



**IRISH HEART  
FOUNDATION**  
Fighting Heart Disease & Stroke

[www.irishheart.ie](http://www.irishheart.ie)

# STEP BY STEP THROUGH HEART ATTACK



## **Produced by the Irish Heart Foundation**

Produced by the Irish Heart Foundation. This booklet is one of the publications in our patient information series.

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## **The Irish Heart Foundation**

The Irish Heart Foundation is the national charity fighting heart disease and stroke. More people in Ireland die from these causes than from cancer, road deaths and suicide combined. We work to bring hope, relief and a better future to Irish families. We support pioneering medical research, campaign for improved patient care and provide vital patient support and information. In hospitals, schools and workplaces, we support, educate and train people to save lives. As a charity we depend on your ongoing support – through your donations or by giving of your time as a volunteer or on a training course.

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## Introduction

This booklet will help answer some of the commonly asked questions you or your friends or family have about heart attacks. You will learn how the heart works and what a heart attack means. We have also explained what will happen if you go into hospital, when you come out and the treatments that are used. It will add to the information you get from your doctor and nurse. It does not replace the advice of your doctor, consultant or nurse.



# What is a heart attack?

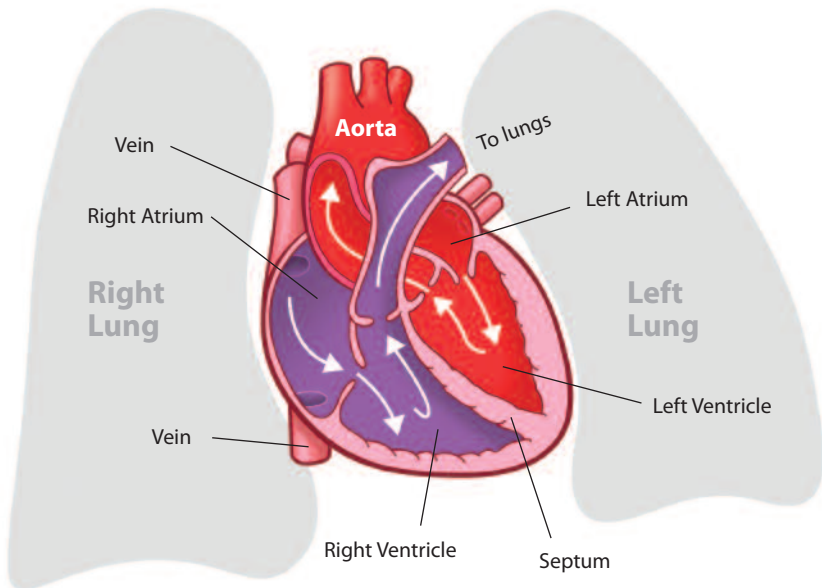
## Your heart

Your heart is a hollow muscular organ about the size of your fist that is slightly to the left of the centre of your chest. Its main job is to pump blood through arteries and veins to all parts of your body.

There are two sides to your heart, a right side and a left side, which are separated by a muscular band known as the septum.

On each side of your heart there are two chambers, an atrium and a ventricle, with a valve separating them.

The chambers collect blood, the valves keep it flowing in the correct direction through your heart and your heart's muscular walls squeeze to pump blood to all parts of your body.

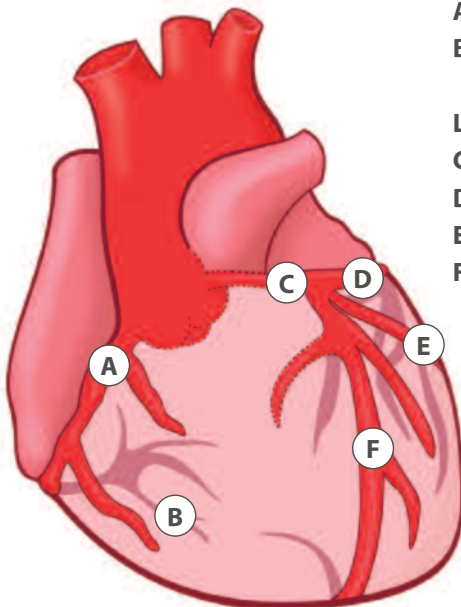


Veins carry blood that has already been pumped around your body and from which some oxygen has been removed. This blood returns to the right side of your heart to the chamber called the right atrium. It then passes through the tricuspid valve into the chamber called the right ventricle. The right ventricle then pumps the blood through the pulmonary valve into your lungs.

The blood gets oxygen in your lungs and then returns to the left side of your heart to the chamber called the left atrium. It passes through the mitral valve into the chamber called the left ventricle. From here the blood is pumped through the aortic valve into your main artery, the aorta, which carries the blood to all parts of your body.

### Your coronary arteries

Heart muscle is called myocardium and like every other muscle in your body, needs to get the oxygen and nutrients in blood to be able to work properly. So, your heart pumps blood to itself through the coronary arteries. These arteries come from the aorta and spread out over the surface of your heart like the branches of a tree.



- A:** Right coronary artery
- B:** Posterior descending artery

#### Left coronary artery

- C:** Left Main
- D:** Circumflex Artery (Cx)
- E:** Intermediate Marginal
- F:** Left Anterior Descending (LAD)

There are two large arteries.

- The **right coronary artery** mainly brings blood to the right side and lower surface of your heart.
- The **left coronary artery** divides into two large branches, the **circumflex** branch and the **left anterior descending** branch. These mainly supply blood to the left side of your heart.

### Heart attack

A heart attack happens when the coronary arteries that supply blood to your heart muscle become blocked. Medically, it is called a myocardial infarction. It can also be called coronary thrombosis or a coronary. If the blood supply is cut off for more than about 20 minutes, the muscle cells may die.

A heart attack  
can also be  
called coronary  
thrombosis or a  
coronary

# How do I know if I'm having a heart attack?

## What are the symptoms of a heart attack?

- The most common symptom of a heart attack is chest pain. This is usually a crushing or tight pain, which can move to your jaw or your arms, particularly on the left side.
- You may also feel short of breath.
- You can also feel sweaty or sick.
- Some people feel light-headed or lose consciousness.
- You can become very anxious or afraid.
- However 10% to 15% of people having a heart attack don't feel anything. This is more common in older people, especially women and those with diabetes.
  - Sometimes these people may just feel weak, tired, or short of breath.
  - Some older people may simply become confused.

## What causes a heart attack?

The coronary arteries which supply blood to the heart muscle can gradually narrow because of a build up of fatty plaque (atheroma) on the inner lining of the arteries. This build-up of plaque is due to a condition called atherosclerosis, which starts in early life. If the plaque breaks, a blood clot forms at this spot and it may block off the artery completely. A blood clot that develops like this is called a coronary thrombosis. Many people refer to a heart attack as simply a coronary.

## What is atherosclerosis?

Atherosclerosis comes from the Greek words porridge (athero) and hard (sclerosis). This is because the plaque inside the arteries looks like hard lumps of porridge. This plaque starts to build up in early life. It grows at different rates depending on whether or not you smoke, eat a lot of fatty food, have high cholesterol or have high blood pressure.



Plaque builds up on the inner lining of the arteries. If there is a large build-up of plaque, it will reduce blood flow to the arteries. If this happens in the coronary arteries, you may suffer from angina pain.

Atherosclerosis is sometimes called hardening of the arteries. It can develop in various parts of your body including arteries that bring blood to the brain, heart, legs, and kidneys. In your heart, atherosclerosis is referred to as ischaemic heart disease or coronary artery disease.

### **What is the difference between a heart attack and angina?**

#### **Heart attack**

A heart attack happens when there is a sudden complete blockage of blood flow to the heart muscle. You get chest pain that lasts a long time (usually over 20 minutes) and it is not relieved by resting. A portion of your heart muscle dies.

#### **Angina**

If the blood supply is not completely blocked off but is reduced, the heart muscle can get some blood but this may not be enough. This becomes a problem when you exercise as the heart muscle needs more oxygen-rich blood at this time. If you exercise when you have a narrowing in one of your coronary arteries, your heart gives you a pain in your chest, arm or jaw. This is a warning to get you to stop exercising. Your body wants you to give your heart muscle a rest so that it is not demanding so much extra blood.


The pain or discomfort that you get when you exercise and that goes away when you rest is called 'angina pectoris' or just 'angina' for short. It can be relieved with drugs such as nitrates, which open up your heart's arteries and increase the blood flow to the heart muscle.

It is important to know the differences between angina and a heart attack. If you get angina with very little exercise or even for short periods when you are resting, you have a condition called unstable angina. This is a warning that you are at risk of a heart attack and you need urgent medical attention.

## How is a heart attack diagnosed?

Your doctor will make a diagnosis of a heart attack based on a number of factors. It is sometimes a very difficult diagnosis to make and it may take a few days to make sure the diagnosis is correct.

- First of all, the type of chest pain and how long it lasts is very important information to help make the diagnosis.
- Secondly, your doctor will look at an image of the electricity going through your heart called an electrocardiogram (ECG). There are certain patterns on the ECG which suggest a heart attack.
- Thirdly, your doctor will carry out blood tests which will help confirm the diagnosis.
- You may have an echocardiogram (ECHO) to assess the pumping function of your heart, to see if there is any scarring on your heart and to check that the valves are working normally. You may also have a coronary angiogram at this stage (see next page for more information).



**An ECG  
measures  
the rhythm and  
electrical activity  
of your heart**

## How is a heart attack treated?

- Once you arrive in hospital and a heart attack is suspected, the doctor or nurse will carry out an ECG test. They will give you oxygen and pain relief.
- A small plastic tube, called an IV, is placed in one of your veins so that the doctors and nurses can give you fluids or medicines if you need them.
- If the doctor confirms that you have had a heart attack based on the type of chest pain and the ECG findings, you will be given aspirin and Plavix. The doctor will then decide if you need other treatments.
- If the artery is completely blocked, it is most important that it is opened up as quickly as possible. This is done with an angioplasty or, if that is not possible, with a drug that dissolves the clot called thrombolysis.

### Thrombolysis

Drugs called thrombolytics dissolve the clot in your artery. These drugs are very powerful and can cause bleeding and bruising. Your doctor will take great care to find out if you are at risk of a major bleed. For this reason these drugs are not given to people with stomach ulcers, people who have had a recent stroke or people who have had surgery.

### Angioplasty

An angiogram is performed by injecting dye into your arteries. If this test shows that the artery is narrowed or blocked then an angioplasty will be carried out to open up the blocked artery. This means inserting wires into your arteries and passing a small balloon into the artery that is blocked. The balloon is then inflated so that the clot and plaque that blocked the artery are pushed to the side.

### Stent

A small metal cage called a stent is inserted to keep the artery open. This allows blood to flow back into the part of the heart muscle that had its blood supply cut off. This may prevent some of the heart muscle from dying.

### Coronary artery by-pass

In some situations if there is extensive narrowing of your arteries, you might be referred for a coronary artery by-pass operation instead of angioplasty.

## Medicine

In the first few days after a heart attack, along with blood thinners, aspirin and Plavix, medicines frequently used include heparin, beta blockers, nitrates, cholesterol lowering tablets and ACE inhibitors:

- Heparin is a drug that thins the blood to prevent more clotting.
- Beta blockers slow the heart rate down, lower blood pressure and protect the heart.
- Nitrates keep the arteries open as much as possible so that more blood gets to the heart muscle.
- Sometimes, drugs to lower cholesterol and drugs called ACE inhibitors are given shortly after a heart attack.
- There is also evidence that fish oils are useful after heart attack.

## What happens after a heart attack?

Once you have been treated with clot-dissolving medicine or have had your artery reopened with angioplasty, you will be monitored in a specialized hospital ward called the **coronary care unit (CCU)** for a number of days.

- This is the period of highest risk. You could develop a very fast or very slow heart rate or other complications.
- During this period you will be examined carefully at least once a day to see if you are having any complications, such as heart failure or a leaking valve.
- ECG tests are carried out regularly and if necessary chest x- rays will be taken.
- Sometimes it is useful to carry out an echocardiogram (ECHO) to find out how well your heart muscle is working. An ECHO is an ultrasound examination of your heart.
- Blood tests are carried out regularly to work out how much damage has been caused by the heart attack.

You and your family may be distressed by the number of monitors and drips that are used to deliver drugs. But, remember this is quite normal in a coronary care unit and it should not alarm you.

## **The coronary care unit (CCU)**

- The CCU is a special ward for caring for people with heart conditions.
- The nurses and doctors working in this unit are especially trained to deal with people who have had, or may have, a heart attack.
- Equipment is available to constantly monitor your heart rhythm, blood pressure and other factors.
- These monitors are programmed to sound an alarm if there are changes which suggest a possible problem.
- While in the CCU, you will not be allowed many visitors to give you time to rest after your heart attack.

## **What complications are possible after a heart attack?**

### **Arrhythmias**

These are changes to your heart rhythm, which may happen after a heart attack. Your heart may go too fast or too slow. The fast rates are usually controlled by medicines. However, if you have a slow heart rate, your doctor may need to insert a temporary pacemaker until your heart recovers.

### **Heart failure**

Although this sounds like an awful condition, it simply means that your heart does not pump blood as well as before and so you feel more tired or breathless. It happens when a large amount of heart muscle is damaged. This can cause fluid to build up in your lungs or in your ankles. (Some drugs can also cause your legs to swell.)

### **Low blood pressure**

Some people may develop very low blood pressure after a heart attack. This may be due to some of the medicines you have received but may also be due to severe heart damage. When your blood pressure is very low, the condition is called shock. This is a life-threatening situation and needs urgent attention.

## **Myocardial rupture**

This is a rare condition, when the heart muscle which was damaged by the heart attack tears. This can allow blood to leak out of your heart into its surrounding sac or to leak between different heart chambers.

## **Blood clots**

Clots may develop inside the main pumping chamber of your heart. This is often the case when you have had a large heart attack and a lot of heart muscle is damaged. The main problem is that the clots that form inside your heart may break off and travel as a large clot out of the heart to other areas where they may clog up an artery completely. This can cause a stroke or cut off the blood supply to an arm or leg.

## **Pericarditis**

This is an inflammation of the sac that surrounds your heart. It can cause severe pain that is often similar to a heart attack. However, your doctor will be able to tell the difference with the help of tests and will give you some drugs to relieve the pain.

## **Angina**

Many people feel chest pain after a heart attack. If this has not been done already, an angiogram may be carried out to see if you would benefit from angioplasty. Your medication will also be modified.



## **Your stay in hospital after a heart attack**

- With modern treatment of heart attack, people recover much more quickly. Once your condition is stable, you will move from the coronary care unit to a cardiac ward and discharged home from there.
- At this stage, you will have had some tests to find out why you had a heart attack, for example high blood cholesterol or newly diagnosed diabetes. You will then start receiving treatment for these conditions.
- In some hospitals you will have a visit from a member of the cardiac rehabilitation team who will discuss the cardiac rehabilitation programme with you.
- Most people who come into hospital with a heart attack will have an angiogram. This may be performed as an emergency procedure if you are having a primary angioplasty for a heart attack (see page 10 for more information) or it may be performed during your stay in hospital.
- An angiogram is a specialised x-ray procedure that involves injecting dye into your coronary arteries to find out which arteries are affected by atherosclerosis and to what extent.
- Exercise-testing and angiography are used to see how well you will recover after a heart attack.
- Some centres carry out an exercise test four to six weeks after you leave hospital.

## **Cardiac rehabilitation**

Cardiac rehabilitation is a continuous process of care which begins in hospital. It is offered to people after a heart attack. People who have bypass surgery, heart-valve surgery or angioplasty are also offered cardiac rehabilitation. You can divide cardiac rehabilitation into four phases.

## **Phase 1**

This is the time you spend in hospital after your heart attack. During this phase, you will get information about why you had a heart attack, your risk factors for heart disease and the medicines you have been prescribed. Your medical team will also discuss with you issues such as returning to work and driving. If you have a partner or family, it is helpful for them to be included in discussions with your medical team.

## **Phase 2**

This takes place immediately after you have left hospital. The focus on this phase is getting you to look at your lifestyle and ways that you can make it more 'heart healthy'. This includes looking at your eating habits and physical activity or exercise, losing weight (if you need to), stopping smoking and reducing stress. Depending on which hospital you are attending, this phase of cardiac rehabilitation may be by phone follow-up, home visits or individual or group education sessions.

## **Phase 3**

This phase takes 6 to 12 weeks to complete. Your cardiac rehabilitation centre will arrange for you to visit the centre two or three times each week for exercise training and education sessions. To take part in cardiac rehabilitation, you should contact the cardiac rehabilitation department at your local hospital.

## **Phase 4**

This phase is about maintaining lifestyle changes that you have made and staying healthy. When you leave phase 3 of cardiac rehabilitation, which is very structured, it is important to keep exercising and to stay with your heart-healthy habits. Some cardiac rehabilitation centres offer phase 4 of cardiac rehabilitation or can give you information on leisure centres in your area that offer the service. You may decide to exercise on your own without going to a cardiac rehabilitation centre or a leisure centre. In this case, your cardiac rehabilitation team can help you set a safe and realistic programme of activities to suit you.



# Life after a heart attack

## Going home after a heart attack

Leaving hospital after your heart attack can be an anxious time. Many people are afraid of leaving the safety of the hospital. Your family may also have these fears. But remember your doctors would not let you go home if they did not think you were fit enough. It is a good idea to ask your doctor any questions you have before you leave hospital, for example, 'When can I get back to work?'

How you recover after a heart attack will depend on the size of the heart attack, your age and if you have any other illnesses. Most people recover in about six to ten weeks.

At home it is important for you to have a calm, stress-free environment but not to be over-protected. You may feel extremely anxious or even depressed after your heart attack. This is quite normal. However, if these feelings do not go away after a few weeks or are making your life unbearable, it is worth discussing them with your doctor.

## How much can I do at home?

Your level of activity in hospital and your performance in an exercise test will help your doctor decide how much activity is safe for you in the early recovery period. You can feel very tired when you leave hospital. So, you will have to gradually increase your daily activity to get back to normal.

You may find you get short of breath, suffer chest pain or feel light-headed if you do too much. It is important to mention this to your doctor. It is better to start with a little exercise and slowly increase your activity in a controlled way.

### **When can I get back to work?**

Some people get back to work in six weeks or less, while others need longer to recover. If you are a bus driver or have a licence to drive a heavy goods vehicle, you must tell your employers about the heart attack. In certain cases you may not be able to return to your previous job. If your job is very demanding, it is important not to overdo it for the first few weeks. If your job is very stressful, you might need to change how you work or the type of work you do.

### **When can I drive?**

You should not drive for six weeks after your heart attack.

### **Can I travel?**

We do not recommend that you go on long journeys or trips abroad for six to eight weeks after your heart attack. You should travel with someone else and make sure you have enough medicine for the journey and for your holiday. Avoid very cold and very hot climates, and make sure you drink enough fluids in hot weather. It is always safest to discuss your trip with your doctor before making plans.

### **When is it safe to have sex?**

You can have sex again two to four weeks after your heart attack. However, people differ widely in when they feel prepared to start having sex again after a heart attack. Usually if you are able to walk up two flights of stairs, you should be physically able to have sex.

Men often have impotence or some difficulties maintaining an erection after a heart attack. This may be due to emotional upset rather than a medical problem. If you are depressed or anxious, this can cause the problem rather than other medical causes of impotence.

Some medicines that are used after a heart attack, for example beta blockers, can cause impotence. If this is a problem, talk to your doctor as changing your medicine may solve the problem.

## Preventing further heart attacks

After your heart attack you may need to change your lifestyle, make it more heart healthy and reduce your heart-disease risk factors. These factors include smoking, high blood pressure, high cholesterol, diabetes, not being very active, and being overweight or obese.

### Smoking

You must stop smoking. If you continue to smoke after a heart attack, you are twice as likely to have another one. People who continue to smoke after a heart attack are twice as likely to die as people who stop smoking. No matter how long you have been smoking, your health will benefit if you stop.

Giving up smoking is the single most effective thing you can do. You can save a small fortune, have the holiday you needed and feel healthier. But it is not easy to do.

There are many medicines available to help you stop smoking. These include nicotine replacement therapy, which allows you to get rid of your urge to smoke while you are learning to avoid the habit. (See our booklet ***Quit smoking***)



However, you should be careful with these medicines if you have had a heart attack. You should consult your doctor before you have any treatment. There are also newer medicines that work on your brain to switch off your desire to smoke and these have been shown to be quite useful. Again you should consult your doctor about this form of treatment.

## High blood pressure

You may have had high blood pressure before your heart attack without knowing it, or you may have been on treatment. It is important to control your blood pressure carefully to reduce the risk of another heart attack. This may mean taking tablets for the rest of your life. There are a lot of things you can do to help bring down your blood pressure as well as taking medicines.

- Cutting down the amount of salt you eat and reducing your weight (if you are overweight) will help.
- So will eating fewer fatty foods and eating more fruit and vegetables.
- You should avoid drinking too much alcohol.
- Exercise reduces your blood pressure over time.



(For more information, see our booklets ***Manage your blood pressure*** and ***Time to cut down on salt***)

## High cholesterol

Cholesterol is a type of fat found in your blood. You need a certain amount of cholesterol for all your body cells and to produce important hormones. However, if there is too much cholesterol in your blood, it sticks to the inner lining of your arteries or blood vessels to form fatty plaque or atheroma that narrow your arteries.

High cholesterol, particularly LDL (bad) cholesterol, is also associated with a higher risk of heart attack. Eating a low-fat, low-cholesterol diet may reduce your cholesterol. However, some people have a genetic reason for having high cholesterol. Lowering cholesterol with medicine can significantly

reduce the risks associated with high cholesterol levels. (for more information, see our booklet **A healthy cholesterol**).

### **Physical activity**

Regular exercise helps keep you fit. It helps you to reduce your weight and blood pressure. It also increases the level of healthy HDL cholesterol, and reduces the unhealthy LDL cholesterol. All of these things reduce the risk of having a heart attack. Exercise makes you feel better and reduces stress. So it is well worth including regular exercise in your daily routine as part of a healthy lifestyle. This does not have to involve long runs, or expensive gym membership. Walking is a very popular choice for a wide range of people. You can gradually increase how far you walk as you become more fit.

Walking is free, and it can be sociable if you have company. Always talk to your doctor or cardiac rehabilitation team about what is a safe level of exercise for you. (See our booklet **Be active**).



## **Being overweight**

You may need to lose weight to be a healthy weight for your height and build. The best way to do this is by regularly eating smaller portions of healthy food, combined with regular exercise. Avoid crash diets. Losing weight gradually may help control your blood pressure and increase the amount of exercise you can do. It will also make you feel more confident and contribute to your wellbeing.



If you need to lose weight, take a look at our booklets, ***Healthy eating*** and ***Lose weight***.

## **Diabetes**

You may not know you've got diabetes until you've had a heart attack, or you may have suffered from it for many years. It is important to control your blood sugar to reduce further complications from diabetes. You can control your blood sugar with tablets or insulin. If you have diabetes, it is also very important that you never smoke and that you keep your cholesterol very low and have your blood pressure controlled.

## **Manage your stress levels**

Try to avoid stressful situations and learn how to manage stress. (See our booklet ***Manage your stress***).

## Conclusion

Having a heart attack can be a frightening experience. Modern treatment and medical knowledge mean that many people fully recover after their heart attack. Sometimes it simply makes people change to a new healthier lifestyle. If you have any questions after reading this booklet, please ask your doctor. We hope that this booklet will help you to have a successful and anxiety-free recovery.



# An explanation of medical terms used in this booklet

## **ACE inhibitors**

These are medicines that can help relax your blood vessels and lower your blood pressure.

## **Angina**

Angina is chest pain or chest discomfort. It happens when not enough oxygen-rich blood gets to your heart muscle.

## **Angiogram**

This is another name for cardiac catheterization. An angiogram is a test using dye and x-ray to see if you have any problems in your arteries, valves or the chambers of your heart.

## **Angioplasty**

Angioplasty is a treatment to unblock your arteries and increase blood flow to your heart muscle. A small device like a balloon is put into your artery and inflated to flatten the blockage against your artery wall.

## **Aorta**

The aorta is the main artery in your body. It brings blood from your heart to all parts of your body.

## **Arrhythmias**

This is an abnormal heart rhythm or heartbeat. It can be fast, slow or irregular. Treatment will depend on the type of rhythm disorder.

## **Atherosclerosis**

Atherosclerosis is a condition where fatty material builds up on the inside wall of your coronary arteries. This hardens to make atherosclerotic plaque, which narrows your arteries and reduces blood flow to your heart muscle.

## **Atrium**

This is the upper section or chamber of your heart.



### **Beta blocker**

This is a drug that slows your heart rate.

### **Blood pressure**

Blood pressure shows the amount of work that your heart has to do to pump blood around the body. The two numbers in your reading show the level of blood pressure. One number records blood pressure when the pressure is at its highest as the heart muscle squeezes out the blood from the heart - this is called systolic pressure. Then the heart relaxes, which allows the blood to flow back into the heart - this is called diastolic pressure.

The normal level of blood pressure is usually about 120 (systolic) over 80 (diastolic). If you have been told that your blood pressure is higher than 140 over 90 (130 over 90 if you have diabetes), you should discuss this with your family doctor.

### **Cardiac rehabilitation**

This is a programme of education, exercise and psychological support for people after a heart attack or heart surgery.

### **Cholesterol**

This is a fatty substance made mainly in your liver.

### **Coronary care unit (CCU)**

This unit is a special ward for people who have had a heart attack or who are at risk of having a heart attack.

### **Coronary artery disease**

This means heart problems caused by narrowed heart arteries. When arteries are narrowed, less blood and oxygen reaches your heart muscle.

### **Coronary thrombosis**

This is when a blood clot blocks your coronary artery and causes a heart attack.

### **Echocardiogram (ECHO)**

This is an ultrasound examination of your heart to see how well your heart muscle is working.

### **Electrocardiogram (ECG)**

An ECG test measures the rhythm and electrical activity of your heart. Small sticky pads are put on your body connected to wires that link up to the ECG machine. The machine reads and records the electrical signals from your heart.

### **HDL cholesterol**

This stands for high-density lipoprotein cholesterol. This is good cholesterol because it mops up leftover cholesterol in your arteries.

### **Heart failure**

This is a condition where your heart does not pump as well as it used to.

### **Heart rate**

This is a measure of the number of your heartbeats in one minute.

### **Heparin**

This is a type of drug called an anticoagulant that is used in hospital by a doctor. It is injected into your vein to prevent blood clots from forming.

### **IV**

IV stands for intravenous and in this context it means a small tube that your doctor will put into a vein in your arm. Any medicine you need can be given through the IV into your blood stream.

### **LDL cholesterol**

This stands for low-density lipoprotein cholesterol. This is called bad cholesterol because it sticks to the walls of your arteries, making them narrow.

### **Myocardial infarction (MI)**

This is the medical term for a heart attack. A heart attack is when blood cannot get to a part of your heart muscle and the muscle dies or is permanently damaged.

### **Myocardial rupture**

This is a rare condition when heart muscle, damaged by a heart attack, tears. This can allow blood to leak out of your heart into its surrounding sac or to leak between different heart chambers.

### **Myocardium**

This is heart muscle.

### **Nitrates**

This is a type of drug that widens your blood vessels.

### **Pericarditis**

This is an inflammation of the sac that surrounds your heart. It can cause severe pain that is often similar to a heart attack.

### **Septum**

This is the muscular wall that separates the right and left sides of your heart.

### **Stent**

A stent is a piece of wire mesh used to keep open part of your coronary artery. Some stents release medicine into your bloodstream to prevent clots forming on the stent. These are called drug-eluting stents.

### **Thrombolysis**

This is a treatment to dissolve blood clots using special drugs called thrombolytics.

### **Ventricle**

This is the lower section or chamber of your heart.

## More information

### Useful websites:

[www.irisheart.ie](http://www.irisheart.ie)

[www.stroke.ie](http://www.stroke.ie)

[www.iacr.info](http://www.iacr.info)

[www.hse.ie](http://www.hse.ie)

[www.bhf.org.uk](http://www.bhf.org.uk)

[www.heart.org](http://www.heart.org)

### Other Irish Heart Foundation publications:

Step by step through stroke

Step by step through heart surgery

Step by step through heart medicines

Step by step through inherited heart disease

Step by step through heart failure

Step by step through angina

AF and you, information for people living with atrial fibrillation

Step by step through cardiac catheterization and angioplasty

Manage your stress

All about your heart and stroke

Time to cut down on salt

Manage your blood pressure

A healthy cholesterol

Healthy eating

Be active

Quit smoking

Lose weight

### Heart and Stroke Helpline:

Locall 1890 432 787

Monday to Friday 10am to 5pm

[www.irisheart.ie](http://www.irisheart.ie)

## Please make a donation today

The Irish Heart Foundation is Ireland's national charity dedicated to the reduction of death and disability from heart disease and stroke. Over 90% of our funding comes from public and business donations. We depend on your goodwill and generosity to continue our work.

**If you found this booklet useful, please help our charity to continue to provide heart & stroke information by donating today.**

### You can make your donation today:

**By post:** Irish Heart Foundation, 50 Ringsend Road, Dublin 4

**Online:** [www.irishheart.ie](http://www.irishheart.ie)

**By phone:** 01 6685001

### Personal Details

Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Credit or debit card (one off donation)

Amount:  €250\*  €100  €50  €25  Other € \_\_\_\_\_

Card Number:

Exp Date:   /   Security Code\*\*:

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\* If you donate €250 in one year (or €21 per month) we can claim tax back at no cost to you.

\*\* Last 3 digits on the signature strip on the reverse of your card.

The Irish Heart Foundation is committed to best practice in fundraising and adheres to the **statement of guiding principles for fundraising** promoting transparency, honesty and accountability. Any personal information you provide will be held in accordance with the Data Protection Acts 1988 and 2003.

## SEPA Direct Debit Mandate

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### Unique Mandate Reference:

**Creditor Identifier: IE02ZZZ306322**

By signing this mandate form, you authorise (A) the Irish Heart Foundation to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from the Irish Heart Foundation.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which you account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields below marked\*

\*Bank Name: \_\_\_\_\_

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

\*Account number (IBAN): \_\_\_\_\_

\* Swift BIC: \_\_\_\_\_

Creditor Name: **IRISH HEART FOUNDATION**

Creditor Address: **50 RINGSEND ROAD, DUBLIN 4, IRELAND**

\*Type of Payment:  Recurrent (Monthly)  One-off Payment

\* Signature: \_\_\_\_\_ \*Date Signed: \_\_\_\_\_

Please return completed form to the Irish Heart Foundation.

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My monthly instalment amount is:  €21\*  €18  €15  €10  
 Other € \_\_\_\_\_ per month

\*A regular gift of €21 per month could be worth an additional €9 from the Revenue Commissioners per month at no extra cost to you.

Your first contribution will be taken on either the 2nd or the 20th of the next available month. Please select which date you prefer.  2nd  20th

*You will be notified in writing ten days in advance of your first direct debit. If you wish to cancel within 7 days of a direct debit payment please contact your own bank.*

### Preferences

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I would like to hear about other IHF events, activities, awareness campaigns and appeals.

Yes

Do you need a postal receipt:  Yes  No

The Irish Heart  
Foundation is the  
national charity  
fighting heart  
disease and  
stroke.





**IRISH HEART  
FOUNDATION**  
Fighting Heart Disease & Stroke

Irish Heart Foundation,  
50 Ringsend Road,  
Dublin 4

**T:** +353 1 668 5001

**F:** +353 1 668 5896

**Email:** [info@irishheart.ie](mailto:info@irishheart.ie)

**Heart and Stroke Helpline:**

Locall 1890 432 787

Monday to Friday 10am to 5pm

**Web:**

[www.irishheart.ie](http://www.irishheart.ie)

[www.stroke.ie](http://www.stroke.ie)

Registered Charity  
Number CHY 5507

2011



The information provided in this booklet was correct and accurate at the time of publication to the best of the Irish Heart Foundation's knowledge.