. Those in wheelchairs, kids in strollers, and dogs are all welcome to join in. Heart disease and stroke survivors are the heart of the Heart Walk! We’re given red or white ball caps to wear to show triumph over heart disease and stroke.

You can walk and fundraise individually, but we encourage you to join the Mended Hearts Team and contribute to the American Heart Association at the same time. Go to this link and join the “Lex Roulston” team -- http://www2.heart.org/site/TR?fr_id=3682&pg=team&team_id=404601
LET’S SCAN THE JOURNALS

❖ Quitting Statins after Stroke Raises Risk for Second Stroke
A recent study published in the Journal of the American Heart Association showed that quitting statins three to six months after an initial ischemic stroke (the type caused by blood clots in an artery supplying blood to the brain) significantly raises risk of having a second stroke within one year. As most of us know, statin drugs are prescribed to lower LDL (“bad”) cholesterol levels.

The study population included 45,151 ischemic stroke patients between 2001 and 2012 who were prescribed a statin within 90 days after leaving the hospital. Some of the patients did not take the statins, and some went on a reduced dosage. The risk of having another stroke increased 42 percent for patients who stopped taking statins. There was no additional risk of having another stroke or death for patients who continued taking statins at a decreased dose. The risk of death from any cause increased 37 percent after discontinuing statins.

Controlling high cholesterol is a lifetime process. The study concludes that “stroke patients should not discontinue statin therapy unless there is a compelling reason to do so.” Ref: J Am Heart Assoc. 2017;6:e005658. DOI: 10.1161/JAHA.117.005658.

❖ Sustained Exercise More Important than Weight Loss for Heart Health
A Norwegian study published recently in the Journal of the American College of Cardiology indicates that increased physical activity, not weight loss, gives patients with coronary artery disease longer life. They studied 3,307 individuals with coronary artery disease (30% were women) over a 30-year period. During that period, 1,493 of the participants died, and 55% of the deaths were due to cardiovascular disease.

For the study, the participants were divided into three categories: inactive; slightly physically active, but below recommended activity level; and physically active at or above recommended activity level. Definition of recommended activity level was at least 150 minutes per week of moderate physical activity. The individuals were followed for changes in weight loss and for activity level during the 30-year period. The death rate was higher for the patients who were completely inactive than for either of the other two groups. Survival for people who exercised a little bit, even if it was below the recommended level, was better than not exercising at all.

As for weight gain/loss, the study concluded that there were no mortality risk reductions observed with weight loss, and weight gain did not increase risk for already overweight patients. However, the conclusion stated that sustained physical activity was associated with substantial risk reduction. Ref: http://www.onlinejacc.org/content/71/10/1094

❖ Marijuana Use May Increase Risk of Death from High Blood Pressure
A study, published in the European Journal of Preventive Cardiology, looked at data on 1,213 U.S. adults participating in a 2005 national survey on health and lifestyle, all of whom reported a history of marijuana use. Data were followed for up to 20 years, tracking key outcomes including heart-related death. The average age of participants was 38; after the 20-year period, one-quarter of participants had died. Analysis showed that marijuana users were 3.42 times more likely to die from effects of high blood pressure than those who never used marijuana. Increased marijuana use led to greater risk of death. These negative effects of recreational (smoked) marijuana may be similar to cigarette smoking. https://doi.org/10.1177/2047487317723212
Fun Activities Page

❖ You Think English is Easy?

The following treatise on use of the English language was sent to us by someone who is either very confused or was just having fun…

• How can a slim chance and a fat chance be the same, while a wise man and a wise guy are opposites?
• Why does a house burn up as it burns down? You fill in a form by filling it out and an alarm goes off by going on.
• When the stars are out they are visible, but when the lights are out they are invisible.
• If teachers taught, why didn’t preachers praught? If a vegetarian eats vegetables, what does a humanitarian eat?

❖ Crazy Things Said by Casey Stengel

• “Good pitching will always stop good hitting and vice versa”
• “I was such a dangerous hitter I even got intentional walks in batting practice.”
• “Never make predictions, especially about the future.”

❖ Words of Wisdom

• “Wherever the art of medicine is loved, there is also a love of humanity.” – Hippocrates
• “The good physician treats the disease; the great physician treats the patient who has the disease.” – William Osler
• “The aim of medicine is to prevent disease and prolong life, the ideal of medicine is to eliminate the need of a physician.” – William James Mayo
• “The greatest wealth is health.” – Virgil
• “Save one life, you’re a hero. Save a hundred lives, you’re a nurse.” – Unknown
• “Never go to a doctor whose office plants have died.” – Erma Bombeck
• “You can look in the mirror and find a million things wrong with yourself. Or you can look in the mirror and think, ‘I feel good, I have my health, and I’m so blessed.’ That’s the way I choose to look at it.” – Isla Fisher

❖ Brain Teasers

1. What does this mean? STAND I
2. What does this mean? GESG
3. What does this say? POPPD
4. What does this say? TIME ABDEF
5. What does this say? CLOSE CLOSE CLOSE CLOSE
6. What does this say? LOVE SIGHT SIGHT SIGHT SIGHT SIGHT

4. Long time no see; 5. Foreclose; 6. Love at first sight
1. Understand; 2. Stirred; 5. Two peas in a pod
❖ **Upcoming Meeting Schedule and Guest Speakers**

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<td>Dr Michael DeFrain</td>
<td>Cardio-thoracic Surgery</td>
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<td>Nov 21, 2018</td>
<td>Marion Harris-Barter</td>
<td>Cardiac Rehab</td>
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<tr>
<td>Dec 19, 2018</td>
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<td>Holiday Luncheon</td>
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Oct. & Nov. meetings – HealthPark Medical Center in Sanibel-Captiva Room, beginning at 6:30 p.m.

Holiday Luncheon – Details provided next month

❖ **Procedure for Monthly Meetings**

Lee Health prepares complimentary heart-healthy meals for our meetings, available beginning at **5:45 p.m.** (45 minutes before the meeting). If you plan to join us for the meal, notify Joe Jansen at [jfjansen@aol.com](mailto:jfjansen@aol.com) or 461-0980 – at least five days in advance.

You are always invited to attend the **6:30** meeting without advance notice.

❖ **Farewell to Dave & Tanya Kahn**

Dave & Tanya are moving to Mérida, Mexico. We wish them a wonderful future in the city named “2017 American Capital of Culture.” They’ve been planning this move for a long time. Dave even sold all of his exotic automobiles.

They moved to Florida from NYC where they spent most of their working lives. After a heart surgery, Dave became one of the first three founding members of our chapter and has served as a hospital visitor and as chapter treasurer for the past 15 years. Many thanks for all you’ve done for us.
**Member Information (please print or type)**

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<td>May Mended Hearts staff or volunteers contact you regarding local chapter opportunities?  Yes  No</td>
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**Medical Info/Demographics** (Optional for Mended Hearts reporting purposes in aggregate only)

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Many chapter newsletters include surgery/procedure anniversaries of members.

Please indicate here if you are agreeable to having your name published in this way.  Yes  No

Add my email to monthly national email updates?  Yes  No

**Optional info:** Date of birth _____

Race:  Caucasian;  Black;  Asian;  Am. Indian;  Other

Gender:  Male;  Female

**National Membership Dues:** Includes subscription to *Heartbeat* magazine and one insignia pin for an individual or two pins for a family membership (must reside in same household). Select type of membership and include chapter dues (unless you wish to become a member-at-large). National dues are tax deductible less $10.00; Chapter and Lifetime dues are 100% tax deductible.

**Within United States**

| Individual | $35.00 |
| Family | $50.00 |
| Life – Individual Dues | $210.00 |
| Life – Family Dues | $290.00 |

**A tax-deductible contribution $_____ to**

National OR  Chapter

**Dues Summary:**

| National dues | $ _____ |
| TOTAL | $ _____ |

New chapter members: Please send payment with enrollment form to Chapter 312 Treasurer:

Treasurer Name: Mary McGhee

9171 Cherry Hill Court
Fort Myers, FL 33908

Or, if joining as a member-at-large, send to:

**The Mended Hearts, Inc.**

National Office
8150 N. Central Expressway, M2248
Dallas, TX 75206
ABOUT MENDED HEARTS

We are an international volunteer organization dedicated to helping heart patients and their families. Our trained volunteers visit patients, with doctor’s approval, while you are hospitalized. We provide literature on heart disease and your recovery from surgery.

OUR MISSION is dedicated to Inspiring hope and improving the quality of life for heart patients and their families through ongoing peer-to-peer support.

OUR PURPOSE is to offer help, support and encouragement to heart patients and their families.

OUR METHOD is to partner with medical and hospital staff to help the patient have a positive experience. Everyone who has had a heart procedure and their families are welcome at our meetings. You don’t have to join Mended Hearts to hear our speakers, but we would love it if you do join. We will send you the next three issues of our chapter newsletter following your surgery.