Nearly 70 of us were pleased to meet with and listen to Dr. Paul DiGiorgi, Cardiothoracic Surgeon with the Shipley Cardiothoracic Center at our February chapter meeting. Not only is Dr. DiGiorgi an outstanding surgeon with special skills in minimally invasive procedures, but he also holds important positions within Lee Health, including Chair of both the Robotic Steering Committee and Atrial Fibrillation Working Group, as well as Co-Chair of the Medical Staff Quality Committee.

Dr. DiGiorgi used no script and no slides. He spoke directly to us, as heart patients and caregivers, about the successes he and his three fellow surgeons, and the dedicated PA’s, specialized certified nurses, and medical staff are achieving here in our community.

He started by describing the new Shipley Center facility, which opened its doors in January. It’s set up not only for patients, but also to allow medical staff and outside practitioners to interface and learn more about the newest research and methods of treatment.

Dr. DiGiorgi described a few of the research and clinical trials underway. For example, they are now using Transcatheter Aortic Valve Replacement (TAVR) techniques for mitral valve replacement, as well as replacing aortic tissue valves a second time (Valve-in-Valve Procedure). The topic shifted to AFib trials which appear to be lowering the risk of stroke for AFib patients from about 5.6% down to 0.9%, using the clip method of Left Atrial Appendage removal.

The surgical team is averaging over 1,000 heart operations and more than 400 lung operations per year between the four surgeons and their teams, which is quite a workload. A case load at this level means they have seen just about everything and have proven methods and procures in place to medically assist patients, even those from outside our area. They are especially proud that their outcomes and quick recovery times for patients are among the highest in the nation.

He continued by describing some of the unique, specialized tools now in use for heart surgery. Of some interest was the Impella® device, called by some “The World's Smallest Heart Pump.” This pump is inserted into the left ventricle of the heart, via standard cardiac catheterization technique at the end of surgery, and is used for short-term pumping support while the heart recovers. This is very important for patients whose heart has been weakened after heart surgery and for those who are slow at being weaned from the heart-lung machine after heart surgery.

They are now using the 3rd generation of the da Vinci Surgical System for minimally invasive heart or lung surgery, and it is also used at HealthPark for certain prostate and OB/GYN procedures.

Throughout this meeting, Dr. DiGiorgi emphasized to us the importance of diet and exercise. All the good work surgeons do on surgical and stent procedures is wasted if you don’t change your lifestyle. He suggested participating in regular exercise and eating a diet as close to vegan as you can. Here is a good quote – “Think of the food you eat as medicine.”
**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
Dick Scott
Ed Siemienas
Joe Fricker
Joe Jansen
John Ippensen
Kathy Taylor
Max Steed
Ray & Anne Ochester
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Richard Brenner
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**Visitation Committee**
Scheduling – Joe Cramer, 292-7735
Training – Ray Ochester, Ed Siemienas

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

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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: ________________________
❖ Full-Year Visiting Report – 2018

Dec 2018

# Hospital Visits .......... 136 ..... 2,145
# Patients Visited ......... 88 ..... 1,340
# Families Visited .......... 45 ........ 385
# Internet Visits .......... 48 ........ 289

❖ Visiting Report – Jan 2019

Jan YTD

# Hospital Visits .......... 203 ......... 203
# Patients Visited ......... 128 ......... 128
# Families Visited .......... 135 ......... 135
# Internet Visits .......... 0 ........... 0

❖ January Guest Speakers — Cheryl Traugott and Gail Buda — Stroke Awareness

The fifty of us attending our January chapter meeting were privileged to hear first-hand about stroke care from two experts who have treated many stroke patients. Cheryl Traugott and Gail Buda are both Lee Health RN’s (Registered Nurses) with years of Emergency Room experience. They are currently serving as Clinical Quality Specialists within the stroke program.

They started their presentation by telling us that there are three certified stroke centers within Lee Health – two (Lee Memorial and Cape Coral Hospitals) are Primary Stroke Centers, and one (Gulf Coast Medical Center) is certified as a Comprehensive Stroke Center. At the primary centers, most cases of ischemic strokes can be treated, and there is immediate access, via “tele-neurology” for rapid assessment, diagnosis, and treatment when a neurologist is not available on-site. At Gulf Coast, all types of stroke patients, including hemorrhagic (bleeding strokes) can be treated. There is on-site neurological availability 24/7 with the ability to perform complex minimally invasive endovascular interventional procedures, along with a dedicated intensive care unit.

Stroke is the #5 cause of death in the United States and a leading cause of disability. About 795,000 strokes are reported in the U.S. each year — on average, a stroke occurs every 40 seconds. Strokes kill more than 130,000 people in our country every year.

The two RN’s told us to think of stroke as a “brain attack,” similar to the term “heart attack.” A stroke occurs when blood flow to an area of the brain is cut off. When this happens, brain cells are deprived of oxygen and begin to die. Medically, there are two types of stroke, and they aren’t treated the same way.

Ischemic stroke. Statistically, 87 percent of all strokes are termed “Ischemic.” They occur when blood vessels to the brain become narrowed or clogged with an obstruction consisting of fatty deposits called plaque (a blood clot). These clots can break off from another part of the body and go to the brain, similar to the way a clot can block a coronary artery. Just as a heart attack damages the heart, a stroke damages the brain.

Hemorrhagic strokes are less common (about 13 percent of stroke cases) but are far more likely to be fatal. They occur when a weakened blood vessel ruptures in or near the brain. The result is bleeding inside the brain, which can be difficult to stop. Hemorrhagic strokes are most often caused by uncontrolled high blood pressure, aging blood vessels, or an aneurysm (a blood-filled pouch ballooning out from an artery) that bursts and bleeds.

[Continued on page 4]
Transient Ischemic Attack (TIA) is often called a "mini-stroke" or a "warning stroke." During a TIA, blood flow to the brain is temporarily blocked, causing symptoms similar to an actual stroke, but they last for a short time – usually less than five minutes. When the blood flows again, the symptoms disappear, and there is no permanent injury to the brain, Cheryl stated that 33% of TIA patients will experience a stroke within one year after the TIA. Seek emergency medical help if you think you or a loved one has had a TIA, which should be viewed as a warning sign for high risk of a future stroke.

People experiencing a stroke have the best chance for survival if someone around them recognizes the signs and acts quickly by calling 9-1-1. It’s critical to get medical attention right away. The goal is to restore blood flow in the brain as quickly as possible. Immediate treatment may minimize long-term effects of a stroke and even prevent death.

Gail described the following F.A.S.T. test as something we should use to spot symptoms of stroke:

<table>
<thead>
<tr>
<th>FACE DROPPING</th>
<th>Does one side of the face droop or is it numb? Ask the person to smile. Is the person's smile uneven?</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARM WEAKNESS</td>
<td>Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?</td>
</tr>
<tr>
<td>SPEECH DIFFICULTY</td>
<td>Is speech slurred or hard to understand? Ask the person to repeat a simple sentence, like &quot;The sky is blue.&quot; Is the sentence repeated correctly?</td>
</tr>
<tr>
<td>TIME TO CALL 9-1-1</td>
<td>If someone shows any of these symptoms, even if the symptoms go away, call 9-1-1 and get the person to the hospital immediately. Check the time so you'll know when the symptoms first started</td>
</tr>
</tbody>
</table>

There are other symptoms, of course, including sudden confusion, sudden trouble seeing in one or both eyes, sudden trouble walking, loss of balance or coordination, sudden severe headache.

Both of our speakers emphasized strongly – DO NOT give aspirin to a person who appears to be experiencing a stroke until reaching the hospital. While most strokes are caused by blood clots, not all of them are. Some strokes are caused by ruptured blood vessels (Hemorrhagic strokes), and taking aspirin could potentially make these strokes more severe. Wait for the neurologist or other healthcare provider to tell you if aspirin therapy is a preferred part of treatment.

Our speakers stated that 80% of strokes are preventable, and the basis for prevention is following the American Heart Association’s Life’s Simple 7 (Stop Smoking, Eat Better, Get Active, Lose Weight, Manage Blood Pressure, Control Cholesterol, Reduce Blood Sugar). The main risk factor for stroke is high blood pressure, as it can damage and weaken arteries throughout the body.

We thank our two guest speakers who did a thorough job covering this important information for us in a short period of time. The topic generated a lot of interest with members and guests in attendance, leading to excellent questions and further discussion.
❖ **Updated Guideline for Treating Atrial Fibrillation**

Atrial Fibrillation (AFib) is a condition that affects more than 3 million adults in the U.S. It occurs when the heart beats irregularly in the upper chambers (the atria). AFib is a leading risk factor for stroke.

Because the heart beat is out of sync during AFib, blood can pool and form clots inside the atria, particularly in the left atrial appendage, a pouch that is part of the anatomy of the upper left chamber. If these clots are carried by blood flow and reach the brain, a stroke caused by a blocked artery can occur, even in people with no obvious symptoms of AFib. For many years, blood-thinning anticoagulant medications – primarily warfarin (*Coumadin*) – have been prescribed to inhibit blood clotting and reduce the risk of stroke for AFib patients.

On January 28, 2019, the American Heart Association, American College of Cardiology, and Heart Rhythm Society jointly released a new guideline on atrial fibrillation, updating specific sections of the previous guideline published in 2014. Updates were based on new data. In the 64-page document, there were three significant updates we will highlight:

- A newer class of blood thinner, “non-vitamin K oral anticoagulant” (NOAC), is **now the preferred recommended drug class over warfarin**, unless patients have moderate to severe mitral stenosis (narrowing of the mitral valve) or have an artificial heart valve. NOACs include the products apixaban (*Eliquis*), dabigatran (*Pradaxa*), edoxaban (*Savaysa*), and rivaroxaban (*Xarelto*).

- Weight loss is recommended in the guidelines for overweight or obese patients. Studies show that losing weight can reduce, or even reverse, health risks associated with AFib. Weight loss can also lower blood pressure, which is often associated with AFib.

- New drugs are now available to reverse effects of NOACs. FDA approvals were announced in 2018 for Idarucizumab (*Praxbind*) and Andexanet Alfa (*Andexxa*). The new guideline recommends their use in the event of life-threatening bleeding caused by a NOAC, or when a patient on a NOAC needs an emergency surgical procedure.

It’s worth noting that all anticoagulants (both warfarin and the NOACs) carry the risk of bleeding-related side effects such as unexpected nosebleeds, bruising, blue or purple toes, and even internal bleeding (with signs like dark urine or bloody stools).

Consultation with your healthcare provider and cardiologist may be warranted if you want to get off of warfarin (*Coumadin*), which is a rather high-maintenance drug – necessity for periodic blood testing to monitor your International Normalized Ratio (INR) value, as well as dietary restrictions (e.g., requirement for consistent levels of vitamin K). Print a copy of the 2019 guideline (from the website below) to bring with you to your doctor’s visit.

Each NOAC drug is different from the others, and there may be side effects to think about. Your physician must also consider your personal cardiac conditions. There’s no simple, one-size-fits-all approach in this case. Insurance costs are also a consideration. NOACs are new drugs, so there are no generic equivalents available.

[https://www.ahajournals.org/doi/abs/10.1161/CIR.0000000000000665](https://www.ahajournals.org/doi/abs/10.1161/CIR.0000000000000665)
Thoracic Aortic Aneurysm

The aorta is the largest artery (blood vessel) in the body. It begins at the opening of the aortic valve in the left ventricle of the heart, goes up (ascends) a short distance, bends over (arches), then goes down (descends) through the chest and abdomen to where it ends by dividing into two arteries that go to the legs. All smaller arteries come off branches of the aorta, delivering blood throughout the body.

Earlier in this issue, we described a brain aneurysm that occurs when a blood-filled pouch in a weakened blood vessel balloons out from an artery and eventually ruptures in or near the brain, causing a Hemorrhagic Stroke. An aortic aneurysm is a similar situation that can occur anywhere in the wall of the aorta. When they occur in the chest area, they’re called a Thoracic Aortic Aneurysm; if in the lower part of the aorta, they’re called an Abdominal Aortic Aneurysm. The term Aortic Dissection is used if the aneurysm leads to a tear in the aortic wall.

Factors in aneurysm development include: age (it’s more common in older people), hardening of the arteries, high blood pressure, and high cholesterol. People with a family history of aortic aneurysm, those with a bicuspid aortic valve (only two cusps in the valve, instead of three), and people born with Marfan Syndrome are more at risk for aortic aneurysms.

Aortic aneurysms generally expand slowly over time and don’t produce notable symptoms early in their growth. Some aneurysms stay small and never rupture, but if they do grow larger, there may be hoarseness in the throat, coughing, difficulty swallowing, shortness of breath, and some tenderness in the chest. If these conditions exist, a cardiologist or family physician may recommend an ultrasound/echocardiogram, CT Scan, or MRI. The aneurysm might also be discovered during an imaging scan of the chest or abdomen done for another medical reason.

If the aneurysm is small, the goal of treatment will be to prevent growth. Imaging will be done periodically to check on size of the aneurysm. Medications to be prescribed will likely include Beta blockers (to lower blood pressure) and statins (to lower cholesterol). If the aneurysm continues to grow, surgery may be necessary, when it reaches a specified level. The section of damaged aorta is removed, and a synthetic graft is sewed into place. If damage is at or near the aortic root, the aortic valve may need to be removed and replaced during the same operation.

A rupture or tear in the aorta will cause serious, uncontrolled internal bleeding. Symptoms of a bleeding or burst thoracic aortic aneurysm include sudden, intense and persistent chest or back pain; trouble breathing; low blood pressure; loss of consciousness. This a life-threatening emergency event. Call 9-1-1 immediately!

Note: On Dec 21, 2018, the FDA issued a warning that “Fluoroquinolone antibiotics can increase the occurrence of rare but serious events of ruptures or tears in the main artery of the body, called the aorta...can lead to dangerous bleeding or even death...Health care professionals should avoid prescribing fluoroquinolone antibiotics to patients who have an aortic aneurysm or are at risk for an aortic aneurysm.” Fluoroquinolones include brand names Cipro, Levaquin, Noroxin and Floxin, among others.
Crossword Puzzle Challenge

Hint: Entries for this puzzle are taken directly from monthly issues of this newsletter in 2018

Across
1. The newest Cardiothoracic Surgeon at LeeHealth is Dr. Michael _______.
5. Insomnia means ‘insufficient _____ patterns.’
7. Mended Hearts national office moved to this state.
9. What words follow this poem? ‘Passing school zone; Take it slow; Let our little shavers grow’ (2 words)
11. Start point for the Lee County Heart Walk _____ Park
12. Adults with this blood glucose disease are 2 to 4 times more likely to have CVD than those without it.
13. New U.S. Physical Activity Guideline includes, “Move more and sit ______.”
14. To dispose of unneeded pills, use the _____ in a Lee County Sheriff Office (2 words)
17. Lee Health President & CEO is Dr. Larry ______.
21. _____ is the largest public health system in Florida not receiving direct public tax support (2 words)
22. Location of our chapter’s summer luncheon (2 words)
23. Immediate CPR can double or triple chance of survival after ______.
24. The fundamental function for our Mended Hearts chapter is our hospital _____ program.

Down
2. FDA approved Apple’s _____ feature for their new Series 4 watch.
3. Another word for heart attack is Myocardial _____.
4. Within Lee County, LeeFlight is based at _____ (2 words)
6. An _____ checks the heart’s electrical activity.
8. The newest Lee Health Medical Facility is located in this town.
10. According to Dolly Parton, “If you want the rainbow, you gotta put up with the ______.”
15. Dr. Seuss quote, “Don’t cry because it’s over. Smile because it ______.”
16. Adults need 150 _____ per week of moderate-intensity aerobic exercise.
18. Contact _____ Jansen if you would like a complimentary meal before the next chapter meeting.
19. Three additional floors are being built on top of the existing _____ Medical Center. (2 words)
20. _____ Diet named as the ‘best overall diet’ for eight consecutive years.
LET'S SCAN THE JOURNALS

❖ **First Ischemic Stroke Patients Treated with *Embotrap II* Clot Removal Device**

After receiving FDA approval in May 2018, Cerenovus, part of Johnson & Johnson Medical Devices Companies, announced routine surgical use has begun for its *Embotrap II* device to mechanically capture and remove blood clots from the brain of a patient after an ischemic stroke. Access to the clot is via a catheter initiated in the groin area and carefully guided all the way to the brain. In the ARISE II clinical trial, neurointerventional surgeons restored blood flow in 80 percent of patients treated using *Embotrap II*. At the 90-day follow-up, nearly 70 percent of patients were “functionally independent.” *Embotrap II* is the newest device now available for this purpose – joining Medtronic’s *Solitaire* and Stryker’s *Trevo*.

The American Heart Association and American Stroke Association jointly published *Stroke Early Management Guidelines* in January and May of 2018. They specified that use of intravenous (IV) tissue plasminogen activator (*tPA*) [the leading “clot-busting” drug that has traditionally been used with stroke patients] should be initiated as quickly as possible for ischemic stroke patients -- within 3 hours of last known normal state and for a more selective group of patients within 4.5 hours of last known normal. The guidelines now state that in acute stroke patients who meet certain criteria -- including those whose strokes result from a blockage in one of the major (larger) arteries of the brain -- thrombectomy (mechanical clot removal surgery) is recommended up to 24 hours of last known normal state.

During the ARISE II trial, neuro-imaging was used to confirm size of the blocked artery and to determine how much brain tissue had suffered irreversible damage. Even though earlier treatment of a stroke is always better, treatment using thrombectomy out to 24 hours after the event may now offer some patients a better chance for independent life.

https://www.ahajournals.org/doi/10.1161/STROKEAHA.117.020125

❖ **Cardiovascular Benefits of Participation in Group Sports**

Exercise is an activity known to be good for cardiovascular health. In December 2018, *Mayo Clinic Proceedings* reported on studies that participation in leisure-time sports that involve more social interaction (such as tennis, badminton, and soccer) were associated with increased longevity than those participating in cycling, swimming, and health club workouts. They believe that social isolation is a strong predictor of a cardiovascular event and premature death. Interestingly, the studies (centered in Denmark and Finland) showed that those who worked out at health clubs spent the most time per week exercising, but had the lowest gain in life expectancy. In addition to the social aspects, group sports also promote positive attitudes toward a long-term commitment to regular physical activity.

https://www.mayoproceedings.org/article/S0025-6196(18)30538-X/fulltext#
https://www.mayoproceedings.org/article/S0025-6196(18)30669-4/fulltext#
Words of Wisdom

The following wisdom came to us via the American Heart Association:

“All that is worth cherishing begins in the heart.” — Suzanne Chapin

“I’ve learned that whenever I decide something with an open heart, I usually make the right decision.”

— Maya Angelou

“Nothing is impossible to a willing heart” — John Heywood

“Begin each day with optimism and end each day with forgiveness, Happiness in life begins and ends within your heart.”

— Dae Zantamata

Why English is Hard to Learn

− There is no egg in eggplant, nor ham in hamburger.
− Neither is there apple or pine in pine-apple.
− English muffins weren’t invented in England nor French fries in France.

Monthly Quiz

Which city is home to the following foods?

1. Rock Shrimp:
   a. New Orleans, LA
   b. Sarasots, FL
   c. Cape Canaveral, FL
   d. Apalachicola, FL

2. Hot Browns:
   a. Boston, MA
   b. Ottumwa, IA
   c. Chicago, IL
   d. Louisville, KY

3. Beaver Tails:
   a. Ottawa, ONT
   b. Toronto, ONT
   c. Montreal, QU
   d. Buffalo, NY

4. Jucy Lucy Burger:
   a. Salt Lake City, UT
   b. Boise, ID
   c. Seattle, WA
   d. Minneapolis, MN

5. Cobb Salad
   a. Boston, MA
   b. Phoenix, AZ
   c. Hollywood, CA
   d. San Francisco, CA

Winter Jokes from “Up North” Make Me Happy

Just in case you’ve forgotten what snow is like:

− Why Did The Farmer Only Wear One Boot To Town?
  He heard there would be a 50% chance of snow

− What’s A Snowman’s Favorite Breakfast?
  Frosted Flakes!

− What Do You Call A Snowman On Rollerblades?
  A Snowmobile!
❖ **Upcoming Meeting Schedule and Guest Speakers**

**Mended Hearts Meetings**  
**HealthPark Medical Center**  
**Sanibel-Captiva Room, beginning at 6:30 p.m.**

❖ **Important 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 or 461-0980 – **at least five days in advance.**

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

❖ **Newsletter Distribution**

We’ve been asked about the mailing list for this newsletter. It is primarily intended for members of the Fort Myers chapter of Mended Hearts. We mail copies to all members who join our local chapter and are current with paying their dues. Our intention is to provide our members with heart-healthy news, information, and announcements of local activities, including date and time of chapter meetings.

We also mail copies, for a limited time, to cardiovascular patients whom we have visited and who express an interest in our activities. This will generally be for a period of three to four months after their hospital stay. To continue hearing from us after that time, fill out the member enrollment form found in this newsletter and send it to the address shown on the form.
# MEMBER ENROLLMENT

## Member Information (please print or type)

<table>
<thead>
<tr>
<th>Name (Mr/Mrs/Ms)</th>
<th>_______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (line 1)</td>
<td>_______________________________</td>
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<tr>
<td>Address (line 2)</td>
<td>_______________________________</td>
</tr>
<tr>
<td>City</td>
<td>_______________________________</td>
</tr>
<tr>
<td>State/Zip</td>
<td>_______________________________</td>
</tr>
<tr>
<td>Email address</td>
<td>_______________________________</td>
</tr>
</tbody>
</table>

Chapter _____ OR Member-At-Large _____

| Phone (_____) | _______________________________ |
| Alt Phone (_____) | _______________________________ |
| Retired: | Yes | No |

| Occupation | _______________________________ |
| Preferred Contact: | Phone | Email | Mail |

Family member (must reside at same address; please name): (Mr/Mrs/Ms) _______________________________

Family member Email address: _______________________________

May Mended Hearts staff or volunteers contact you regarding local chapter opportunities? | Yes | No |

## Medical Info/Demographics (Optional for Mended Hearts reporting purposes in aggregate only)

| Name of Heart Patient | _______________________________ |
| Date of Surgery/Procedure | _______________________________ |
| Type of Surgery/Procedure | _______________________________ |
| | Angioplasty | Heart attack | Cath |
| | Atrial Septal Defect | Pacemaker | Valve-Surgery |
| | Aneurysm | Transplant | Valve - TAVR |
| | CABG (Bypass) | AFib arrhythmia | ICD (Defibrillator) |
| | Stent | Other arrhythmia | Other |

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 |

| Name of Caregiver | _______________________________ |
| Phone | _______________________________ |
| Alt Phone | _______________________________ |

| | Check here if also Heart Patient | Type of procedure | _______________________________ |

Add my email to monthly national email updates? | Yes | No |

| 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 | I am joining as a non-heart patient: | Yes | No | box 1: Physician | box 2: RN |
| | Family | $50.00 | box 3: Health Admin | box 4: Other Interested Party | box 5: Other | _______________________________ |
| | Life – Individual Dues | $210.00 | | | | |
| | Life – Family Dues | $290.00 | | | | |

| A tax-deductible contribution $_____ to | Yes | No | box 6: National OR box 7: Chapter |

| Dues Summary: National dues | $_____ |
| TOTAL | $_____ |

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

| Treasurer Name: | Mary McGhee |
| Treasurer Address: | 9171 Cherry Hill Ct. Fort Myers, FL 33908 |

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

| The Mended Hearts, Inc. | National Resource Center |
| 1500 Dawson Rd. | Albany, GA 31707 |
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.