Cardiology that Doesn’t Skip a Beat

The comprehensive cardiac program at The Medical Center of Plano (MCP) offers the highest level of care for heart disease. MCP boasts highly trained specialists and advanced technology. In the toughest cases, however, patients and families appreciate something else as well: doctors who do everything it takes to make a difficult diagnosis and to treat a complex problem.

Below, two cardiovascular patients share their stories. Their cardiologists went above and beyond to make sure they received the best possible care.

A SECOND CHANCE AT LIFE
Richard Royster has seen 75 Christmases come and go. Yet he almost didn’t make it past December 25, 2012. As Royster and his wife were sitting at the kitchen table, his heart suddenly went into ventricular fibrillation (v-fib), a life-threatening heart rhythm. In v-fib, the lower chambers of the heart quiver uselessly rather than pump blood as they should. Without treatment, v-fib can be fatal within minutes.

Royster’s wife called 911 and performed CPR until help arrived. Still, Royster was on the brink of death by the time paramedics reached him. After resuscitating Royster, paramedics rushed him to the emergency room at MCP. There, he was met by Mordecai Klein, M.D., Director of Interventional Cardiology at MCP. “If Dr. Klein wasn’t there that day, I wouldn’t be here now,” Royster says.

Tests showed that Royster’s v-fib had been brought on by a heart attack. The heart attack, in turn, had been caused by a complete blockage in one of the arteries bringing blood to his heart.

To restore blood flow through the artery, Dr. Klein performed a minimally invasive procedure called coronary angioplasty. Dr. Klein ran a thin, flexible tube, called a catheter, up the artery to the site of the blockage. Next, he inflated a balloon at the tip of the catheter, up the artery to the site of the blockage. Next, he inflated a balloon at the tip of the catheter to push the artery open. Then, he inserted a small mesh tube, called a stent, to hold the artery in the open position. Finally, the balloon was deflated and the catheter removed, while the stent was left in place.

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Head and Neck Cancer: What You Need to Know
When Stomach Symptoms Mean Something More Serious
The Nutritious, Delicious Way to Go Red
which decreases the amount of oxygen required.”

Through a tube inserted into a vein in Royster’s thigh, a cooling machine lowered his blood temperature to 92 degrees. After maintaining this temperature for 24 hours, he was slowly rewarmed. Medication ensured that he remained asleep and immobile throughout this time.

There were other concerns as well. Royster was in cardiogenic shock, which caused his blood pressure to plummet. Cardiogenic shock is a potentially fatal condition in which a suddenly weakened heart is unable to pump enough blood to the body’s organs.

To treat this condition, Dr. Klein inserted a balloon pump. This device was placed temporarily in the main blood vessel leading from his heart to his body. A balloon in the device inflated and deflated in time with the heart’s own rhythm, which helped pump more blood.

Other parts of Royster’s body had been seriously affected as well. The circulation in his legs, already poor, was further compromised. Eventually, his right leg had to be amputated. His kidneys shut down for a time, so he needed dialysis until his kidneys gradually began working again. Another blockage formed in a coronary artery, so he required a second emergency stent. And while going through all this, his gallbladder became infected.

“His care was so complex, he wouldn’t have made it without great nursing and great technology,” says Dr. Klein.

“The nurses were outstanding,” Royster says. “One day, I would like to go back and say, ‘Hey, you see me here? This is what you did for me. I am very thankful.’” Royster’s wife, Marcy, shares, “The nursing staff in the critical care unit were true angels of mercy. They were the most patient, caring group I have ever seen. They took amazing care of my husband, 24/7.”

The dedicated treatment team never gave up on Royster. “Despite his advanced age and the severity of his situation, the team went all out to save him,” says Dr. Klein. “Even though many of his problems were severe or life-threatening, they were not irreversible. You have to judge each case and not just write patients off because they are old or very sick.”

AWAKENING TO NEW CHALLENGES

Royster remained in a deeply sedated sleep for weeks, throughout these ups and downs. “When they finally brought me out, my wife was crying. She said, ‘I have some bad news for you.’ So I said, ‘Well, lay it on me,’” Royster recalls. That’s when he first learned about the leg amputation. Royster didn’t miss a beat: “I just turned to Dr. Klein and said, ‘OK, where do we go from here?’”

The road ahead wasn’t easy. Royster had to rebuild his strength and adjust to life with a prosthetic leg. After his kidneys recovered and he was stronger, he returned to MCP for bypass surgery. And once he recovered from the surgery, he was back again to receive an implantable cardioverter defibrillator—a small device placed in the chest that can automatically deliver a shock to the heart if it ever goes into another life-threatening rhythm.

Today, Royster’s life has finally settled into a quieter routine. He’s savoring everyday life at home with his wife. He can walk short distances, and he uses a scooter when he wants to go farther.

Royster returns to see Dr. Klein for checkups every four months. “I can’t say enough about Dr. Klein,” he says. “Here I am, 75 years old, and I feel like 60.”
A Baffling Mystery Solved
Katherine Lozich, a former teacher in her early 50s, presented a different type of medical challenge. In her case, before doctors could find the right treatment for a particularly troublesome symptom, they had to figure out what was causing it.

“I was having a lot of swelling in my legs, and no one could explain why,” says Lozich. “My feet would get so swollen that I ended up wearing bedroom slippers much of the time. It hurt to walk or stand. I couldn’t even lift up my leg to put on a pair of pants, because my legs were too swollen to bend.”

Lozich consulted several doctors at other medical centers, but they were stumped about how to help her. She didn’t have heart failure or kidney problems—two common causes of leg swelling. A blood clot in a leg vein, called deep vein thrombosis, can also cause leg swelling and tenderness. However, although Lozich had experienced blood clots in her legs in the past, she didn’t have one now.

“Sometimes when people can’t find answers, they look at you like, ‘What are you doing wrong?’ That can be really frustrating,” Lozich recalls.

Eventually, she decided to consult a new doctor, so she made an appointment with Akram Khan, M.D., a Cardiologist at The Medical Center of Plano. That’s when her luck started to turn. “Dr. Khan worked hard to find answers,” Lozich says. “He didn’t just give up like other doctors in the past had done.”

ASKING THE RIGHT QUESTIONS
Dr. Khan suspected that the source of Lozich’s problem might not be in her legs at all. Instead, he decided to look at the iliac veins on both sides of her pelvis. To do this, he used a venogram—an X-ray test in which special dye is injected into the veins to show how blood flows through them. The venogram, performed at MCP, showed that Lozich had severe narrowing in the left iliac vein. To treat the problem, Dr. Khan performed an angioplasty and inserted stents (much like the treatment Royster received, but in different blood vessels).

Dr. Khan believes the narrowing began as a blood clot years ago. “The blood clot changed into fibrous tissue, which caused the narrowing,” he says. Blood from the legs must pass through the iliac veins on its way back to the heart. Because one of Lozich’s iliac veins was partially blocked, fluid built up in her legs, leading to swelling.

“The problem with her iliac vein was undetected until we did the venogram,” Dr. Khan says. “In the Dallas metroplex, only a few physicians are looking at the iliac veins in these kinds of patients. There are a lot of people suffering from leg swelling and pain who aren’t being treated effectively, because no one knows where the problem is coming from. This is a new paradigm for treating those patients more successfully.”

FINDING ANSWERS THAT HELP
As part of his medical detective work, Dr. Khan ordered specific blood tests. They showed that Lozich has two disorders that predispose her body to form clots. This is something Dr. Khan will continue to monitor closely.

Lozich’s leg swelling disappeared completely for a while. Recently, swelling came back, so Dr. Khan performed a second procedure. He placed stents in the iliac veins on both sides of her body, which quickly resolved the swelling.

Lozich really appreciates Dr. Khan’s persistence at untangling all the threads in her medical condition. Perhaps the highest praise comes from her mother, a retired nursing professor. Lozich says, “My mother came down from Iowa and met him. And she was like, ‘You’re so lucky; he’s such a good doctor.’ My mom was really impressed.”

THE HIGHEST LEVEL OF CARDIAC CARE
Read more about The Medical Center of Plano’s comprehensive cardiac program at TheMedicalCenterofPlano.com. Click “Services” then "Heart and Vascular Services."
Most of us are aware of the deadly potential of lung or breast cancer, but another cancer often gets little attention. Cancers of the head and neck can affect some of our most important functions—speaking, eating, and breathing.

Most head and neck cancers begin in the mucous membranes of the mouth, nose, and throat. They can also develop in the sinuses and nose, on the lips, in the salivary glands, and in the lymph nodes in the neck. These cancers account for about 3 percent of all cancers in the U.S. Health experts estimate that about 59,000 people in this country will develop head and neck cancer this year.

Men are twice as likely as women to develop head and neck cancers. These cancers are most often linked to tobacco use—85 percent of patients have a history of smoking. People who drink alcohol and use tobacco face even higher risk. “Certain types of head and neck cancers are also associated with the human papillomavirus (HPV), the same virus that can cause cervical cancer in women,” adds Masoud Saman, M.D., Medical Director of Head and Neck Oncologic and Reconstructive Surgery at The Medical Center of Plano.

“Head and neck cancers are frequently noticed late, making them more difficult to diagnose and treat,” explains Dr. Saman. “Finding the disease early significantly improves chances of optimal results.”

Symptoms include a lump or sore in the neck, throat, or mouth that doesn’t heal, persistent sore throat, difficulty swallowing, and a change or hoarseness in the voice. Other signs include:

- Chronic sinus infection or nosebleed
- Unusual bleeding or red or white patches in the mouth
- Swelling in the jaw or under the chin
- Ear pain or ringing
- Trouble breathing, speaking, or hearing

How doctors treat the disease depends on where the cancer started, how long it has been there, and whether it has spread. Dr. Saman adds, “In the lower stages of most head and neck cancers, we may have a choice between radiation and surgery, but when it gets to higher stages combination therapy becomes the treatment of choice.”

**Physician Profile**

**What drew you to head and neck oncologic surgery?**

Nothing is more rewarding than to have the privilege of caring for a cancer patient who bravely fights for survival. It is challenging and humbling, and the reason I studied medicine in the first place.

**What brought you to The Medical Center of Plano?**

Fate. I grew up in Plano and moved to Carrollton and graduated from Newman Smith High School. In college, I was a neuroscience major and wanted to get my Ph.D. in neuroscience. I responded to a job post from The Medical Center of Plano for a Unit Secretary on the Medical/Surgical Unit. I started working there and the positive interactions I had with the nurses and doctors warmed me up to the idea of studying medicine. After much research, I left that position to go to medical school in San Antonio. The rest of my training took me to Boston and New York City. Last year when I returned to Texas, I was researching Plano and surrounding area hospitals for best of the best and The Medical Center of Plano came out on top in every category. We met, our visions were aligned, and here I am now.

**When you’re not in the hospital, how do you spend your free time?**

My wonderful wife and I are honored to be the parents of a 9-month-old angel, Lilia. When I am done with work, I get myself home as quickly as possible to play with her before she goes to bed.

Masoud Saman, M.D.
You may have noticed we recently rebranded our cardiovascular care program with a new name—The Heart, Valve & Vascular Institute—that speaks to the breadth and sophistication of what we offer.

We are especially proud of our success in combating STEMI—a deadly type of heart attack. Thanks to close teamwork with local EMS providers, re-establishment of blood flow after a patient arrives in our Emergency Department comes far more quickly than the national average.

STEMI treatment requires that a catheter be inserted into an artery leading to the heart. In selected patients at MCP, a blood vessel in the wrist is used. This innovative approach causes less bleeding than the traditional one. Patients may also experience a more rapid return to walking and other activities.

Our Care Assure program ensures that patients receive appropriate care after they return home. Specially trained nurse navigators assist with discharge, answer questions, and facilitate follow-up appointments.

With the new name of our unit come plans to renovate it. More outpatient treatment rooms will be created to serve patients suffering from abnormal heart rhythm and related disorders. Key to our arrhythmia efforts is the Carto® 3 Navigation System, a revolutionary device that generates a 3-D map of the heart and monitors its electrical activity in real time. It precisely locates the source of an irregular heartbeat, and guides the interventions needed to correct it.

Join us in February for our annual “Heart Month” events. Until then, please accept our heartiest wishes for health and happiness in the New Year.

Charles Gressle, CEO

More Than Ever, the Heartbeat of the Community

A MESSAGE FROM THE CEO

Women & Heart Disease: Go Red
Tuesday, February 2, 7 a.m.
Classrooms 1 and 2
Lisa Robinson, ANP, Cardiology Department

Girlfriends, Giggles, and Go Red
Monday, February 8, 6:30 p.m.
Auditorium at 4001 West 15th Street, Suite 315
Put on your red dress and join us as we celebrate Heart Month and take action for our health by learning about women and heart disease from Timothy Dao, M.D., a Cardiologist on staff at The Medical Center of Plano. We will learn what women need to know about gender differences with heart disease, and we will gain the newest information about knowing our numbers and our risks for heart disease. Join us at this RED event and bring your friends and family so that they may also gain valuable knowledge about treating and preventing heart disease in women!

Introduction to Tai Chi
Tuesday, February 9, 6:30 p.m.
Classrooms 1 and 2
This form of exercise assists with our goal to prevent falls and promote health.
Lynn Kubic, Certified Tai Chi Instructor

A Heart-to-Heart on Your Ticker
Tuesday, February 16, 7 a.m.
Classrooms 1 and 2
Narayn Pillai, M.D., Harmony Heart Group

Peripheral Vascular Disease
Tuesday, February 16, 6:30 p.m.
Classrooms 1 and 2
Akram Khan, M.D.

Mediterranean Diet Culinary Nutrition
Tuesday, February 23, 6:30 p.m.
Classrooms 1 and 2
Nicole Bullock, R.D., L.D.

WHY GO TO PLANO?
Visit TheMedicalCenterofPlano.com to watch our video on why you should say, “Take Me to Plano.” Under the About Us tab, click “Video Library.”
Eating less meat can reduce your risk for obesity, high blood pressure, diabetes, and an early death. Recent research now suggests a plant-based diet may cut your risk for colorectal cancer. Researchers from Loma Linda University studied more than 77,000 people. Participants filled out questionnaires about their eating habits. Over an average of seven years of follow-up, 490 of them developed colorectal cancer. Compared with regular meat-eaters, those who followed some type of vegetarian diet had a 22 percent lower risk for colorectal cancer. Those who ate fish but no other meats fared the best. Their risk was 43 percent lower than that of nonvegetarians.

LESS MEAT OFTEN MEANS MORE WHOLESOME CHOICES
“Certain compounds in red and processed meats have been linked to a higher chance of developing colorectal cancer,” says Anthony Macaluso Jr., M.D., Colon/Rectal Surgeon at The Medical Center of Plano. “Steering clear of these foods could play a role in cutting cancer risk.”

Vegetarian eaters also tend to cut back on refined grains, sweets, snack foods, and sugary beverages. In addition, eating more whole plant foods keeps vegetarians trim and helps their bodies use insulin properly. These factors both reduce colorectal cancer risk.

YOUR MEATLESS MONDAY AGENDA
Want to dip your toes into plant-based eating? You don’t have to transform your diet overnight. Try one meatless day per week with these meal ideas:

- **Breakfast:** oatmeal with milk, nuts, and cranberries, or almond butter on whole-grain toast
- **Lunch:** chili with beans and cornbread, a veggie burger, or falafel
- **Dinner:** Tofu and veggie stir-fry, or tacos with beans and tempeh

NEED MEATLESS MEALS? Our online health library has lots of meatless recipes. Try one tonight for dinner! Visit TheMedicalCenterofPlano.com/hl.

Get a Colorectal Cancer Screening
Sixty percent of colorectal cancer deaths can be avoided with routine screening starting at age 50, says the Centers for Disease Control and Prevention. Thankfully, when it comes to being screened for colorectal cancer, you have options. “If you’re turning 50 soon or if you’ve already celebrated that milestone, ask your doctor to explain these tests and to discuss which screening may be best for you,” says Dr. Macaluso.

Options include:

- *Fecal occult blood test*—every year
- *Flexible sigmoidoscopy*—every five years
- *Double contrast barium enema*—every five years
- *Colonoscopy*—every 10 years

*These tests should also come with a digital rectal examination.*
We’ve all had a stomachache. How do you know when tummy troubles might mean a more serious health problem? Sometimes the answer isn’t so simple. Stomach pain from gastroenteritis, or “stomach flu,” might eventually pass without further problems. Then again, a recurring discomfort that you ignore for months—or years—could become something that is life-threatening. It’s important to take a closer look at when your stomach symptoms need medical attention.

TIME TO CALL THE DOCTOR
Stomach pain that signals something serious, such as cancer or gallstone complications, is often accompanied by other symptoms. According to Markus Goldschmiedt, M.D., a Gastroenterologist at The Medical Center of Plano, it’s a good idea to call your doctor if you’re experiencing stomach pain with any of the following symptoms:

- Fever and chills
- Nausea
- Vomiting
- Jaundice (yellowish color of the skin or white of the eyes)
- Tea-colored urine
- Urine that looks cloudy or smells foul
- Blood in urine or pain during urination
- Light-colored stools or bloody stools
- Intense, unrelenting pain in back or lower stomach
- Stomach pain lasting more than five hours

For some problems, symptoms can be vague, coming and going over a period of weeks or years. Let your doctor know if you keep experiencing any of the following:

- Abdominal pain
- Diarrhea
- Feeling tired
- Loss of appetite
- Nausea
- Urgent need to have a bowel movement
- Weight loss

If it turns out you have an irritable bowel disease (IBD), such as Crohn’s disease or ulcerative colitis, it can do more than just cause discomfort. These chronic conditions can damage your intestinal tract and prevent you from getting needed nutrients. Crohn’s disease and ulcerative colitis can also increase your risk for colon cancer.

“Sometimes an IBD can be tricky to spot,” says Dr. Goldschmiedt. “It might go into remission for months or even years before recurring. Don’t ignore stomach symptoms that keep coming back. Tell your doctor about them so you can start living a healthier life.”

TIME TO GET EMERGENCY CARE
Some cases of stomach pain are even more urgent. For example, if you have appendicitis, it’s important to seek medical attention immediately. The pain of appendicitis is often described as:

- Starting suddenly near your belly button and moving lower and to your right
- Becoming severe in a matter of hours and getting worse when you move, breathe deeply, cough, or sneeze
- Occurring before other appendicitis symptoms, such as loss of appetite, nausea, vomiting, swelling in the abdomen, low-grade fever, constipation, or diarrhea

Dr. Goldschmiedt adds, “If you have severe diarrhea that isn’t letting up, or if you’re coughing or vomiting up blood, treat these as medical emergencies. Call 911 or get to the emergency room immediately.”

NEED A PHYSICIAN?
Call our physician referral line at 1.855.665.TMCP to find a gastroenterologist who can help diagnose your stomach problems.
FOCUS ON MEN’S HEALTH

The Roar of the Snore: A Review of Causes and Treatments for Snoring
Monday, January 11, 6:30 p.m.
Classrooms 1 and 2
Join us as Masoud Saman, M.D., Head and Neck Surgeon and Facial Plastic Surgeon at The Medical Center of Plano, reviews the common condition of snoring. This very simple symptom becomes a nuisance when it begins to rob you of a good night’s sleep and interferes with your family sleeping arrangements. Learn from Dr. Saman about the treatments available for this condition, and take action for your health as you begin to understand the causes that might be responsible for your snoring.

Spirit of Women™ Fitting into Fitness
Monday, January 11, 6:30 p.m.
4001 W. 15th St., Suite 315
Let’s learn and talk about FITNESS this month! As the New Year begins and we make our resolutions to stay fit in the New Year, let’s hear from the experts on how we can fit fitness into our daily schedule. Shuchi Desai, M.D., will discuss the importance of exercise and fitness as we age. We will learn how to take time each day to put fitness in our life and on our calendar. Recent studies show that exercise may play a very important role in staying young and enjoying life. Join us as you take action for your health and learn about the many benefits that regular exercise can bring to your life!

The Art of Women’s Health
Woman’s Place, 9225 Dallas Pkwy, Suite 120, Frisco, TX
In this three-part lecture series, three physicians specializing in women’s care who use the office facilities at the Woman’s Place will present helpful health information in our new office setting. The artwork of Frisco Independent School District students is displayed throughout the facility, offering a peaceful atmosphere for this very convenient setting for women to receive healthcare services. Light refreshments will be served. Call 214-473-7317 for reservations. Seating is limited!

Wednesday, January 20, 6:30 p.m.
Sheetal Patel, M.D., Bariatric Surgeon, will present “The Art of Healthy Weight Control”

Wednesday, February 17, 6:30 p.m.
“Art for the Heart,” presented by a physician on staff at The Medical Center of Plano

Wednesday, March 16, 6:30 p.m.
Shuchi Desai, M.D. will present “The Art of Understanding the Symptoms of Menopause”

OMG!
Wednesday, January 27, 7 p.m.
Auditorium at 4001 W. 15th St., Suite 315
Join us as Elizabeth Coronado, M.D., educates and entertains our teenage girls and their mothers with a presentation about the body and emotional changes of puberty. Mothers and daughters will learn about the biological, medical, and practical lifestyle aspects of menstruation from a respected OB-GYN physician who has earned the trust of mothers in the community as she educates our young women about the normal changes they are experiencing. Bring your soccer team or your Girl Scout troop, and make it an evening that you and the girls won’t forget!

The Power to Boogie
Saturday, February 27, noon to 4 p.m.
The Grand Court, The Shops at Willow Bend
More than 300 people are expected to attend the Day of Dance, which is part of The Medical Center of Plano’s important initiative to create a healthier community. Your heart is the most powerful muscle in your body, and what better way to keep it healthy than to start dancing? The Power to Boogie will feature several live dance performances from various dance groups in our community. You’ll also be able to join our dance instructor to boogie to some of those famous dances of the 1970’s... the Hustle, the Bump, and YMCA! Health screenings will be available so that you will gain powerful education from the many service lines at MCP. The 2016 National Day of Dance, sponsored by MCP, will celebrate your family’s overall health! Join us for an afternoon of FUN, DANCING, and GOOD HEALTH!
The Nutritious, Delicious Way to Go Red

Have you heard of the American Heart Association’s Go Red for Women® campaign? Each February, women around the country put on red dresses to promote heart disease awareness. There’s no reason to stop with your wardrobe. Dress up your plate with red-hued foods every day. Read on to discover the heart disease-fighting effects and other health benefits of many red foods.

**TOMATOES**
A natural pigment called lycopene lends tomatoes their rosy hue. Lycopene gives you potential protection against cancer and heart disease. Don’t think you only need to eat them fresh off the vine: Your body actually more easily absorbs lycopene from processed tomato products, such as paste and sauce. **Go Red:** Chop tomatoes into salsa; stuff them into omelets; or make your own sauce with low-sodium canned tomatoes, tomato paste, onions, garlic, and spices.

**RED BELL PEPPER**
A single bright pepper contains your entire daily dose of vitamins A and C, nutrients that strengthen your immune system. This means better protection from infection and faster wound healing. **Go Red:** Slice raw peppers and serve in a pita with hummus; roast and add to sandwiches; or sauté them into a stir-fry.

**CHILI PEPPERS**
These spicy kickers contain capsaicin, a compound that may improve digestion. They also offer a good dose of vitamin A and C. **Go Red:** Sprinkle dried chilies on Mexican dishes; chop fresh jalapeños into salsa; or cook peppers in chili.

**STRAWBERRIES**
These berries pack more than 150 percent of your required immune-boosting vitamin C for the day. **Go Red:** Blend frozen strawberries (with no added sugar) into smoothies; serve them on sandwiches with peanut butter; or top a salad with a touch of their sweetness.

**CRANBERRIES**
Compounds called proanthocyanidins in these tiny, tart fruit clear bacteria from your bladder. Research shows this process may reduce your risk for urinary tract infections. Cranberries also boast another compound, resveratrol, which has been found to reduce blood pressure. **Go Red:** Toss dried cranberries in your salad; spread cranberry sauce on sandwiches; or drink 100-percent cranberry juice.

**CHERRIES**
All cherries contain compounds called antioxidants that zap stress-inducing free radicals. Tart cherries deliver even more than their sweet counterparts.

The result? Some people who eat them feel less pain from arthritis, gout, and after exercising. Cherries consumed before bed may also help improve sleep. That’s thanks to high levels of the drowse-inducing hormone melatonin. **Go Red:** Drink tart cherry juice; bake dried tart cherries into cookies and muffins; stir frozen cherries into oatmeal as it cooks.

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**HEALTHY RECIPE**

**Do-It-Yourself Minestrone Soup**

No matter what type of bean you choose, this recipe will still help you satisfy more than one-third of your daily requirement for fiber.

**INGREDIENTS**

- 1 tbsp. olive oil
- 1 small onion, about a half-cup chopped
- 2 medium carrots, sliced
- 1 stalk celery, sliced
- 1 clove garlic (or 1 tsp. garlic flakes)
- 1 tbsp. pot herbs or sodium-free Italian seasoning (such as Mrs. Dash)
- 1 14.5-oz. can reduced-sodium chicken broth (about 2 cups)
- 1 14.5-oz. can no-salt-added diced tomatoes plus one can of water
- 1 19-oz. can cannellini (white kidney) or other beans, no salt added
- ½ cup frozen peas
- 1 cup cooked elbow macaroni

**DIRECTIONS**

In a large pot, heat oil over medium-high heat. Add onion, carrots, celery, garlic, and herbs. Cook, stirring, just until onions look slightly wilted. Add broth, tomatoes, water, and beans. Bring just to a boil, then turn heat to low and simmer about 10 minutes or until carrots are done. Add frozen peas and macaroni to hot soup and serve.

**PER SERVING**

Serves four (2 cups). Each serving provides: Calories 260, Fat 4.5 g, (Saturated fat 0.5 g, Trans fat 0 g), Cholesterol <5 mg, Sodium 150 mg, Carbohydrate 42 g, Fiber 15 g, Sugar 8 g, Protein 14 g.
Many people know that chest pain could signal a heart attack, but chest pain can also indicate other health problems. When should you worry?

Prolonged chest pain is considered the telltale symptom of a heart attack. However, it’s not always simple to tell when a heart attack occurs.

**HEART ATTACKS VARY**

Some heart attack sufferers report severe chest pain, while others only feel some chest discomfort. In fact, some research has found that about one-third of heart attack sufferers do not feel any chest pain at all.

Michael McBride, M.D., a Cardio-thoracic Surgeon at The Medical Center of Plano, says other symptoms besides chest pain are also common during heart attacks. These include:

- Left arm pain
- Pain that radiates down one or both arms
- Back, neck, jaw, or stomach pain
- Shortness of breath
- Nausea or vomiting
- Dizziness or fainting
- Breaking out in a cold sweat
- Severe headache—especially in older adults
- Anxiety, weakness, or a strong feeling of doom

**HEART ATTACK MIMICS**

Several other conditions also cause chest pain that can feel like a heart attack:

- Gastroesophageal reflux disease (GERD). Referred to as chronic heartburn, GERD accounts for most non-heart-related chest pain. This burning chest pain tends to occur after meals and is often relieved with antacids.
- Panic attacks. These usually last a few seconds to a few minutes. Besides chest pain, sufferers report shortness of breath, dizziness, and a fear of dying. Extreme anxiety can trigger a panic attack. So, too, can excessive caffeine.
- Angina. The pain from this condition feels like pressure or squeezing. “Angina chest pain can result from physical effort, stress, temperature extremes, or a heavy meal,” explains Dr. McBride.

**DON’T WAIT TO ACT**

“It’s vital to get prompt treatment for a heart attack,” says Dr. McBride. Whenever you or a loved one experiences heart attack symptoms, use the following steps as a guideline:

- Chew an uncoated aspirin tablet as a protective step against heart damage.
- If the symptoms stop after a short time, call your doctor. He or she will tell you what action to take.
- If symptoms continue for more than five minutes, call emergency medical services right away.

**CELEBRATE HEART MONTH!** In honor of American Heart Month, The Medical Center of Plano is offering a variety of fun and educational events this February. Find them on page 5.
Think heart disease is something you don’t have to worry about until you reach your dad’s age? Think again: plaque begins to build up in your arteries as early as childhood and continues to progress throughout adulthood. Over time, plaque may partially or completely block blood flow through an artery, which can lead to a heart attack or stroke. In some people, this process speeds up as early as your 30’s while others may not experience the effects until later in life.

The buildup of plaque in your arteries is a condition called atherosclerosis and it often leads to heart disease—the number one cause of death in the U.S.

YOUR HEALTH IS IN YOUR HANDS
Some risk factors such as your age, gender—men have a higher risk for heart attack than women do—and family history you can’t change. Others you can. Some factors you can control include:

- Whether you smoke
- Managing cholesterol levels
- Lowering your blood pressure
- Increasing your physical activity
- Maintaining a healthy weight
- Preventing or controlling diabetes

It’s never too early to fight back against heart disease. In fact, the American Heart Association urges adults to begin taking preventive measures against heart attacks as young as age 20. Here’s what you can do to improve your heart health starting today:

- Quit smoking.
- Eat a healthy diet with plenty of fruits and vegetables, whole-grains, lean proteins, and low-fat dairy products.
- Reduce your intake of saturated fat, trans fat, and cholesterol.
- Aim for 30 minutes of physical activity five or more days per week.
- Work with your doctor to manage your blood sugar levels if you have diabetes.
- Take steps to deal with stress such as exercising, getting six to eight hours of sleep per night, and spending time with people who bring you joy.
- Limit alcohol intake to no more than two drinks per day for men and one drink per day for women.

WHAT’S UP DOC?
Starting at age 20, visit your doctor for heart-health screenings. Some of the screenings you may receive include checking your blood pressure, cholesterol, weight, and body mass index (BMI).

If your doctor finds you have a problem, such as high blood pressure, he or she will recommend steps you can take to manage it before you develop more serious issues. These steps may include a combination of diet and lifestyle changes as well as medications, such as those to control your blood pressure or cholesterol levels, if necessary. How often you need to follow up with your physician depends on your risk factors and overall health.

If you haven’t visited your doctor for a cardiovascular screening yet, make an appointment today.

UNDERSTAND YOUR HEART RISK
Get to know your heart with our FREE assessment. Take the RealAge® Test at TheMedicalCenterofPlano.com/Heart.
YOUR HEART RISK ISN’T JUST ABOUT YOU

What can you do to protect your family?

Heart disease kills 700,000 Americans each year, but you don’t have to be one of them.

Understanding your heart risk is the first step to prevention. Get to know your heart with our free assessment.

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