

Help with a few questions about my friend.

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- *From:* nj_annie@xxxxxxxxxxxxxx
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I have a friend who had a heart attack while at work about 5 weeks ago and am concerned about him and I have some questions that if anyone could shed some light on for me would be appreciated. I am not gonna pass any of this information along. It is just for my head and I don't want to bother him by asking him too many questions.

Here is as much information that I can think of. He is a non-smoking 51 year old white male. Non-smoker and non-drinker with a some family history of cardiovascular disease. This person is not overweight. They DID have numerous previous warning signs that were ignored.

His attack... which they say affected the BOTTOM of his heart, which supposedly "they" say is a more favorable location. He had a 100% blockage in one vessel and 85% in the other.

He was hospitalized for about 10 days in which time a couple of stents were put in and the vessel with the 85% blockage needs addressing in the very near future. A permanent pacemaker was implanted.

His recovery is going quite smoothly. He is on the following medications.....

COREG -- 10mg once a day.
PRAVIX -- 75mg once a day.
LIPITOR -- 20mg once a day.

Also... he was prescribed 500mg. of NIACIN (Nia-Span) for which he has apprehension because of the flushing factor.

He has no discomfort and tries to walk daily and is taking his medications and following the docs orders to a tee.

Now.... the thing that frustrates him is the fact that not only is he missing work, but he cannot drive and they told him not to raise his arms above his head. Also... is has been 5 weeks since his attack and his first cardio-rehab appointment is within a few days.

In your guys opinion, is there anything that stands out here? I am

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just curious about all of this.

Is 5 weeks a long time to begin cardio-rehab? Do you think he will be able to drive and work again, and how soon?

I know that you cannot diagnose and give any kind of medical advice but I am just curious as to whether or not you think this line of treatment is the standard procedure, or does anything seem a little bit unusual?

Thanks for reading my long post.

~Annie~

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