

When you receive treatment in IJN, there is a team of healthcare professionals who are there for you every step of the way. Here's what you can expect:



by Norizan Hj Ismail Senior Cardiovascular Technologist Mentor

It is okay to be nervous. Fret not, our cardiovascular technologist will brief you on the tests ordered by your doctor and what to expect from these tests. Once you're all prepped for the procedure, the cardiovascular technologist will perform the test, analyze the findings and refer them back to your doctor. The cardiologist will interpret the findings and use it to diagnose any heart abnormalities.

There are basic and advanced procedures to diagnose a patient. The most common test to diagnose heart valve disease is the Echocardiogram (ECHO) where you can assess a valve for stenosis, regurgitation, and atresia. Another diagnostic test is a Transesophageal Echocardiography (TEE). This is an invasive procedure where a thin tube is passed through your mouth, and down your throat, and esophagus to obtain a clear image of those heart structures and valves. The doctor often uses TEE to get a clearer picture of the valve structure before the valve operation. More advanced diagnostics such as fusion imaging that combines images from two different imaging techniques - real-time 3D ECHO and fluoroscopy is especially useful for TAVI and MitraClip. In congenital cases, the main tests are ECHO and TEE.

What the eye doesn't see and the mind doesn't know doesn't exist.



getting back on your own two feet

INTENSIVE CARE

by Syazleen Mohamed Nawi Intensive Care Unit (ICU) Nurse

The first 24-hours after a heart procedure is most crucial. It is always a dedicated nurse per patient. We are on our tippy-toes caring for your every need round the clock and that includes helping you move around, turn you over in bed to prevent bedsore, keeping you clean by sponging you down as well as assisting you to the commode if needed. Other than these mundane tasks, more importantly, we monitor your heart rate and INR, take regular blood tests and administer warfarin dutifully amongst other things.

We are your new best friend that you did not ask for but needed. So just go ahead and press that call button if you need anything at all because your comfort is our utmost priority.

Eat better. Not less.



out from the operating theatre and into intensive care

by Manvinder Kaur Dietitian

If you thought you could eat nasi lemak right off the bat, you are half wrong. Here in IJN, we preach to eat everything in moderation. All our meals are modified to a low-salt, low-fat, and low-sugar diet without forgetting the local flavours. It is not that we want to torture you with "tasteless food" but we prescribe a diet based on what your body needs right after surgery and that is nutrient-rich based food that your body can absorb quickly and more importantly does not interact with your medication.

In VHD patients, you will be on warfarin which is a blood-thinner so any sudden changes in Vitamin K intake may affect the effectiveness of the drug. And if you are a diabetic, your sugar intake needs to be well-managed.

At this stage, we know you have a ton of questions so ask away. We are better than Google when it comes to customizing a diet plan specific to your dietary needs.

EXERCISE should be regarded as tribute to the heart.



by Rozita Zaid Senior Physiotherapist

Getting out of bed takes on a different note when you have undergone surgery. The simple motion of getting out of bed is no longer simple. Here are the steps - You will need to roll to your side, put your legs down by the bedside and only then you push yourself up while exercising caution not to stress your sternum.

All heart patients post-op is auto-assigned a physiotherapist. Not only do we teach you how to properly get out of bed but assessing your overall exercise tolerance is key to know and plan your rehabilitation program. Exercising daily is key to promote recovery.

We are your ICU exercise buddy until you are well enough to be discharged.