

GOOD SAMARITAN HOSPITAL ACQUIRES DAYTON HEART HOSPITAL

Nothing to change at The Dayton Heart Center

As you may have heard, Good Samaritan Hospital acquired the assets of Dayton Heart Hospital and began responsibility for operations at Dayton Heart Hospital's current location on May 17, 2008.



Let us assure you that The Dayton Heart Center is not directly affected by this change. The Dayton Heart Center will continue to operate at its current locations on Needmore Road in Dayton, Centerville, Beavercreek, Greenville and Miamisburg with its current physicians and staff. We will continue to provide the same quality cardiovascular care as we have for the past 25 years.

Patients will continue to receive care from Dayton Heart Hospital's current location through August 2009. After August 2009, patients will receive the same quality of care but at a new location on the Good Samaritan Hospital campus. Dayton Heart Hospital will become known as "Dayton Heart and Vascular Hospital, Owned and Operated by Good Samaritan Hospital." In addition to serving patients at The Dayton Heart Hospital and Good Samaritan Hospital, The Dayton Heart Center doctors will continue to see patients and schedule tests and procedures at Kettering Medical Center and Wayne Hospital in Greenville as well.

Patients who have entrusted their health care to Dayton Heart Hospital can be confident that the same great care will now be provided by the combined strength of two great facilities. After all, we all share the goal of delivering the best possible patient care. And, most importantly, there will be no disruption of service.

We understand that you might have questions for us, and we've tried to answer some of those here.

Is The Dayton Heart Center being sold?

No, The Dayton Heart Center is not being sold and is not directly affected by the change.

Is The Dayton Heart Center moving?

No, The Dayton Heart Center will continue to operate at its current locations.

Are physicians and staff at The Dayton Heart Center going to be affected?

No, The Dayton Heart Center will continue to operate with its current physicians and staff. Again, TDHC is not directly affected by this change.

Is Dayton Heart Hospital closing?

Dayton Heart Hospital's facility is not closing. It will remain in its current location with its current physicians and staff until it can relocate around August of 2009 to the new heart and vascular hospital which is now under construction on the Good Samaritan Hospital campus.

What will happen to surgeries and procedures scheduled at Dayton Heart Hospital?

There will be no disruption of service. It's business as usual.

Please don't hesitate to call us at (937) 277-4274 or toll-free at 800-552-4274, or talk with us during your next visit if you have any additional questions.

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My Doctor Ordered a Stress Test: What is this all about?



Symptoms of heart disease – specifically chest pain – are not always present while you are at rest. Sometimes, symptoms only arise when you are active, whether that’s walking through the grocery store or exercising. So, your doctor may want you to have an exercise stress test to check for heart disease.

Exercise stress tests can help to diagnose the cause of chest pain. These tests also are often prescribed for patients who are living with coronary artery disease (blockages in the heart’s arteries). For these patients, exercise stress tests can evaluate their prognosis and/or their ability to live a normal life following a heart attack.

Stress tests are recommended for people with strong family histories and risk factors such as smoking, diabetes, obesity and a sedentary lifestyle.

Some exercise stress tests include images (or pictures) of the heart both

at rest and in exercise, others do not. Your doctor will choose the specific type of exercise stress test based on your resting EKG and your physical ability to exercise.

The stress tests that take pictures of the heart capture images of the heart both at rest and at peak stress. Your doctor will compare the two sets of images to look for areas of the heart with reduced blood flow during exercise, which usually indicates blockage. Your doctor also will study your results to look for changes in your EKG reading and your blood pressure.

Stress tests use one of two forms of exercise (the patient walks on a treadmill or pedals a stationary exercise bicycle) to achieve a certain heart rate. The target heart rate is determined by the patients’ age. Some patients are not able to exercise for various reasons (age, obesity, peripheral arterial disease, COPD, arthritis, amputations and other

Stress tests that do include images (or pictures) of the blood flow in the heart are recommended for patients:

- 1 – who are experiencing symptoms such as chest pain or shortness of breath
- 2 – who have been diagnosed with coronary artery disease
- 3 – have had an abnormal resting EKG
- 4 – who have one or more leading risk factors for coronary artery disease, such as a strong family history of heart disease, diabetes, smoking history, high cholesterol or high blood pressure (even if these people do not have any symptoms)

Stress tests that do not include images (or pictures) of the blood flow in the heart are recommended for patients:

- 1 – who are not exhibiting symptoms of heart disease
- 2 – who have a normal resting EKG
- 3 – who have no known coronary artery disease

ongoing physical conditions). For these patients we administer a drug that simulates exercise in the heart.

If you have any questions about exercise stress tests or your doctor has suggested that you schedule such a test, please talk to your doctor or any mem-

ber of The Dayton Heart Center staff to get more information.

Joseph N. Gunasekera, M.D.

MyRecord

The cost of your MyRecord disc (the pocket-size computer disc that stores your medical record information) has changed. The compact discs – which were previously \$10 – are now available for \$15.

Updating Insurance Information

It is important to us that we keep all of your medical records and health insurance information as current as possible. In order to avoid causing any problems or delays with your insurance company please remember to bring your CURRENT insurance card to EACH VISIT so we can be certain we have the most up-to-date mailing address for your insurance.

Attention Patients of Our Needmore Road Office

Until the end of 2008, there will be construction on Needmore Road reducing it to one lane in each direction between Frederick Pike and North Dixie Drive. Traffic delays can be expected, so please leave for your appointment a few minutes early so that we can serve all of our patients in a timely manner.



New Guidelines
for Cardiac Patients
Receiving

Dental Care

The American Heart Association has recently revised its guidelines regarding which patients should receive antibiotics to prevent potential infection at the dentist's office. The updated guidelines, published in Circulation: Journal of the American Heart Association, are based on an increased body of evidence that suggests that taking antibiotics before undergoing dental work often can cause more harm than good.

In the past, patients who were considered at risk for infective endocarditis (an infection of the heart's inner lining often resulting in damage or destruction

of the heart valves) were told to take antibiotics prior to any dental work. The new evidence suggests that this use of antibiotics could cause allergic reactions and dangerous antibiotic resistance.

Under these new guidelines established by the American Heart Association only patients with the following conditions should take preventive antibiotics:

- Artificial heart valves
- History of infective endocarditis

American Heart
Association®



Learn and Live™

- Certain specific congenital heart conditions – check with your doctor
- Heart transplant which later has developed problems in a heart valve

If you have any questions regarding your need for antibiotics prior to a trip to the dentist, please contact your doctor.

A Message from Charles Walker



Dear TDHC Friends:

As I retire from active participation in TDHC, I want you all to know what a privilege and pleasure it has been to work with you over the past fourteen years. You have truly become part of my extended family, and I will miss you and the important work of the Heart Center so very much.

I was hired by The Dayton Heart Center fourteen years ago to manage and lead the organization. I can truly say that my association with TDHC and all the wonderful people I've met along the way, including staff, doctors, patients, and family members, have been the ultimate joy of my professional career.

My thanks go out to all of you. Each of you has been special to me in your own way and will never be forgotten.

Although it is difficult to say good-bye, it is with much confidence that I leave you in the hands of my successor, Ron Shumaker, and the physicians at The Dayton Heart Center. I know they will continue to provide you with the highest level of care.

Please continue to take care of yourselves and your families. I wish you the very best for a long life of good heart health.

Charles Walker

THE HEART AT WORK

The following people have joined our team at The Dayton Heart Center since our last issue:

Latasha Walker, MA – Latasha works in the lab at our Needmore Road office as a medical assistant. She guides patients through blood tests and other lab procedures as well as administering hospital pre-admission tests.

Joshua Kesling – As a nuclear technologist, Joshua is responsible for intake, tracking and storage of all radioactive materials. He also analyzes and prepares patient reports for each diagnostic study.

Sharon Banks, Supervising LPN – Sharon works in our Needmore Road office as a supervising LPN. Sharon oversees the administration of nuclear stress tests.

Patricia Hoskins – As a member of our Needmore Road office team, Patricia works primarily at check-out where her duties include collecting co-pays and scheduling follow-up appointments and tests for our patients.

Lindsey Guess – Lindsey joined our Needmore Road front office team where she works primarily at check-out. Lindsey also schedules testing and procedures for all of our offices.

CHOLESTEROL

Knowledge is the best prevention

It may surprise you to know that cholesterol itself isn't bad.

In fact, cholesterol is just one of the many substances created and used by our bodies to keep us healthy. Some of the cholesterol we need is produced naturally (and can be affected by your family health history); while some of it comes from the food we eat.

There are two types of cholesterol: "good" and "bad." It's important to understand the difference, and to know the levels of "good" and "bad" cholesterol in your blood. Too much of one type – or not enough of another – can put you at risk for coronary heart disease, heart attack or stroke

What is Cholesterol?

Cholesterol is a soft, fat-like, waxy substance found in the bloodstream and in all your body's cells. It's normal to have cholesterol. Cholesterol is an important part of a healthy body because it's used for producing cell membranes and some hormones, and serves other needed bodily functions. But too much cholesterol in the blood is a major risk for coronary heart disease (which leads to heart attack) and for stroke.

Where does it come from?

Cholesterol comes from two sources: you and food. Your liver and other cells in your body make about 75 percent of blood cholesterol. The other 25 percent comes from the foods you eat.

LDL cholesterol is the "bad" cholesterol. When too much of it circulates in the blood, it can clog arteries, increasing the risk of heart attack and stroke. One way to remember this might be to think "LDL" = "Lousy." The other type of cholesterol is HDL; this is actually the good type of cholesterol to have. One way to remember this is to think "HDL = Healthy." HDL cholesterol appears to scour the walls of blood vessels, cleaning out excess cholesterol. So a measurement of HDL determines how vigorously the blood vessels are being "scrubbed".

Cholesterol is produced naturally by the body, but many people inherit genes from their mother, father or even grandparents that cause their bodies to make too much. Eating saturated fat, trans fats and dietary cholesterol also increases how much you have. If high blood cholesterol runs in your family, lifestyle modifications may not be enough to help lower your cholesterol.

What is a healthy level?

| LDL CHOLESTEROL LEVELS | |
|--|--|
| Less than 100 mg/dL | Optimal |
| 100 to 129 mg/dL | Near Optimal/ Above Optimal |
| 130 to 159 mg/dL | Borderline High |
| 160 to 189 mg/dL | High |
| 190 mg/dL and above | Very High |
| HDL CHOLESTEROL LEVELS | |
| 60 mg/dL and above | Optimal |
| 40 to 60 mg/dL | Normal |
| Less than 40 mg/dL (men) 50 mg/dL (women) | Increased risk of coronary artery disease |
| TOTAL CHOLESTEROL LEVELS | |
| Less than 200 mg/dL | Desirable |
| 200 to 239 mg/dL | Borderline High |
| 240 mg/dL and above | High |

Everyone is different, so work with your doctor to find a treatment plan that's best for you.

Take Action to Get Healthy

Too much cholesterol in the blood can lead to cardiovascular disease – America's No. 1 killer. The good news is, you can lower your cholesterol and reduce your risk of heart disease and stroke. Take responsibility for managing your cholesterol levels. Whether you've been prescribed medication or advised to make diet and lifestyle changes to help manage your cholesterol, carefully follow your doctor's recommendations.

Lifestyle Changes

Your diet, weight, physical activity and exposure to tobacco smoke all affect your cholesterol level –

and these factors may be controlled by:

- eating a heart healthy diet,
- enjoying regular physical activity, and
- avoiding tobacco smoke.

Drug Therapy for Cholesterol

For some people, lifestyle changes aren't enough to reach healthy cholesterol levels. Your doctor may prescribe medication.

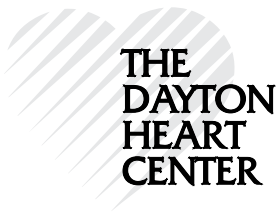
Ask your doctor about:

- types of cholesterol-lowering drugs, and
- tips for taking medications.

Helpful Tools

Learn the facts about cholesterol, have regular screenings and, if you need to lower your cholesterol level, work with your doctor to set up a plan.

Information provided by the American Heart Association



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Apple-Blueberry Cobbler (SERVES 8)

Dietitian's tip: Whole-wheat flour includes the nutritious wheat germ and bran coating of the grains. Besides fiber, whole-wheat flour adds a nutty taste and coarser texture.

2 large apples, peeled, cored
and thinly sliced
1 tablespoon lemon juice
2 tablespoons sugar
2 tablespoons cornstarch
1 teaspoon ground cinnamon
12 ounces fresh or frozen
blueberries

Topping 3/4 cup all-purpose (plain) flour
3/4 cup whole-wheat (whole meal) flour
2 tablespoons sugar
1 1/2 teaspoons baking powder
1/4 teaspoon salt
4 tablespoons cold trans-free margarine,
cut into pieces
1/2 cup fat-free milk
1 teaspoon vanilla extract

**Nutritional Analysis
(per serving)**

Calories 212, Cholesterol trace,
Protein 4 g, Sodium 202 mg,
Carbohydrate 37 g, Fiber 4 g,
Total fat 6 g, Potassium 149 mg,
Saturated fat 1 g, Calcium 45 mg,
Monounsaturated fat 2 g

1.) Preheat the oven to 400 F. Lightly coat a 9-inch square baking dish with cooking spray. 2.) In a large bowl, add the apple slices. Sprinkle with lemon juice. In small bowl, combine the sugar, cornstarch and cinnamon. Add the mixture to the apples and toss gently to mix. Stir in the blueberries. Spread the apple-blueberry mixture evenly in the prepared baking dish. Set aside. 3.) In another large bowl, combine the flours, sugar, baking powder and salt. Using a fork, cut the cold margarine into the dry ingredients until the mixture resembles coarse crumbs. Add the milk and vanilla. Stir just until a moist dough forms. 3.) Turn the dough onto a generously floured work surface and, with floured hands, knead gently 6 to 8 times until the dough is smooth and manageable. Using a rolling pin, roll the dough into a rectangle 1/2-inch thick. Use a cookie cutter to cut out shapes. Cut close together for a minimum of scraps. Gather the scraps and roll out to make more cuts. 4.) Place the dough pieces over the apple-blueberry mixture until the top is covered. Bake until the apples are tender and the topping is golden, about 30 minutes. Serve warm.