

# The Jersey Heartbeat



www.heartsofjersey.org

## Presidents' Messages

September 2011

**W**ell the summer of 2011 is approaching its close, at least as far as the official season is concerned. As you all might know I spent most of my working life cleaning the water in California and New Jersey. I was looking back on the weather we experienced this summer and started thinking about how the environment appears to be changing. This brought about the thought of how can we all make a difference.

Saving a tree would be a good start, so I talked with the other board members and came up with the idea of starting to try and reduce our paper consumption for the newsletter. As you all might know the newsletter is already on our web page, but starting next month we are going to start sending out the newsletter as an e-mail document to those members who would like to help us

save some trees, not to mention mailing costs, which seems to be a subject on everyone's mind these days. So we will be starting this project with the board members and once it is up and running will make it available to all interested members. I don't have any illusions about this project and how long it will take to make a dent in how many trees we kill or how much postage we save. "Even the journey of a thousand mile has to start with the first step."

I'm going to California on Monday for some much needed recharging of my batteries and I know I'm leaving chapter # 179 in the capable hands of our vice president with the support of the rest of the board and dedicated volunteers that keep our chapter running. So it's only fitting for the rest of your September message to come from our past president Bill Ryan to bring you all up to speed on his move to Maryland.

**W**hen Matthew mentioned that he was going to California for some well deserved rest and relaxation, I agreed to fill some of his President's message space to bring you up to date on the Ryans' journey.

Greetings from Elkton, Maryland. I am told that Elkton used to be called the marriage capital of the East. Those days have long since passed and now we find it to be a charming small community just south of the Mason Dixon line. Our new home is in a golf course community; however, the high temperatures have prevented me from doing much more than putting practice occasionally in the early morning.

Ellie and I found it very difficult to leave New Jersey and our many friends. The wonderful sendoff party helped to put things into perspective. First, we didn't have any choice. When the Army decides to move personnel and jobs there are no questions. Second the outpouring and warmth at the farewell party made us feel that the last seven years at JSUMC had been very successful. The plaque that Dennis presented to me is proudly displayed, the Guinness

*continued on page 2*

<b>Inside ...</b>	
Milestones .....	2
Meeting announcements.....	3
Life After Recovery .....	4
August Meeting, JSUMC.....	5
Heart News and Notes.....	6
Membership application.....	7

*In service to  
Chapter #179  
Matthew M. Klug*

# Presidents' Messages

## New Members

No new members last month



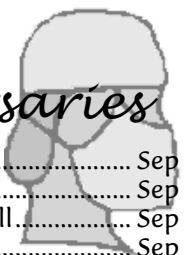
## Birthdays

Margaret Koury..... Sep 2  
 Bill Stevens..... Sep 6  
 Frances Mullaney..... Sep 8  
 Robert F. Schunneman..... Sep 20  
 Joseph J. Carroll..... Sep 23  
 Margaret Esposito..... Sep 30



## Surgiversaries

Nicholas Preziotti..... Sep 1  
 Stephen A. Molello..... Sep 12  
 Matilda R. Underhill..... Sep 26  
 Joan Ferraro..... Sep 28



## Visiting

August 2011:  
 report not  
 available at  
 press time



*If you want to be listed on this page, or would rather not be— please contact the Treasurer.*

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*continued from page 1*

is long gone, the gifts and the gathering were most appreciated. By the way, Lillian has not sent any of the pictures, just an oversight. (wa2dnd@earthlink.net)

**A**bout this moving business. If you can avoid it by all means do so, especially during the summer. The army provided packing assistance by sending three packers two days before the move. They were very good at packing things but not too good at identifying what was in each box or where to put it. The movers took two days to load the truck that arrived in Maryland on Monday morning at 9:00 AM, July 11th, temperature 102 degrees. The lack of adequate identification confused the unloaders and the result was many misplaced boxes. We are still moving boxes and unloading them slowly but surely. We expect to finish sometime in January 2012. If you have to move be sure to get rid of as much stuff as possible. We still have 33 boxes of books to shelve but the shelves were not properly set up. I am still looking for a handyman to help with that project. I also need an electrician to install outlets that the builder forgot to install. A two car garage with just one outlet is unacceptable.

*continued on page 3*

Mended Hearts  
 Chapter #179

### Officers

#### President

**Matthew M. Klug**  
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**OMC: Rita & Jack Beerman**

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**RMC: Sheila Turkel**

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## Meeting South

Tuesday, September 27, 1:00 - 2:30 pm

Community Room, Ambulatory Care Center, Ocean Medical Center, Brick

Lynn Ackerson, Manager, Access Services OMC: *Health Care Insurance—Medicare*

A light lunch will be served

Please register — 1-800-DOCTORS



## Meeting North

**ROOM CHANGE!**

Thursday, September 22, 12:00 - 1:00 pm

Cancer Center Conference Room, 1st Floor Booker Pavilion, Riverview Medical Center, Red Bank

Joseph Fey, Medtronic: *AICDs (implantable defibrillators) and pacemakers*

A light lunch will be served

Please register — 1-800-DOCTORS



## Executive Meeting

Thursday, October 6, 10:00 AM

Conference Room, 4th Floor Ackerman, Jersey Shore University Medical Center, Neptune

Members invited; confirm time and date with Matt Klug



Mended Hearts is a proud supporter of the National Consumers League's *Script Your Future* campaign to raise awareness of the importance of taking medication as prescribed. For more information visit [www.ScriptYourFuture.org](http://www.ScriptYourFuture.org). You can also follow the campaign via Twitter (@IWillTakeMyMeds) and on Facebook.

## Wanted

**Active** members! A few people keep this chapter going, and there aren't enough of us. Don't count on us to keep doing it forever. We need backup. If you think it's great to be alive, it's even greater to help others. Contact Matt Klug:

732-988-7048

[matthewklug@optonline.net](mailto:matthewklug@optonline.net)



## Presidents' Messages

*continued from page 2*

**A** major problem with this kind of move is the necessity to rebuild your medical support group. We found the place to start is with a Primary Care Physician. We chose a physician associated with a local hospital. Although the local hospital has a cardiology department, they do not have a catheterization lab. The nearest cath lab is at

Christiana hospital in Newark, Delaware. I have not been able to make contact with the Mended Hearts chapter reported to exist there. I will keep you posted on the progress in a future report of our journey.

*Past President,  
Dr. Bill Ryan*

# Life After Recovery

*John  
Stibravy*

**T**his article offers survivors of AVR some tips for getting on with life after surgery. Each patient is different, and I was 59 when diagnosed. I was in Jersey Shore for 6 days and missed a total of 4 weeks of work. People tell me that going back to work after 3 weeks of recovery is a fast recovery, so I thought I'd share my perspective.

**1** Implant a thought before the surgery. I found this idea on the Web. A patient implanted a thought into his mind that would be the first thing he thought when he awoke. This works. Something simple and positive. Mine was "I survived." That really was the very first thing I thought when I woke up in ICU. Put a thought in your head for afterwards.

**2** Never think about that valve. Not ever. The way not to dwell on what happened to you is to keep busy. Sitting around alone allows one time to think and brood. Don't be alone and don't be bored. Get going.

**3** It's your life, not your doctor's and not your family's. Go do what you want to do and don't worry about what everyone thinks. You survived, so go do what you want to.

**4** Walk. The doctors and nurse practitioners recommend walking both while in

the hospital and after discharge. One of my roommates while I was in the hospital not only never walked, he ate bad snacks all day. I suspect he had a brief life. Walking is the number one way to a fast recovery. Get up and out-doors. Move around.

**5** Sometimes walking can be done at the hospital cardiac exercise center that is a modern and reassuring place staffed by nurses. However, walking at the mall surrounded by happy young shoppers may be more reassuring than being surrounded by people with bad hearts. I never went to a heart group activity nor attended a meeting. I hang out with 19 year-olds.

**6** Survivors soon find after they come home that life is going on very well without them. Suddenly, it doesn't matter to anyone what time the patient gets up in the morning. Old patients often discover that their life partner is getting along just fine with no help from them either. This feeling of being not essential to the family can be troublesome, and is a window to the future when the family really will go on without you. It's another thing not to think about.

**7** Some patients fall into the pit of feeling that since the day is going to be mostly spent sitting, that there is

**About the author:** John Stibravy, Ph.D., was at Ft. Monmouth for 10 years before its closure and now works at West Point as a Fencing coach and English instructor. He was operated on at Jersey Shore in March 2009 for aortic valve replacement after symptoms appeared in Summer 2008.

little purpose in getting up at all. This is not a good mental outlook. People, even while at home, need to be engaging in hobbies, looking forward to future events, and talking to friends. Spending the day watching television is sure to lead to eventual distress.

**8** People frequently replay the hospital stay in their minds instead of going out and living. One's point of view should be focused towards living, not replaying the hospital stay in one's mind. The way to achieve this is to stay busy all day long, then go to sleep. Have some wine.

**9** When a patient leaves the hospital after a big operation, one is likely to miss the attention, the safety, and being cared for. Get over it. If you are going to your home and not to the funeral home, then the proper attitude is to smile on the way out. You lived through it. Get an attitude.

**10** Research shows that having friends, happiness,

being content, spirituality, marriage, some steady values, and hobbies all help a heart operation survivor to have a long life after the operation. The best advice is do as you wish, because living unhappily and being miserable are not good for your longevity. People either accept you or do not, and nothing you do will change their opinion of you. There is one sure thing to remember: being lonely is not good for you.

11 People come to me and say, "You survived having your heart stopped while the doctors cut a piece out of

your heart. Did your life change? Are you more spiritual? Are your relationships better?" The simple answer is "No." Don't think that one's life will suddenly change for the better. If anything, there's recognition that one's life expectancy may be more tenuous. If the replacement valve fails, there probably isn't time to save the patient. That's a fact one also don't want to think about. It helps to keep busy. One may enjoy an experience that without the operation one would not have survived to have.

12 After the operation, I went to Montreal and listened to French. My son and I went out in the rowboat one night and looked at the full moon. That was nice. I rode behind my son on a scale railroad with him running the locomotive in the dark, with the whistle sounding and the headlight shining on the rails. The operation was worth doing for just that one hour with him. Perhaps you, as a survivor, will find some of those similar moments to cherish after your operation. If so, then the operation was worth doing. ♡



# August Meeting, JSUMC *Martin Brilliant*

A small but attentive audience heard chapter President Matt Klug introduce Jason Martin, a representative of Cordis Corporation, a maker of various kinds of stents and catheters. His talk, titled "Diagnosis and Treatment of Peripheral Vascular Disease," covered a range of vascular conditions.

Peripheral vascular disease (PVD), also called peripheral artery disease (PAD), is caused by blocked arteries in the legs. Blocked arteries can cause trouble in four major areas:

- the carotid arteries in the neck, causing stroke;
- the coronary arteries in the heart, causing heart attack;

- the renal arteries that supply the kidneys, causing hypertension or renal insufficiency;
- arteries in the legs, causing intermittent claudication (pain when walking).

Each of these conditions causes characteristic symptoms, and imaging can confirm the presence of a blockage and estimate its severity.

Stents for treating blockages are cage-like metal tubes. An artery is entered near the skin, a catheter is inserted and guided to the blockage, and a stent is threaded through it and expanded to compress the plaque against the artery wall to relieve the blockage. Sur-

gery is usually an alternative option.

Stents for the coronary and renal arteries are expanded by inflating a balloon inside them. The carotid arteries and the leg arteries are larger, and require flexible stents, which are squeezed into a sleeve and then released to expand in the artery.

An abdominal aortic aneurysm is a weakened part of the aorta, where it passes down through the abdomen, that blows up like a balloon. To prevent a fatal rupture, a different kind of stent, supporting an imperious tube, is inserted to keep the blood out of the weakened part. ♡

# Heart News and Notes

Matthew  
Bregoff

## NEJM Nixes Nesiritide

Information from NEJM  
and [theheart.org](http://theheart.org)

Since 2001—at an estimated one billion dollar cost over ten years—nesiritide (Natrecor) has been administered to patients with acute decompensated heart failure (ADHF) to relieve dyspnea (shortness of breath). But according to the recently reported ASCEND-HF study—conducted by the Duke Clinical Research Institute—nesiritide does nothing.

Over 7000 patients hospitalized with ADHF were randomly treated with either nesiritide or a placebo. Dyspnea

after 6 and 24 hours, 30-day all-cause mortality and heart-failure rehospitalization were statistically the same for both groups. The good news was that a previously reported worsening of renal (kidney) function was not confirmed.

Eric Topol, MD, in an article titled “The Lost Decade of Nesiritide” in the *New England Journal of Medicine (NEJM)*, wrote that “it has taken a full decade to learn the truth about nesiritide’s lack of efficacy in acute heart failure.”

## Low-Energy Defibrillation

Information from  
ScienceDaily and  
Max-Planck-  
Gesellschaft

A team of scientists in Germany, France and the U.S. has developed a new method of defibrillation called LEAP, for *Low Energy Anti-fibrillation Pacing*, that uses one fifth the energy of present defibrillators.

Atrial and ventricular fibrillation affect more than 10 million people in Europe and US. At present the only way to stop the chaotic vibration of the heart muscle and restore purposeful beating is to apply a single strong electric pulse, which is painful and can damage surrounding tissue.

The new method applies a sequence of five much weaker pulses to restore normal rhythm step by step.

Although LEAP has been tested only on animals with atrial fibrillation, it could in principle be used to relieve life-threatening ventricular fibrillation. Replacing current implantable cardioverter-defibrillators (ICD) with LEAP devices could eliminate pain, improve treatment success rate and prolong battery life—reducing the need for surgical device replacement.

## Hazards of Salt Substitutes

Information from  
[theheart.org](http://theheart.org) and  
British Medical Journal

In August we wrote on this page about the benefits of replacing sodium with potassium in the diet. Now an article in the *British Medical Journal* tells how a hospital patient with chronic kidney disease was made ill by using a salt substitute with his hospital meals. “Low sodium” foods

with added potassium can cause hyperkalemia (too much potassium) in patients with compromised renal function or who are taking certain medications.

The U.S. Daily Value for potassium (recommended consumption per day) is 3.5 grams.

**The Mended Hearts, Inc.**  
**Hearts of Jersey Chapter #179**  
**NEW MEMBER APPLICATION**

Not for renewals—wait for renewal notice.

This is not the approved form. We put the best features of the approved form into our own form. You send us this form, and we fill out the approved form and send it to National.

**Membership information:** (please print or type)

Name (Mr./Mrs./Ms.) \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 FOR FAMILY MEMBERSHIP—other member (one only): Alt Phone ( ) \_\_\_\_\_  
 (Mr./Mrs./Ms.) \_\_\_\_\_ Email: \_\_\_\_\_  
 Address \_\_\_\_\_ Preferred Contact:  Phone  Email  Mail  
 \_\_\_\_\_  Would like to visit patients  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  Help with other activities  
 Preferred meeting time:  Day  Evening Place:  JSUMC, Neptune  OMC, Brick  RMC, Red Bank

**Medical/Demographic Information:** (Optional—no application is denied based on information below)

YOURSELF	THE OTHER MEMBER
Date of Birth _____ Retired <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth _____ Retired <input type="checkbox"/> Yes <input type="checkbox"/> No
Vocation _____	Vocation _____
Interests _____	Interests _____
Are you a: <input type="checkbox"/> Physician <input type="checkbox"/> RN <input type="checkbox"/> Health Admin	Are you a: <input type="checkbox"/> Physician <input type="checkbox"/> RN <input type="checkbox"/> Health Admin
<input type="checkbox"/> Other health professional <input type="checkbox"/> Caregiver (not professional)	<input type="checkbox"/> Other health professional <input type="checkbox"/> Caregiver (not professional)
Heart patient? Date of Surgery/Treatment _____	Heart patient? Date of Surgery/Treatment _____
<b>To let us list your name and dates on page 2, enter one date (month/day/year) above and INITIAL HERE _____</b>	<b>To let us list your name and dates on page 2, enter one date (month/day/year) above and INITIAL HERE _____</b>
<input type="checkbox"/> PTCA <input type="checkbox"/> Atrial Septal Defect <b>VALVE:</b>	<input type="checkbox"/> PTCA <input type="checkbox"/> Atrial Septal Defect <b>VALVE:</b>
<input type="checkbox"/> MI <input type="checkbox"/> Pacemaker <input type="checkbox"/> Aortic	<input type="checkbox"/> MI <input type="checkbox"/> Pacemaker <input type="checkbox"/> Aortic
<input type="checkbox"/> Aneurysm <input type="checkbox"/> Transplant <input type="checkbox"/> Mitral	<input type="checkbox"/> Aneurysm <input type="checkbox"/> Transplant <input type="checkbox"/> Mitral
<input type="checkbox"/> Bypass (how many _____) <input type="checkbox"/> Other _____ <input type="checkbox"/> Pulmonary	<input type="checkbox"/> Bypass (how many _____) <input type="checkbox"/> Other _____ <input type="checkbox"/> Pulmonary
<input type="checkbox"/> Tricuspid	<input type="checkbox"/> Tricuspid

**Membership Dues:** Includes national dues and \$5.00 annual chapter dues. National membership includes subscription to Heartbeat and one insignia pin for an individual or two for a family membership. Chapter membership includes subscription to The Jersey Heartbeat. Dues less \$10.00 are tax deductible.

**Annual Dues Payment**

First Year and Renewal\*

**Individual:** \$ 22.00   
**Family:** \$ 29.00

**National Life Membership**

First Year Renewal\*

\$ 155.00  \$ 5.00  
 \$ 215.00  \$ 5.00

**Dues Summary:**

First Year Dues \$ \_\_\_\_\_ (check one box in table above)  
 Contribution \$ \_\_\_\_\_ (optional—tax deductible)  
**TOTAL** \$ \_\_\_\_\_ (enter total here).

*\*Current members will receive a renewal notice in the mail from the national office each year six weeks before the renewal date. National Life Members pay chapter dues annually but will not pay any further national dues.*

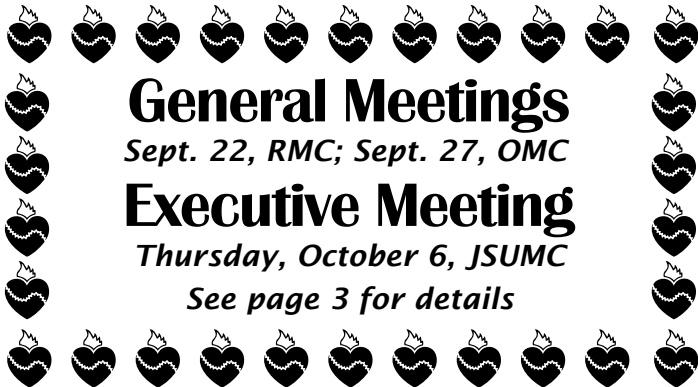
**Please write check for the TOTAL to:**  
**The Mended Hearts, Inc.**

Send to Chapter Treasurer:

**Neil Paulsen**  
**337 E. Main St.**  
**Manasquan, NJ 08736**

Hearts of Jersey Chapter #179  
The Mended Hearts, Inc.  
37 Norwood Lane  
Avon-by-the-Sea, NJ 07717

**FIRST CLASS MAIL**



## General Meetings

Sept. 22, RMC; Sept. 27, OMC

## Executive Meeting

Thursday, October 6, JSUMC

See page 3 for details

## The Mended Hearts

is a support organization consisting of heart patients, their families, health professionals, and other interested persons. The focus of the organization is members visiting heart patients in hospitals as living examples of survival and recovery.



Not all members visit. Many contribute in other ways. YOU are invited to scan the list of officers and committees and let one of us know how you can help.

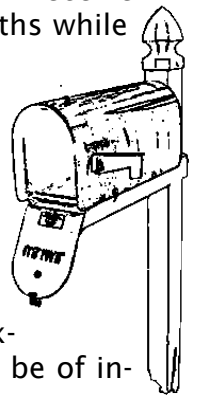
## Your Last Issue?

If you are a member, the national office will send you a renewal notice three months in advance of your due date. You will receive the newsletter for a few extra months while you consider renewing.

If we visited you in the hospital, we will send you the newsletter for three months while you recover.

Whether or not you are a member, you and your family are invited to attend our meetings, where you can meet others who share your experience. Programs are selected to be of interest to heart patients.

Members receive this newsletter each month. There is an application form on the opposite side of this page.



**Don't throw this copy away!**

*Please pass it along for someone else to read.*