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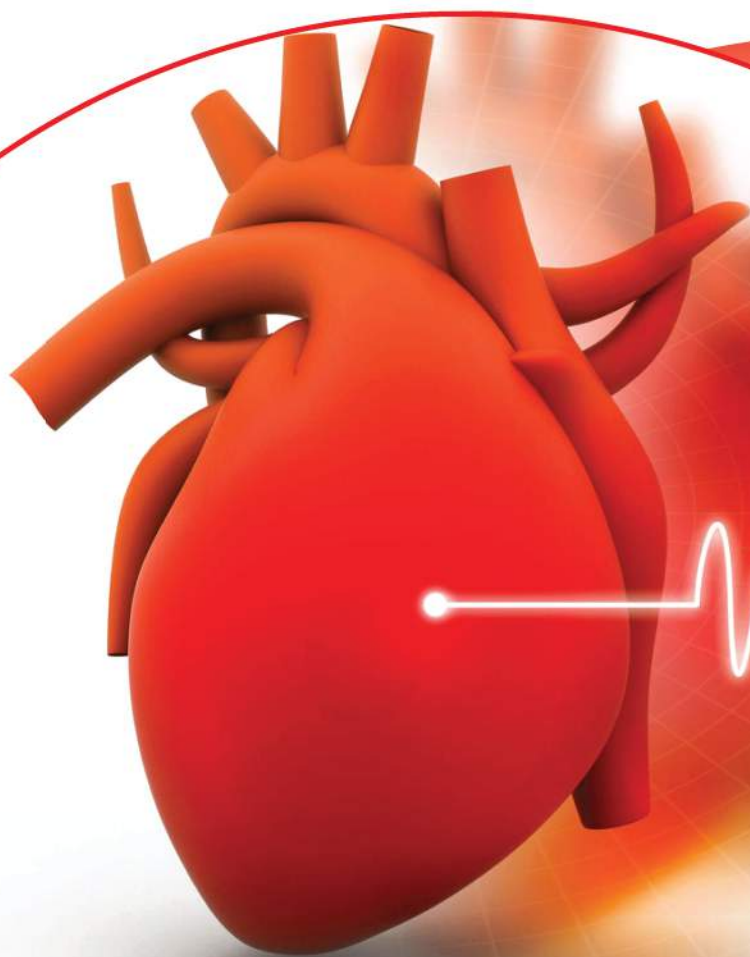
HEART BEAT



A Quarterly Issue for the Faculty & Staff of Tabba Heart Institute

ISSUE 33, DECEMBER 2017

CONGESTIVE HEART FAILURE



RENDEZVOUS

DR. SYED NADIR NAEEM

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ARTICLE

**IMPACT OF WEATHER CHANGE
ON HEART FAILURE PATIENTS**

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Dear Readers,

Assalam Alaikum.

We are here with yet another issue of the Heart beat! We work our best to enrich every issue with as much variety of articles about cardiovascular disease and Tabba Heart Institute as possible to provide our readers enough information to gain knowledge and education about the disease and hospital services.

The last quarter had the most important health day for creating awareness about heart disease; the World Heart Day. Each year, the Tabba Heart Institute is Alhamdulillah growing in stature and so is the magnitude of our activities on this day. This year saw some unprecedented hallmarks achieved through social media and it would not be too wrong to claim that THI's World Heart Day activities were talk of the town and the objective of reaching out to masses to promote the cause of world heart day was somewhat achieved. This issue covers the activities conducted on this day on the Events page.

The winters have arrived and the cold weather means the beginning of the flu season and can cause particular difficulties if you have breathing and circulation problems. To help you stay well, this issue has two articles specifically about managing flu and stay healthy during this season.

The issue also has some insights about the ER services at THI, a very interesting and interactive session with Dr. Nadir Naeem - the consultant cardiothoracic surgeon and other routine sections.

I am thankful to each and every member of the Editorial Board for their contributions without which this issue could not have been completed.

We look forward to hear from our readers about what they like and areas they think we need to improve upon in this newsletter. The email id to connect with us remains the same. It's editor@tabbaheart.org

Happy winters! We wish you and your family stay healthy and safe.

A Humble Editor

Fahad Anwer Chishti

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DEPARTMENTAL PROFILE

During a medical emergency, quick thinking and fast treatment are vital to recovery. At the Tabba Heart Institute, time is on your side. Our Emergency Department's team focus is to put you at ease when you're in our care - with exceptional, prompt and compassionate health care services. The emergency department physicians and staff are highly trained in treating and caring for patients experiencing chest pain or a heart attack. Reacting quickly and with compassion, the physicians and staff provide our patients appropriate emergency cardiac care treatment.

The emergency department at Tabba Heart Institute is a 24-hour, 7-days-a-week specialized cardiac care facility with certified emergency room physicians, cardiologists and specially trained nurses.



TABBA HEART INSTITUTE

EMERGENCY ROOM SERVICES

Our average door-to-balloon time is about 70 minutes, well below the average of 90 minutes. (Door-to-balloon time is an initiative that measures how much time it takes to get a patient that is experiencing chest pain or a heart attack from the door of the ER to undergoing a balloon angioplasty to open an affected artery.)

The emergency department also features a "No Wait Triage," where patients are seen within minutes of arrival. The physicians onboard are highly skilled in treating heart attacks amongst other cardiovascular emergencies and our teams are equally trained in all critical emergencies to prompt successful relay time.



INSIDER

WELCOME ONBOARD

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WEDLOCKS

NAME	DESIGNATION	DEPARTMENT
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Hira Tahir	Senior Rehab Specialist	Cardiac Rehabilitation Department

STORK VISITS

NAME	DESIGNATION	DEPARTMENT	GOT A
Mohsin Zia	Senior Officer	Outreach Marketing	Baby Girl
Muhammad Arsalan Qureshi	Infection Control Nurse	Infection Control	Baby Boy
Farhan Sharafat	Porter	Cath Lab	Baby Girl
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Faisal Joel	Registered Nurse	Nursing Services	Baby Boy

BEREAVEMENTS

NAME	DESIGNATION	DEPARTMENT	LOST
Dr. Sumbul Nasir Mehmood	Consultant	Nephrology	Mother
Muhammad Zaheer	Driver	Transport Service	Mother
Yasir John	Assistant Head Nurse	Nursing Services (Emergency Room)	Father
Muhammad Kashif Hanif	Officer	Finance & Accounts	Father

(May Allah (SWT) give the departed souls eternal peace and grant them the highest place in heaven; along with patience and strength to the bereaved families)

TABBA HEART INSTITUTE WELCOMES

DR. LUBNA MUSHTAQUE

Head of Patient Safety & Quality Assurance Department



Dr. Lubna has a vast professional history in the field of “Patient Safety & Risk Management” both abroad and in Pakistan. In addition, she has acquired various quality & patient safety related certifications. Prior to joining THI, she had worked at Saudi German Hospital Group & Prince Sultan Military Medical City, Saudi Arabia. Dr. Lubna did her MBBS and postgraduate training in General & Plastic Surgery from LUMHS, then she did her MBA (Hospital Management) from Institute of Business Management and has recently completed her Fellowship in Healthcare Quality from (ISQUA) Dublin.

A PILOT PROJECT**MEDICATION ERROR IDENTIFICATION AND REPORTING IN NURSING SERVICES**

This pilot study was presented on October 28-29, 2017 in the **2nd International Conference on Patient Safety** in Karachi, Pakistan. The rationale of this study was to improve/enhance patient safety by determining and reporting *point prevalence medication error* at Tabba Heart Institute by utilizing a self developed medication audit tool. Since medication errors are amongst the most common medical errors, harming atleast 1.5 million people every year and adding to US\$ 3.5 billion a year in extra hospital costs alone

besides injuring patients; it has detrimental effects on money, time and productivity. This study was conducted in THI for six months and its findings established that identification and reporting of medication error methods were not adequate before the audit. Hence, implementation of point prevalence medication error audit, ongoing incident reporting and rewarding those who report such errors inherently reduced the error reporting time therefore improving patient safety and quality care remarkably.*

RESEARCH STUDY**EFFECT OF AN EDUCATIONAL INTERVENTION ON NURSES KNOWLEDGE ABOUT LOW CARDIAC OUTPUT SYNDROME IDENTIFICATION AND MANAGEMENT**

The purpose of this study was to *assess the retention of knowledge among critical care nurses regarding low cardiac output syndrome (LCOS) recognition and management*. This study was presented in 7th World Congress of Pediatric Cardiology and Cardiac Surgery from the 16 – 21 July 2017. LCOS is the most common post cardiac surgery syndrome in postoperative heart surgery patients occurring in up to 25% patients and is associated with increased morbidity and

resource utilization. Moreover, critical care nurses are the first responders to this syndrome, hence their knowledge about LCOS is of utmost importance to avoid delayed recognition and intervention is linked with the worst outcome. The findings revealed *that on job focused small group educational intervention* is helpful in increasing the knowledge of the critical care staff thereby resulting in positive patient outcomes.

— (Hina Nizar Karim, Deputy Manager Nursing)*

THE DEPARTMENT OF INFECTION CONTROL ACCOMPLISHED A MAJOR DECLINE OF MRSA AND STAPH AUREUS IN THE POST OPERATIVE WOUND INFECTION, WHICH IS A GLOBAL CONCERN. WE CONGRATULATE THE IC TEAM ON THIS ACHIEVEMENT!



World Heart Day at LuckyOne Mall



To commemorate World Heart Day, a three day activation was done at LuckyOne Mall from the 22nd – 24th September 2017. The purpose of this activation was to create hype amongst the masses regarding the importance of heart health care. Various activities were conducted during the activation such as:

- Quiz programs
- Giveaways
- Interactive games
- Awareness videos

Morning Shows at ARY, Samaa & Metro One



In relation to the World Heart Day 2017 activities, team of our experts appeared in the morning shows to discuss the various causes of heart disease and precautions required to lead a healthy lifestyle. Tabb Heart Institute's visibility was shown through the following channels from the 28th – 29th September 2017:

- Morning Delight on Metro One
- Salaam Zindagi on ARY Zindagi
- Subah Saverey Samaa Kay Saath on Samaa

Amongst the experts present were Dr. Sohail Abrar, Dr. Irfan Ellahi Chandna, Dr. Farzana Amir Hashmi, Dr. Asad Pathan, Dr. Fariha Sadiq Ali, Dr. Ghufanullah Khan and Senior Nutritionist Mariam Sheikh.

EVENTS

#Project DKL



ProjectDKL (Dil Kay Liye) is an initiative taken by Tabb Heart Institute on account of World Heart Day 2017. Although, it was a campaign initiated solely for WHD but it's massive success has turned it into an awareness drive that can last forever.

MILESTONES ACHIEVED

- Trending for 20+ hours all over Pakistan on Twitter
- Having 20+ influencers on board helping us in creating awareness
- 20+ blogs published on #ProjectDKL
- 3 million+ people reached through this digital PR campaign

Awareness Session

Awareness session at Century Insurance, State Bank of Pakistan & Karachi Press Club were organized where doctors gave general awareness about heart health to the employees of the organizations.



Hyderabad Mega Camp

Tabba Heart Institute organized a 3 day mega camp; free screening camp at Gym Khana, free screening and consultation camp at Hilal-e-Ahmer Institute of Cardiology followed by a CME session at Indus hotel, Hyderabad. Screening of following services were done free of cost:

- Cholesterol
- Hemoglobin (HB)
- Body Mass Index (BMI)
- Sugar
- Blood pressure
- Consultation



Education Classes

Tabba Heart Institute conducted education classes for its patients, their families and general public in the month of September & October. Following topics were covered:

- Diabetes
- Stress management
- Cardiac risk factor & Self care monitoring
- Smoking cessation



RENDEZVOUS

QUALIFICATION AND EXPERIENCE:

MBBS - Ziauddin Medical University
 FCPS - Cardiothoracic Surgery - Tabba Heart Institute
 Medicine Residency - Agha Khan Hospital
 Experience: 7 years - Associated with THI since 2011

DR. SYED NADIR NAEEM

CONSULTANT CARDIAC SURGEON

• Tell us a bit about your family and personal lifestyle?

Alhamdulillah I've been blessed with a beautiful and loving family including my parents, my wife and two sons approximately four and two years of age respectively. I spend most of my free time with my family. I have a small but very close circle of friends that I socialize with whenever I get the time.

• Tell us about the inspiration behind taking this field? If there was ONE thing or person that triggered you to take this path, what was that?

Finding a suitable medical specialty is a lot like finding a suitable life partner. There's no one magic solution to it but you just realize that it fits well with your personality and temperament. I never knew that I was going to be a cardiac surgeon. When I started my professional career and rotated through medical specialties I quickly realized it was a bad match. I was way too aggressive and hands on. It was only when I rotated through surgery I realized that my personality resonated with the surgeons and I enjoyed fixing problems with my hands. Subsequently, during my surgical training I had exposure to Cardiac Surgery. Once you see a beating human heart, watch the surgeon put the patient on cardiopulmonary bypass and bring the heart to a standstill and "mend the broken heart" so to speak with his hands and watch the patient walk home, there's no greater thrill in life and after that nothing is as exciting and satisfying. The rest is history.



• What are the key challenges in the field of cardiac surgery? What are your challenges?

Our patients are getting older and sicker and it's a challenge to maintain good outcomes consistently. Furthermore, there is increasing pressure to do less to the patient i.e. minimally invasive surgery. My challenge as a surgeon is to get out of my comfort zone of conventional surgery and re-learn surgery with minimally invasive skills in order to give my patients the maximum benefit.

• What do you feel are the most important qualities or personality traits a surgeon should possess?

Surgeons deal with the sickest patients and the most high risk situations. The one quality that is an absolute must for any surgeon especially a Cardiac surgeon is the ability to stay calm and keep his team calm in the face of a catastrophe.

You must also have the ability, will and physical strength to work hard for extended periods of time, sometimes days at end. You must also be willing to compromise your personal life and social commitments.

Finally it goes without saying that manual dexterity is a must but that can be learnt with hard work.

• Do you believe being compassionate counts in this profession?

To quote Karl Jaspers, a German philosopher, "The doctor is neither technician nor saviour, but human being for human being". Between two surgeons of equal skill, I believe the one with compassion will always have better outcomes for his patients.

• What is your work philosophy?

I believe that no matter how good you become at your job someone else will be doing it better. So my work philosophy is to constantly strive for self reflection and perfection.



• What is the greatest feat of being a surgeon?

Becoming a cardiac surgeon itself is a great feat which few people can achieve.

• How should a patient overcome the fear of surgery? What kind of tips or guidelines would you give to the patients, to reduce pre procedure anxiety?

Let me begin by saying that the fear of surgery is mostly unfounded, unrealistic and misconstrued. The notion that surgery is the “last” option is ludicrous. For a variety of diseases and the right patient, surgery is still the best form of therapy with excellent long term outcomes in terms of quality life. Unfortunately, the reality is that the general public, media and doctors alike tend to highlight the horror stories and don't consider the thousands of patients all over the world who are living excellent quality lives after surgery whether it be CABG, heart transplant, correction of birth defects or removal of lung cancer. Secondly, the general public also believes that other forms of therapy are completely devoid of complications which could not be further from the truth. Also bear in mind that heart disease is the leading cause of death in our country and patients usually present late with such advanced disease that they are destined for complications irrespective of the treatment modality offered. Therefore, I would advise patients to talk to a surgeon who can consult whether surgery is required and suitable by explaining the benefits of the proposed procedure and educating them about the risks involved. Lastly, a great way to alleviate fear and anxiety is to talk to a patient who has already gone through surgery. I do that for a lot of my patients and I feel it works wonders to help them through the surgery.

surgeon. Every day you realize the fragility of life and at the same time the resilience of the human spirit. Dealing with life and death situations makes you think about your own mortality and that is an extremely humbling experience.



• Kindly walk us through a day in your life?

My day starts early at 6 in the morning. It is usually the time I get to spend time with my sons, getting them ready for school and having breakfast. I usually reach the hospital at 8 am and start morning rounds. By 8:30 am we usually have a teaching session for the trainees and start our first case by 9 am. The rest of the day is spread over three cases usually rounding on patients, talking to patients' families, consulting on cases and doing administrative tasks. I go home usually by 10 in the night after finishing the last case and making sure all the patients operated on that day are doing well. This is my usual routine six days a week.

• What do you like to do to pass time when you're not working?

As you can realize from the previous answer, 'free time' is a luxury. But I try to spend it with my family. As my kids like to say 'Sundays are fun days'. They love going to the beach, horse riding etc. I spend time with my parents, catching up. Any leftover time is spent socializing with friends.

• You have been associated with THI since 6 years; what do you think is the biggest strength of this institute which has helped it grow to this status?

I think the greatest strength and legacy of this institute will be young physicians and surgeons like myself that THI has been able to educate, train and nurture.

• Do you prefer to work here than working abroad?

Working abroad certainly has its charm but that's not a priority in my life right now.

• Any message for the upcoming professionals in the field of surgery?

Being a cardiac surgeon is a calling, not just a job. It's an honour and privilege that comes with a lot of hard work and self sacrifice. So you have to be absolutely in love with this kind of work. Secondly, I would strongly suggest you to diversify your skill portfolio in order to be ready for the cardiac surgery of the future.

• Very briefly, could you describe what the precautionary measures or care patients should take after surgery?

The two most important aspects are wound care and activity. The breast bone takes 6-8 weeks to heal during which patients should not indulge in heavy physical work, driving, pushing, pulling or lifting objects heavier than 4-5 kgs. Secondly, they should keep their wounds clean, control blood sugar levels and watch for signs of wound infection like redness, discharge and fever. Patients should also join a rehabilitation program which helps with cardiac conditioning and expeditious recovery.

• Can you share a case that has personally touched you or affected you in some way?

Every patient in cardiac surgery leaves a mark on the



HOW TO MANAGE AGGRESSION IN YOUR YOUNG CHILDREN

BY ERUM KAUSAR (CLINICAL PSYCHOLOGIST)

Aggression is a very normal reaction in young children. It readily appears when the child needs to protect his/her safety, happiness, or individuality. Aggressiveness can be defined as behavior that results in personal harm to another. This harm/injury could be psychological or physical. There are three different kinds of aggression noticed in children:

PROVOKING AGGRESSION

When child responds in self-defense to aggressive acts of peers.

UNPROVOKED AGGRESSION

When the child is constantly in fights, as she/he seeks to dominate or bother peers by hitting, teasing or bossing.

OUTBURST AGGRESSIVENESS

It could also be referred to temper tantrums, when children break up things in the house and are unable to control anger.

According to different school of thoughts, there are inherent fighting instincts in individuals, young children learn aggressive habits through observing their significant adults and they may also learn aggression when they are rewarded for aggressive acts.

There have been so many solutions proposed for solving above mentioned issues, but few simple remedies that any parent, teacher, sibling or care taker could utilize are as follows:

Avoid Faulty Child - rearing Attitudes and Practices

Parents with hostile attitudes are frequently unaccepting and disapproving of the child, this parent not only fails to give affection, understanding or reasoning to the child but tends to use excessive physical punishments. This generates an aggressive attitude in children primarily lack of trust and lack of confidence.

TV Violence should be Limited

No one can deny the importance of television as a tool for learning, either positive or negative. Negativity has more power of attraction as compared to positivity. Similarly, aggression can also be learnt through programs which exhibit aggression or aggressive tendencies.

Promote Happiness through Kindness

Individuals who experience more happiness tend to be more kind and those who practice kindness tend to be more happy. There are many ways to inculcate kindness, by taking care of pets & plants and looking after their health & wellbeing will result in the feeling of happiness.

Minimize Marital Discord

Since children are prone to learning about social behavior and norms by

observing and imitating their surrounding adults, it is the duty of their parents to make sure that they are not open to harsh realities such as aggressive behavior, conflict amongst elders, inter parental conflict etc. Children exposed to marital conflict often show significant behavioral maladjustment, particularly elevated aggressive-disruptive behavior problems and conflictual relationships with siblings and peers.

Opportunities for Physical Outlet

It is very important for children to have opportunities for physical exercise and movement. Teachers and parents should provide them ample opportunity for outdoor plays and exercise to drain their tensions and negative energies.

Positive Change in their Environment

Parents could arrange the home environment in such a manner that it limits aggressive behavior. The more physical space children have to play, the less likely they are to be at each other. Music can also have a soothing effect on aggressive impulses. Arranging for the child to play with older children can help reduce fights.

Enhance more Adult Supervision

Young and immature adult supervision their activities so from aggressive interest and what children ward off

children require more and involvement in as to prevent them reactions. Showing being involved in are doing can troubles.



IMPACT OF WEATHER CHANGE ON HEART FAILURE PATIENTS

DR. LUBNA BAQAI - CONSULTANT CARDIOLOGIST

Heart failure is a clinical condition that occurs when the heart is not pumping enough blood around the body to meet the body's requirement. A normal heart has the capability to increase blood pumping function by more than five times as compared to its usual state. But when the heart's function is already impaired, such increase in demand cannot be fulfilled and can result in symptoms of a heart failure. It can occur in patients whose heart pumping function is reduced or in some cases heart's function apparently looks normal but heart muscles are stiff and are not relaxed enough to accommodate the increasing amount in other wise extra ordinary situations. As weather is taking a shift and is on the verge of getting cooler, such changes in temperature can trigger symptoms in most of these patients. According to a new study, risk of hospitalization and even death could be predicted by changes in the weather.

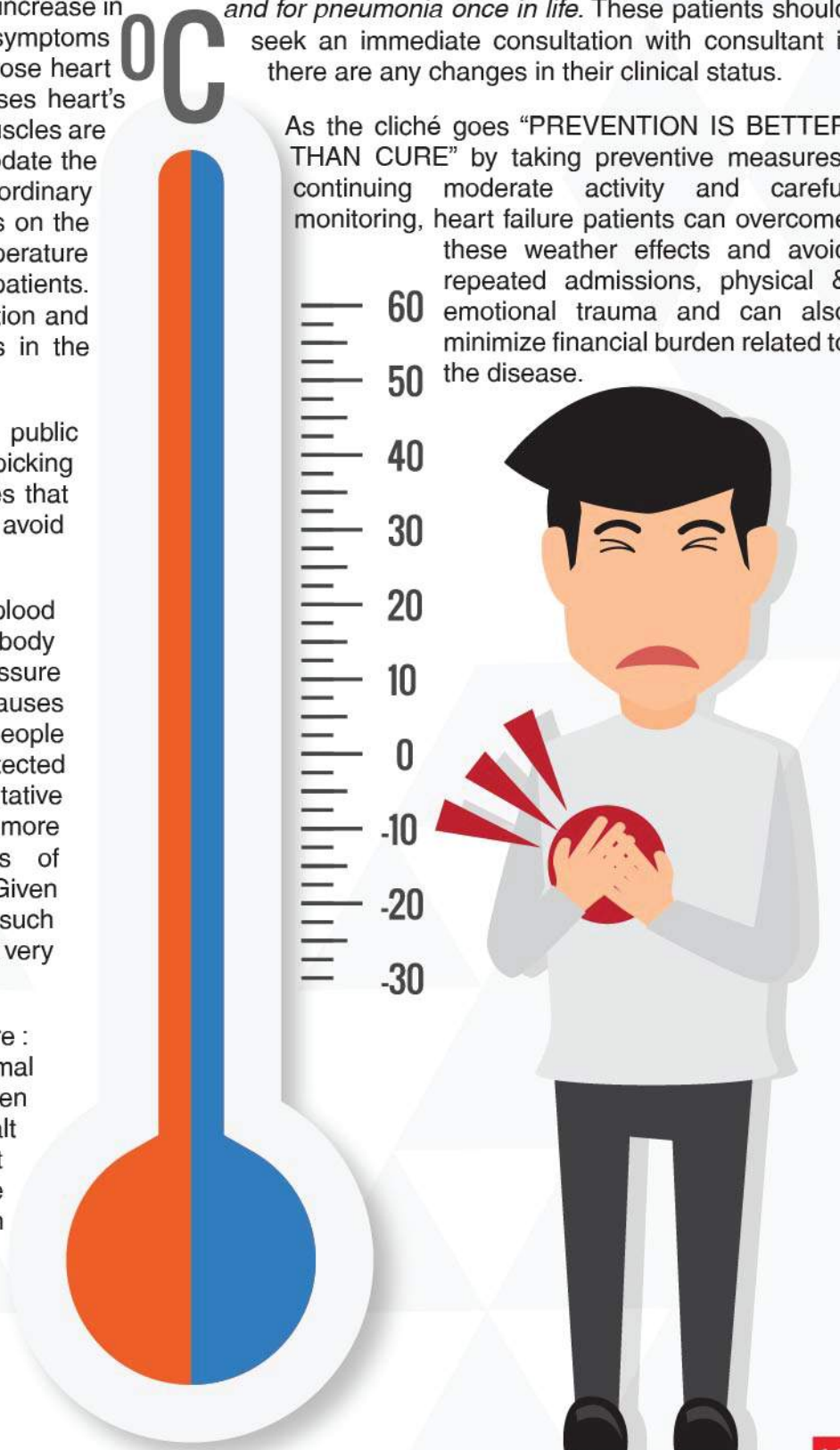
The purpose of this article is to spread public awareness about hospitalization prevention, picking early signs of heart failure and key measures that should be taken by patient and family to avoid worsening in clinical status.

In winter, change in temperature causes our blood vessels to constrict thus sudden changes in body temperature lead to an increase in blood pressure and release of stress hormones which causes stress on the compromised heart. Elderly people diagnosed with heart failure should be protected from such temperature changes as a preventative measure. Since the cold virus can replicate more rapidly at cooler temperatures, chances of increase in respiratory infections is possible. Given that cardiac patients cannot tolerate such infections, hospitalization and even death is a very possible outcome.

The symptoms that occur in heart failure are : worsening or shortness of breath on minimal exertion or at rest, unable to lie down, sudden increase in weight. In winter, fluid and salt intake should be reduced to prevent heart failure, avoid sudden change in temperature and adhere to taking prescribed medication regularly.

These patients are advised to monitor their body weight daily and any increase in weight > 0.5 kg/day indicates water retention in body. *There are vaccines available to prevent flu and pneumonia; every cardiac patient should receive flu vaccine yearly, usually in September to October and for pneumonia once in life.* These patients should seek an immediate consultation with consultant if there are any changes in their clinical status.

As the cliché goes "PREVENTION IS BETTER THAN CURE" by taking preventive measures, continuing moderate activity and careful monitoring, heart failure patients can overcome these weather effects and avoid repeated admissions, physical & emotional trauma and can also minimize financial burden related to the disease.





دل کے کمزور پٹھوں والے مریضوں کے لئے موزوں خوراک :

یاد رکھیے!

اگر آپ کا وزن بڑھ یا کم ہو رہا ہے جیسے کہ ایک دن میں 2 پاؤنڈ یا سات دن میں 5 پاؤنڈ تو فوراً اپنے معالج سے رابطہ کریں زیادہ پوٹاشیم اور کم نمک والی غذا لیں:

اگر آپ پوٹاشیم کم کرنے والی اور Diuretic (زیادہ پیشاب لانے والی) ادویات مثلاً (Furosimide) Lasix استعمال کر رہے ہیں تو آپ کے خون میں پوٹاشیم کی مقدار کم ہو سکتی ہے۔ لہذا پوٹاشیم سے لبریز اور کم نمک والی مندرجہ ذیل اشیاء کے استعمال میں اضافہ کریں:

- خشک میوہ جات مثلاً کشمش، آلوچہ، خوبانی، انجیر، کھجور وغیرہ
- تازہ پھل مثلاً کیلے، خربوزہ، انگور، نارنگیاں، گراما وغیرہ
- تازہ سبزیاں مثلاً آلو، چتندر، سلاو پیچہ، پالک، مٹر، بٹار اور مشروم (Mushrooms) وغیرہ
- خشک سبزیاں پھلیاں، مٹر وغیرہ (لیکن میں دستیاب سبزیوں سے پرہیز کریں کیونکہ ان میں نمک کی زیادہ مقدار ہوتی ہے)

مانع جات اور دل کی بیماری:

مانع جات (پانی وغیرہ) کے استعمال میں احتیاط رہتے ہو کہ 8 گلاس روزانہ سے زائد نہیں ہونا چاہئے (دل کے مریض یہ مقدار اپنے معالج سے مشورہ کے بعد طے کریں)۔ اس میں پینے والی تمام اشیاء شامل ہیں جو آپ کھانا کھاتے وقت یا کھانے کے وقفے میں لیتے ہیں، مثلاً پانی، دودھ، کوئلڈ ڈرنگس، رس، والے پھل، آئس کریم، سوپ وغیرہ۔ پینے کی اشیاء میں کم از کم آدھی مقدار پانی کی ہونی چاہئے۔ چونکہ دل کے پٹھے کمزور ہونے کی وجہ سے اسکی پمپ کرنے کی صلاحیت پہلے سے متاثر ہوتی ہے تو یہ زیادہ پانی پیچھڑو، ناگھوں اور پیٹ میں جمع ہو جاتا ہے۔ پیچھڑوں میں پانی کی زیادتی سانس لینے میں دشواری اور دل کی بیماری کا باعث بنتی ہے۔

ریسے (Fiber) والی خوراک آپ کو معمول پر لاسکتی ہے:

محدود جسمانی حرکات، مانع اشیاء کے زیادہ استعمال پر پابندی اور کچھ ادویات کا استعمال جیسے کہ (Diuretics) Fluid Pills کے استعمال سے آپ کو قبض کی شکایت ہو سکتی ہے جو کہ آپ کے دل پر اضافی دباؤ کا باعث بنتی ہے۔ قابض سے لبریز خوراک آپ کے بلڈ شوگر کو متوازن سطح پر رکھتی ہے، آپ کو بہتری کا احساس دلاتی ہے، کوئلڈرول اور بلڈ پریشر کو کم کرتی ہے اور قبض کی شکایت سے بچاتی ہے۔ قابض خوردنی اناج (گندم، چنار وغیرہ) مکی، جو، گندم کی روٹی اور ڈیل روٹی، وال، پھلیوں، ٹاب تازہ پھلوں اور تازہ سبزیاں مثلاً سلاو وغیرہ میں پایا جاتا ہے۔

کم خوراک بار بار کھائیں:

طبیعت میں خرابی، حمی وغیرہ اور بھوک کا نہ لگنا، دل کی بیماریوں کی ادویات کے استعمال سے ہو سکتا ہے۔ یہ دل کی بیماری بڑھنے کی بھی علامت ہے۔ بڑی مقدار میں کھانے کو ہضم کرنا دل کے لئے مشکلات پیدا کرتا ہے۔ کوشش کیجئے کہ آپ خوراک کی کم مقدار مناسب وقفوں کے ساتھ مسلسل استعمال کریں۔ ایک دن میں خوراک کی کم مقدار 5 سے 6 مرتبہ استعمال کریں۔

اپنے پیچھڑوں کو آرام پہنچائے، پھینکی کے استعمال میں احتیاط رہتے:

سفید آٹے (میدے) سے تیار شدہ مصنوعات مثلاً بسکٹ، پراٹھے، چٹائی، سفید ذیل روٹی، پاپے، ڈونس، سفید چاول، تمدوری نان اور ان کے ساتھ ساتھ جو سبز اور مٹھی ڈرنگس کے استعمال کو کم سے کم کیجئے۔ ان اشیاء میں شامل مفرد نشاستہ (simple carbohydrates) کی موجودگی آپ کے سانس لینے کے عمل کو مزید مشکل بنا سکتی ہے۔

خوراک میں احتیاط کے مقاصد:

- آپ کے دل پر کام کو بوجھ کم کرنا۔
- آپ کے پاؤں اینڈلی کے جوڑوں (Ankles)، ناگھوں اور پیٹ کی سوجن کو کم کرنا
- سانس لینے میں دشواری محسوس کرنے والوں کی سانس لینے کی صلاحیت میں بہتری لانا
- آپ کے معیار زندگی کو بہتر بنانا

نمک کے استعمال میں کمی:

آپ کی خوراک میں نمک کی زیادتی عام صورتوں کے مقابلے میں جسم میں پانی کی مقدار کو بڑھا دیتا ہے۔ اس معمول سے زیادہ پانی کو دل کو پمپ کرنا پڑتا ہے لہذا دل کا کام معمول سے زیادہ بڑھ جاتا ہے۔ زیادہ پانی کے اس ٹھہراؤ کے باعث آپ کے پاؤں اینڈلی کے جوڑوں (Ankles) اور پیٹ پر سوجن آجاتی ہے اور آپ کے پیچھڑوں کی کارکردگی میں رکاوٹ کے باعث آپ سانس لینے میں دشواری محسوس کرتے ہیں۔ لہذا آپ کے لئے سب سے بہتر یہ ہے کہ آپ اپنی خوراک میں سے نمک (Sodium) کی مقدار کم کر دیں۔

آپ کو کتنے نمک کی ضرورت ہے؟

آپ نمک کے روزانہ استعمال کو زیادہ سے زیادہ 2000 ملی گرام جو کہ چائے کے ایک چمچ سے بھی کم ہوتا ہے، تک محدود کر لیں۔ ہائی بلڈ پریشر سے متاثرہ افراد کے لئے یہ حد 1500 ملی گرام جو کہ ایک چائے کے چمچ کے دو تہائی کے مساوی ہے، کر لینی چاہئے۔

نمک کے استعمال کو کم کرنے کے لئے معاون، مفید مشورے:

- کھانے کی میز سے نمک والی کوٹھالیں اور کھانا بنانے وقت نمک کی مقدار زیادہ یا کم نہ کریں۔ ایسی خوراک جو کہ نمکین محسوس نہ ہوتی ہو، اس میں بھی نمک شامل ہوتا ہے لہذا مندرجہ ذیل اشیاء سے پرہیز کریں:
- ہائی سوڈیم والے تیار کھانے مثلاً فروزن کلش، کباب وغیرہ
- فاسٹ فوڈز
- اسموگلڈ اور نمکین گوشت مثلاً ہشر بیف امیٹ، بکنڈ وغیرہ
- کین میں پیک کی جانے والی خوراک (پھلوں کے علاوہ)
- سرکہ میں پھینکی ہوئی سبزیاں مثلاً اچار
- تفریحی طور پر کھائی جانے والی اشیاء، (Snacks) مثلاً چپس، ہنکو، پاپز، نمکین بسکٹ وغیرہ
- بڑے پیمانے پر بنائے جانے والے ساسز (Sauces) مثلاً سویا ساس، باربی کیوساس وغیرہ
- سلاو ڈرنگس، چکن کیو بڑیا پختی پاؤڈر

نمک کا ہم بدل کیا ہے؟

اپنی خوراک میں جانات مثلاً جڑی بوٹیوں، مصالحوں اور لہسن کا استعمال کریں۔ کھانے میں لیوں کے رس کا استعمال ہمیں نمک کا احساس دلاتا ہے۔ اس کے علاوہ چند متبادل میں سیاہ مرچ، تازہ لہسن، لیوں، سفید مرچ، تازہ پیاز، سرخ یا سبز مرچ، پودینہ، اور ک، سرکہ، دارچینی وغیرہ بھی ہو سکتے ہیں۔

روزانہ پناہزن کیجئے:

دن میں اچانک اضافی اس امر کی علامت ہے کہ آپ کے جسم میں پانی جمع ہو رہا ہے۔ صبح جاگنے اور پیشاب کرنے کے بعد، ناشتہ سے پہلے کپڑوں میں پناہزن کیجئے۔