



THE VALLEY

HEART &

VASCULAR
INSTITUTE

TAVR
Patient Resource Guide

IMPORTANT CONTACT NUMBERS:

Cardiac Surgery Office:
201-447-8418 (8:00 am to 5:00 pm)

After Office Hours:
201-447-8377 (Press 1 for assistance)

www.valleyheartandvascular.com/education



Welcome to Bergen Cardiac 2A

Bergen Cardiac 2A is a 28-bed unit that is staffed by a multidisciplinary team to assist you on your road to recovery. We are committed to providing you with the best possible care by integrating compassion and concern with the clinical expertise of our staff.

We Are Here For You

Your transfer from the Intensive Care Unit (ICU) to our unit represents significant progress in your healing process. Be assured that you will have continuous cardiac monitoring and your health status will be followed by the same critical care team (Intensivist, NP, Cardiac Rehab RN) that cared for you in the ICU. Your health is our main priority. Our goal is to provide excellent clinical care and service to you so you can return home quickly and resume your day-to-day activities.

If you have any questions, please ask any member of your healthcare team. If at any time during your hospitalization we do not meet your expectations, please speak with the clinical shift supervisor or manager. We are here to accommodate your needs and address any concerns you may have during your stay.

Discharge Information

Your discharge planning begins when you enter the hospital. You and your family will be given an **Anticipated Date of Discharge (ADOD)**, which is an estimate of the closest possible date of discharge so plans can be made accordingly. The ADOD may change often during your stay based on your physician's recommendations and the level of care that is needed.

On your day of discharge, you and your family will be given instructions on post-hospital care, medications and follow up that you need. The nursing staff and case manager will prepare both you and your family the day prior to your ADOD.

Thank you for giving us the opportunity to care for you.

Sincerely,
The Bergen Cardiac 2A Staff

Important Phone Numbers

- **Unit phone number: 201-447-8312 or ext. 8312 internally**
- **Clinical Shift Supervisor/Charge RN: 201-612-4848 or ext. 4848 internally**
- **Unit Manager Virginia Wydak: 201-447-8240 or ext. 8240 internally**

DAY OF DISCHARGE

Discharge time is 11:00 am

Please plan to arrive at the hospital between 9:30 and 10:30 am to pick up your family member and to complete the discharge education process.

Thank you
The 2A Staff



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Discharge Medications

Prescriptions You Will Receive at Discharge

The prescriptions that you receive upon discharge will have a maximum 30 day supply and will not be renewable. Further medications and prescriptions need to be obtained through your cardiologist as they will be managing your care after discharge.

Remember:

1. *Bring your medication list with you to first appointment with your primary cardiologist so that he/she may renew any prescriptions.*
2. *Even if you feel well, do not stop taking your medications without speaking with your physician.*

Another essential element to living healthy after heart surgery is taking all prescribed medication at the proper time. There are several main types of medications often prescribed for cardiac patients.

Aspirin helps your blood flow smoothly. It reduces inflammation in the body, which can prevent further heart attacks and strokes. We use enteric-coated (safety-coated) aspirin, usually at baby aspirin doses (80 mg). However, sometimes an adult dose (325 mg) will be prescribed by your cardiologist.

Antiplatelet agents prevent platelets from sticking/clumping together. They reduce the risk of heart attack and stroke, and prevent new heart stents from clotting. Not every patient needs these medications after heart surgery. Examples include: prasugrel (Effient®) and clopidogrel (Plavix®).

ACE (angiotensin-converting enzyme) inhibitors work to lower blood pressure by relieving the “resistance” to blood flow. These agents are particularly useful in patients with certain forms of heart failure or decreased squeezing ability of the heart. Examples include: benazepril (Lotensin®), enalapril (Vasotec®), lisinopril (Zestril®), quinapril (Accupril®), and ramipril (Altace®).

Beta-blockers improve heart function, prevent heart attacks, and control blood pressure and heart rate. Examples include: carvedilol (Coreg®), propranolol (Inderal®), atenolol (Tenormin®), and metoprolol (Lopressor®).

ARBs (angiotensin receptor blockers) work to lower blood pressure by relieving the “resistance” to blood flow. These agents are particularly useful in patients with certain forms of heart failure or decreased squeezing ability of the heart. Examples include: losartan (Cozaar®), valsartan (Diovan®), and irbesartan (Avapro®).

Statins work by reducing cholesterol and lipids in your body. This reduces the risk of heart attack and stroke. Examples include: simvastatin (Zocor®), atorvastatin (Lipitor®), and rosuvastatin (Crestor®).

Discharge Medications (continued)

Diuretics rid the body of extra fluid. Many patients need these medications for a short course after heart surgery. Examples include: furosemide (Lasix®) and tosesemide (Demadex®).

Blood thinners many be used in conjunction with other medication to keep blood clots from forming if you have an irregular heart rhythm. Examples include: dabigatran etexilate (Pradaxa®) and warfarin (Coumadin®).

Anti-Dysrhythmics are used to treat heart rhythm problems (arrhythmias). Examples include: cordarone (Amiodarone®), dronedarone (Multaq®), and lanoxin (Digoxin®).

Anti-anginal medications are used to control angina symptoms. These are rarely needed after heart surgery. Examples include: nitroglycerine tablets, sprays or patch, isosorbide dinitrate (Isordil®), isosorbide mononitrat (Imdur®), and ranolazine (Ranexa®).

Calcium channel blockers improve heart function, prevent heart attacks, and control blood pressure and heart rate. Examples include: diltiazem (Cardizem®), amlodipine (Norvasc®), and verapamil (Calan®).

Pain medications alter the perception of moderate to severe pain. Examples include: oxycodone (Percocet) and hydromorphone (Dilaudid®).

First Things First

- 1. You will be given an appointment to follow up with the Nurse Practitioner / Cardiac Surgeon / Interventional Cardiologist in the Valve Clinic 3–4 days after discharge.**

AN APPOINTMENT HAS BEEN MADE FOR YOU:

MD Name: _____

Date: _____ Time: _____

Office Phone: _____

- 2. At the time of your first post-discharge appointment, you will be given an appointment for a 30-day follow-up visit.**

AN APPOINTMENT HAS BEEN MADE FOR YOU:

MD Name: _____

Date: _____ Time: _____

Office Phone: _____

**THE VALLEY HOSPITAL CARDIAC REHABILITATION
Cardiac Surgery - Post-Op Daily Log**

For the best results, stay active and follow the home walking guidelines.

Physician Appointments:

CALL YOUR DOCTOR IF:

Your temperature is above 100°F.

You gain 2 to 3 lbs. in a day or 4 to 5 lbs. in a week.

Your incision has any redness, increasing tenderness/pain, or increasing amount of drainage.

Cardiologist: _____

Cardiac Surgeon: _____

Other: _____

| Week 4 | Date | Temperature | Weight | Incision |
|--------|------|-------------|--------|----------|
| Day 1 | | | | |
| Day 2 | | | | |
| Day 3 | | | | |
| Day 4 | | | | |
| Day 5 | | | | |
| Day 6 | | | | |
| Day 7 | | | | |

| Week 1 | Date | Temperature | Weight | Incision |
|--------|------|-------------|--------|----------|
| Day 1 | | | | |
| Day 2 | | | | |
| Day 3 | | | | |
| Day 4 | | | | |
| Day 5 | | | | |
| Day 6 | | | | |
| Day 7 | | | | |

| Week 5 | Date | Temperature | Weight | Incision |
|--------|------|-------------|--------|----------|
| Day 1 | | | | |
| Day 2 | | | | |
| Day 3 | | | | |
| Day 4 | | | | |
| Day 5 | | | | |
| Day 6 | | | | |
| Day 7 | | | | |

| Week 2 | Date | Temperature | Weight | Incision |
|--------|------|-------------|--------|----------|
| Day 1 | | | | |
| Day 2 | | | | |
| Day 3 | | | | |
| Day 4 | | | | |
| Day 5 | | | | |
| Day 6 | | | | |
| Day 7 | | | | |

| Week 6 | Date | Temperature | Weight | Incision |
|--------|------|-------------|--------|----------|
| Day 1 | | | | |
| Day 2 | | | | |
| Day 3 | | | | |
| Day 4 | | | | |
| Day 5 | | | | |
| Day 6 | | | | |
| Day 7 | | | | |

| Week 3 | Date | Temperature | Weight | Incision |
|--------|------|-------------|--------|----------|
| Day 1 | | | | |
| Day 2 | | | | |
| Day 3 | | | | |
| Day 4 | | | | |
| Day 5 | | | | |
| Day 6 | | | | |
| Day 7 | | | | |

QUESTIONS FOR YOUR DOCTOR (use the reverse side for additional questions):

1) When can I begin outpatient cardiac rehab?

2) _____

3) _____

4) _____

5) _____

What to Expect at Home

Most patients are discharged home when they no longer need constant care. The length of your stay depends on how well you're doing, your overall health, and your situation at home. Most patients stay in the hospital for 3 to 7 days, depending on surgical approach.

What Is Normal?

- **Lack of appetite.** Some patients even complain of nausea from the smell of food for 1 to 2 weeks.
- **Having some swelling.** Keep your legs elevated. Wear your elastic TED stockings for the next 6 weeks. Have someone place them on in the morning for you and off at night.
- **Difficulty sleeping at night.** This will improve. Vivid dreams may also occur. Taking a pain pill before bed may help.
- **Having problems with constipation.** Sometimes patients experience constipation when taking narcotics. Use a laxative of your choice. Eat more fruit and fibers, and take in adequate fluids. Walk regularly.
- **Having mood swings and feeling depressed.** Do not be discouraged. This is a normal part of the healing process. This gets better.
- **To have a small amount of drainage from your incisions,** especially where your drainage tubes were in place.

What Symptoms Need Attention

| Urgent Problems | Needs Immediate Attention |
|---|---|
| Symptoms | |
| <p>Call the Cardiac Surgeon's Office</p> <ul style="list-style-type: none"> • Persistent bleeding or oozing from incisions, especially if this drainage smells foul or looks like pus. • Swelling and/or redness around your incisions • Elevated fever greater than 100.0°F 2 times in 24 hours • Sharp pain when taking in a deep breath • Worsening shortness of breath | <p>Go to Local Emergency Department or call 911</p> <ul style="list-style-type: none"> • Bright red blood in a bowel movement • Chest pain (angina-like) similar to preoperative pain • New onset of nausea, vomiting, or diarrhea • Chills with persistent fever greater than 100.0°F |
| <p>Call Your Primary Cardiologist</p> <p>Weight gain of more than 2 lbs. within 24 hours or 4 to 5 lbs. over the course of a week</p> <p>Pain in calf that becomes worse when pointing toe up to head</p> <p>Worsening ankle swelling or leg pain</p> <p>Extreme fatigue</p> <p>Skin rash</p> <p>Urinary tract infection: frequent urination, burning with urination, urgency with urination, or bloody urine</p> <p>Acute gout flare up</p> | <p>Coughing up bright red blood</p> <p>Fainting</p> <p>Sudden numbness or weakness in arms or legs</p> <p>Heart rate faster than 120 beats per minute with shortness of breath or new irregular heartbeat</p> <p>Severe abdominal pain</p> <p>Shortness of breath not relieved with rest or sudden difficulty breathing</p> <p>Sudden severe headache or sudden lightheadedness</p> |

Incision Care and Pain Management

Care of Your Incisions:

- Check your incisions daily (groin and/or chest). Notify your cardiac surgeon if you have any of the following: increased tenderness, increased redness or swelling, and persistent fever.
- Notify your cardiac surgeon if your temperature is over 100°F. Check your temperature daily.
- It may be normal to have a small amount of drainage from your incisions, especially where your drainage tubes were in place. You may use a bandage or small dressing over these sites to prevent your clothes from getting soiled.
- You may have some bruising or soreness, which is normal. For this pain you may take Regular Strength Tylenol® – 1 to 2 tablets ever 4 hours, as needed.
- Ask your cardiologist when you can take a tub bath or use a jacuzzi or go swimming. A shower is permitted once you are discharged. Face the shower and allow water to run down your chest to keep the incision clean. Keep the water at a mild temperature and gentle pressure. Extreme temperatures can cause dizziness and lightheadedness. Use Dial®, Ivory® or unscented Dove® soap. Avoid vigorous scrubbing. Allow any tape to “fall” off. Use a clean towel to pat-dry your incisions first. Do not apply lotions, creams, oils, or powders to your incision. Because incisions sunburn easily, protect them from sunlight during the first year after surgery.

Standing to shower is preferable to sitting in a tub. A long-handled bath brush, hand-held shower, and rack to hold toiletries prevent stooping and twisting movements. Use a rubber mat to prevent slipping.



- Wear a bra as soon as possible. If the bra crosses over the incision, place a gauze pad between the bra and the incision. A sports bra may be an alternative, as it may provide more comfort.

Pain Control:

- Your pain will be controlled during your hospitalization as needed.
- Most patients are sent home with a prescription for a narcotic pain reliever, such as Percocet® or dilaudid (hydromorphone). You may find that Tylenol® or Motrin® (ibuprofen) provide adequate pain relief, too.

Stockings:

- Elastic stockings need to be worn each day following surgery until your doctor advises.
- Stockings should be put on in the morning before getting out of bed and taken off before you go to bed in the evening.
- You need someone to put on your stockings for you to prevent you from bending down and putting pressure on your chest. A plastic bag over the bare foot first, then stocking applied over it can help with this, as elastic stockings can be difficult to get on. The bag may be removed through the manufactured hole in the toe of the stocking.
- Stockings may be washed in cool water by hand or machine. Do not put stockings in the dryer; they will shrink. Let them air dry.

Activities and Guidelines

When to Resume Usual Activities:

| First 3 weeks | After 3 weeks | After 12 weeks |
|--|--|--|
| <ul style="list-style-type: none"> • Weigh yourself daily • Daily temperatures • Shower (no tub baths) • No lifting anything heavier than 5 lbs. • No driving (can be a passenger in the back seat) • TED stockings (on in the morning and off for sleep) • Use incentive spirometer throughout the day • Return to work (ask your cardiologist for clearance) • Cooking • Light housework (dusting, folding clothes, doing dishes) • Shave with an electric razor if you are on blood thinners | <ul style="list-style-type: none"> • Continue activities of first 3 weeks, but you can tolerate more • Walking on a treadmill • May lift heavier than 5 to 7 lbs. • Driving a car • Heavier housework • Vacuuming, sweeping, laundry • Ironing • Shower or tub bath • Shopping with groceries over 5 to 7 lbs. • Business or recreational travel | <ul style="list-style-type: none"> • Swimming any stroke • Using a lawn mower • Cast fishing • Golfing • Bowling • Hunting (arrow/gun) • Rowing a boat • Starting motors with a pull cord • Chopping wood • Playing tennis • Riding a bicycle • Scouring the bathtub • Diving • Skiing |

Reminders:

- Avoid straining during a bowel movement, as this may cause bleeding at the groin site.
- No alcoholic beverages for 30 days after the procedure. Check with your cardiologist about when you can resume alcohol consumption. The American Heart Association recommends that you drink no more than one ounce of hard liquor per day, 5 ounces of wine per day, or 12 ounces of beer per day.
- Please keep your patient implant card with you at all times after your procedure, and show it to any medical personnel who may be treating you. If you do not receive one of these cards after your procedure, please notify your doctor.
- Antibiotic may be needed in the future for surgical/dental procedures; please let any health care practitioner know that you have had a valve replacement before you have any surgical procedures.

Activities and Guidelines

Walking Program:

Follow the walking program given to you by your cardiac rehabilitation nurse, and get up every hour and move. If you feel short of breath, dizzy, or faint, stop and rest. If these symptoms do not subside within 20 minutes, notify your cardiologist.

The following is a recommended walking program:

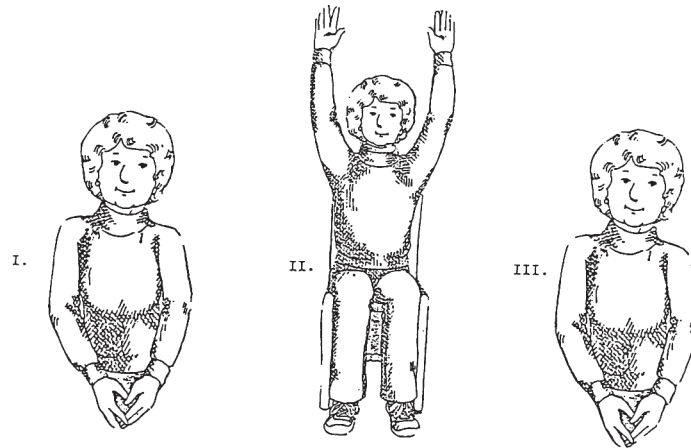
| Week | Frequency | Duration |
|----------------|------------------|----------------------------|
| Week 1 | walk 4x / day | 5 minutes = 20 min. total |
| Week 2 | walk 3x / day | 10 minutes = 30 min. total |
| Weeks 3 & 4 | walk 2x / day | 20 minutes = 40 min. total |
| Week 5 | walk 1x / day | 45 minutes = 45 min. total |
| Weeks 6 & 7 | walk 1x / day | 46 minutes = 46 min. total |
| Week 8 | walk 1x / day | 47 minutes = 47 min. total |
| Weeks 9 & 10 | walk 1x / day | 48 minutes = 48 min. total |
| Week 11 | walk 1x / day | 50 minutes = 50 min. total |
| Weeks 12 & on* | walk 1x / day | 60 minutes = 60 min. total |

*For Weeks 12 and on, 60 minutes of walking per day is recommended. Instead of 60 straight minutes of walking, it is acceptable to divide this into 2 30-minute periods or 3 20-minute periods.

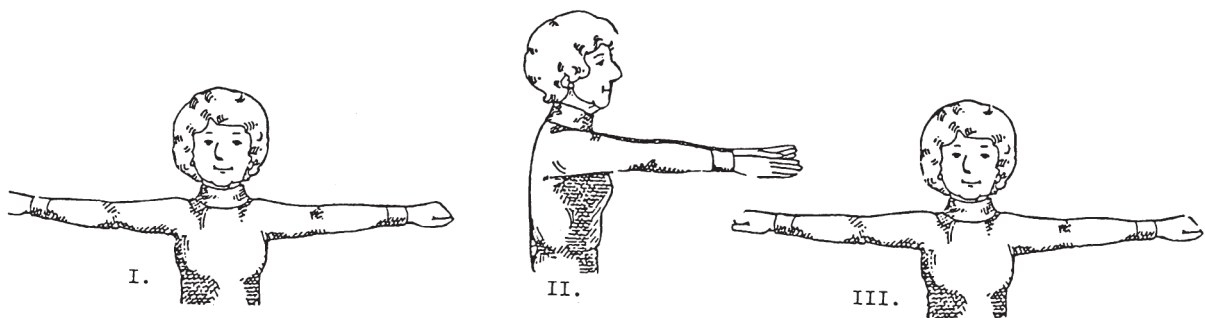
Activities and Guidelines

Daily Recommended Exercises:

Do the following exercises 5 to 10 times each, 2 to 3 times per day. Increase as tolerated.



1. Sit in a chair, keeping your neck, shoulders, and trunk straight.
2. Bring your arms slowly overhead while breathing in slowly through your nose.
3. Exhale slowly through pursed lips while bringing your arms down to the starting position.



1. Gently lift your arms out to the side while breathing in slowly and deeply. **Do not stretch your arms back, as this may put pressure on your suture line.**
2. Slowly bring your arms together while exhaling through pursed lips.

Activities and Guidelines



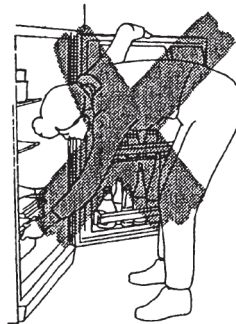
Gently bend head forward, to center, to one side, and finally to other side.

Rest:

- You need to balance rest and exercise for recovery. Plan to rest between activities and to take short naps as necessary. Resting includes sitting quietly for 20 to 30 minutes. If you have had a meal, be sure to rest 30 minutes before exercising. Your energy level and endurance may vary on a daily basis. It is not unusual to have “good days” and “bad days”. You should experience an overall gradual increase in your energy level on a daily basis.

Conserving Energy:

- Sit whenever possible.
- Take a break when out of breath, when you feel discomfort, pain, or soreness.
- Space out activities for the day; planning ahead can make your life easier.
- Avoid heavy tasks for your recovery period, such as vacuuming and raking leaves.
- Do not lift, push, or pull more than 5 to 7 lbs.; avoid using one hand only to pick things up. Use two hands to lift and bring close to the body for a larger base of support. Slide objects across surface areas. As an example, one gallon of milk weighs 8 lbs.
- Do not bend over from your waist. Bend your knees to pick up objects from the floor. Ask for help from someone else if you are not ready to do this.
- Pace yourself by following activity with rest throughout the day.



Squat with knees apart to reach lower shelves and drawers.

Activities and Guidelines

Driving:

- Check with your physician about resuming driving.

Sexual Activity:

- Your cardiologist will determine when you can resume sexual activity. Generally, you can resume sexual activity when you feel comfortable walking up two flights of stairs or after passing a stress test.
- Please ask your cardiologist for more detailed information, if needed.

Cardiac Rehabilitation

Most people are afraid to move after having heart surgery. Some people will question if they can still work, still go up and down stairs, and still exercise. Your cardiologist will help you determine when you are ready to return to work or enter into a formal exercise program. Working with the cardiac rehabilitation team will help you get back on your feet again. Our goal is for you to return to your optimal level of activity. Scientific studies have shown that those who attend a formal cardiac rehabilitation program live longer and are less likely to be readmitted to the hospital.

While you are recovering in the hospital, you will start Phase 1 of cardiac rehabilitation.

Phase I

- Phase I begins early after a cardiac event, while you are still in the hospital. This includes education, supervised exercise, walking in the halls, and stair climbing. You will learn about your risk factors, diet, medications, sexual activity, exercise, and normal life at home.

Phase II

- On your first post-discharge visit, ask for a prescription to start the Outpatient Cardiac Rehab Program.
- **You can take advantage of our Center for Cardiac Rehabilitation here at The Valley Hospital for Phase II.** Also, a list of cardiac rehabilitation outpatient facilities in the northern New Jersey and Rockland and Orange County, New York areas will be provided to you.
- Phase II is the early outpatient phase of cardiac rehabilitation. This requires a physician referral and involves telemetry monitoring. Entrance into the program is usually 2 weeks after discharge. Most programs meet for 1 hour, 3 times a week for 12 weeks. This will improve functional capacity and endurance; provide education for lifestyle changes, risk factor management, nutritional counseling, reducing fear and anxiety about exercise; and assist in making optimal social and psychological adjustments.

Nutrition

A heart healthy eating plan is low in saturated fat and cholesterol, and moderate in unsaturated fat and sodium. It helps to prevent or control coronary artery disease and lower blood cholesterol and LDL levels.

General Guidelines:

- Include plenty of vegetables, fruits, and whole grains.
- Include foods high in soluble fibers, such as oats, barley, legumes, fruits, and vegetables. Include foods high in insoluble fiber, such as whole grain cereals, breads, and pasta.
- Most fat should be unsaturated fat, such as olive, canola, or peanut oil, which do not raise cholesterol levels. Limit total fat to 40-60 grams (35 percent of calories) per day. Refer to food labels for exact fat gram totals. See the following page to learn how to properly read food labels.
- Saturated fats are sometimes found with cholesterol in animal products or without cholesterol in coconut oil, palm kernel oil, and hydrogenated oils. Limit saturated fat to 8 to 13 grams (7 percent of calories) per day. Hydrogenated oils also have “trans fat” as a byproduct of their processing; they should be avoided.
- Foods with naturally occurring fats are less harmful than those made with hydrogenated oils.
- Cholesterol is only found in animal products, such as beef, pork, poultry, bacon and sausage, butter, cheese, and cream. Limit cholesterol to 200 mg. per day.
- If your doctor has told you to eat less salt, eliminate the use of table salt and restrict foods with added salt. The recommended amount is approximately 2400 mg. (1 teaspoon of salt) per day. People with high blood pressure are advised to limit their sodium intake to 1500 mg. per day.
- Diabetes increases the risk of developing coronary artery disease. Controlling blood glucose, cholesterol levels, and weight is particularly important for people with diabetes. Limiting carbohydrates and sweets can help control blood glucose levels.
- Elevated serum triglycerides may also be associated with increased risk of coronary heart disease. Limiting fats, sweets, carbohydrates, alcohol, controlling weight, and increasing physical activity can help control triglyceride levels.

Nutrition

| Food Group | Healthy Choices | Occasional Choices* |
|---|---|--|
| <p>Vegetables 2 or more servings daily</p> <p>1 serving = ½ cup cooked or 1 cup raw</p> | <ul style="list-style-type: none"> • Fresh and frozen vegetables • Canned vegetables (may be high in sodium) • Vegetable juices | <ul style="list-style-type: none"> • Vegetables prepared with butter or whole milk • Fried vegetables |
| <p>Fruits 2 or more servings daily</p> <p>About ½ cup fresh, canned, or dried fruit; ½ cup unsweetened juice</p> | <ul style="list-style-type: none"> • Fresh and frozen fruit • Canned fruit • Dried fruit • Fruit juices | <ul style="list-style-type: none"> • Coconut |
| <p>Starches 6–11 servings daily</p> <p>1 serving = about ½ cup</p> <p>1 slice of bread</p> | <ul style="list-style-type: none"> • Bread and cereal products containing 2–4 grams of fiber per serving • Pancakes, waffles, French toast • Low fat crackers • White or sweet potato • Rice, pasta • Popcorn, rice cakes, snack bars | <ul style="list-style-type: none"> • Granola or cereal with saturated fat • Processed snack foods high in saturated fat, trans-fat, butter, and salt |
| <p>Protein 2–5 servings daily</p> <p>1 serving = 3 to 4 oz.</p> | <ul style="list-style-type: none"> • Lean beef, lamb, pork, and veal • Poultry – white meat, no skin • Fish, shellfish • Canned or dry beans and peas • 4 egg yolks per week | <ul style="list-style-type: none"> • Spareribs, liver • Processed meats high in saturated fat • Duck, goose |
| <p>Dairy 2–3 servings daily</p> <p>1 serving = 1 cup milk, yogurt</p> | <ul style="list-style-type: none"> • Fat-free milk and 1% low-fat milk • Yogurt • Cheeses – 5 grams of fat or less per ounce • Cottage cheese, ricotta, mozzarella | <ul style="list-style-type: none"> • Whole milk and whole milk products • Cheeses made from whole milk • Heavy and light cream |

Nutrition

| Food Group | Healthy Choices | Occasional Choices* |
|--|--|--|
| <p>Fats 3 to 4 servings daily 1 serving = 1 tablespoon</p> | <ul style="list-style-type: none"> • Olive oil, Canola oil • Low-fat or fat-free mayonnaise, salad dressing, cream cheese • Soft margarine • Avocado, nuts, seeds | <ul style="list-style-type: none"> • Butter • Stick margarine • Coconut oil • Palm kernel oil • Cream cheese • Hydrogenated oils |
| <p>Others</p> | <ul style="list-style-type: none"> • Angel food cake • Sorbet, fruit ice, low-fat frozen desserts • Jelly beans • Low-fat or fat-free cookies or crackers • Pudding made with fat-free milk | <ul style="list-style-type: none"> • Sherbet, ice cream • Desserts with whole milk, hydrogenated oils, and saturated fats |

** = Limit foods in high saturated fat or cholesterol. Keep your total intake below 8–13 grams of saturated fat and 200 mg. of cholesterol per day. Refer to food labels for exact measurements.*

If you would like to speak with a registered dietitian by telephone, please call **201-447-8094**.

Reference: National Cholesterol Education Program, Adult Treatment Panel III, Therapeutic Lifestyle Changes (TLC), National Heart, Lung, and Blood Institute.

Internet Resources:

www.eatright.org
www.americanheart.org
www.nhlbi.nih.gov

How to Properly Read a Food Label

| Nutrition Facts | | | |
|---|----------------------|-----------------|-------------|
| Serving Size: 1 cup | | | |
| Serving Per Container: 1 | | | |
| Amount Per Serving | | | |
| Calories 120 | Calories from Fat 10 | | |
| % Daily Values* | | | |
| Total Fat 1.2g | | | 2% |
| Saturated Fat 1g | | | 3% |
| Cholesterol 14mg | | | 5% |
| Sodium 240mg | | | 11% |
| Total Carbohydrate 19g | | | 7% |
| Dietary Fiber 7g | | | 28% |
| Sugars 6g | | | |
| Protein 12g | | | |
| Vitamin A 2% | • | Calcium 4% | |
| *Percent daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs: | | | |
| | Calories | 2,000 | 2,500 |
| Total Fat | Less than | 65g | 80g |
| Saturated Fat | Less than | 20g | 25g |
| Cholesterol | Less than | 300mg | 300mg |
| Sodium | Less than | 2,400mg | 2,400mg |
| Total Carbohydrate | | 300g | 375g |
| Dietary Fiber | | 25g | 30g |
| Calories per gram: | | | |
| Fat 8 | • | Carbohydrates 4 | • Protein 4 |
| INGREDIENTS: WATER, PINTO BEANS, COOKED WHITE RICE, COOKED CHICKEN, CARROTS, RED PEPPERS, DIJON MUSTARD (WATER, MUSTARD SEED, DISTILLED VINEGAR, SALT, WHITE WINE, CITRIC ACID, TARTARIC ACID, SPICES), HONEY. | | | |

Calories from fat:

Calories from fat should be 30 percent or less of your total daily calories.

Total Fat and Saturated Fat:

This is shown in grams (g). Fewer grams are better. Grams of saturated fat should be less than 1/3 of your total grams of fat.

Cholesterol:

Your goal should be to eat less than 300 mg of cholesterol a day.

Protein:

You need about 45-60 grams of protein a day.

Vitamins and Minerals:

You need 100% of each of these in your daily diet.

Serving Size:

The suggested serving size is for an average portion. All of the values listed on the label are based on this amount.

% Daily Value:

The % daily values shows you what percentage of the total recommended daily intake of nutrients a food can give you if you eat 2,000 calories a day.

Sodium (salt):

Your sodium intake should be 2,400 mg or less a day unless you are being treated for congestive heart failure, in which the recommended intake is 1,500 mg or less.

Total Carbohydrates:

Look for high numbers for total carbohydrates and dietary fiber with low numbers for sugars.

Ingredients:

Ingredients are listed by weight, from most to least.

Resources

- The Center for Women's Heart Health at The Valley Hospital: **201-447-8125**
- The Men's Heart Center: **201-447-8207**
- Thoracic Aortic Aneurysm Surveillance Program: **201-447-8418**
- Cardiac Rehabilitation at The Valley Hospital: **201-447-8227**
- Occupational Therapy at The Valley Hospital: **201-447-8671**
- The Valley Hospital Valley Dining Counseling Program: **201-634-5371**
- Society of Thoracic Surgery: **www.sts.org**
- Mayo Clinic: **www.mayoclinic.org**
- American Heart Association: **www.americanheart.org**
- Guidelines from NIH and the National Cholesterol Education Program (NCEP):
http://www.nhlbi.nih.gov/about/ncep/ncep_pd.htm
- EBSCO Publishing: **<http://web.ebscohost.com>**