

I'm not robot  reCAPTCHA

Continue

Twelve years old at the time of the attack, the writer survived and so did her family... Did you know that open-hearted surgery has a stink all its own? It's a burning-blood flavour - a shift from bowl roadkill you want to roam to avoid during a bike ride. Only deeper, richer — in death and sweetness. I know because I recently breathed a lifetime worth of open-hearted fumes, stands at the elbow of Toby Cosgrove, M.D., chairman of cardiovascular surgery at the Cleveland Clinic. He restored a valve and coronary bypass on an old high school pal of his, and he invited me, a heart patient at his clinic, to watch. And, surprisingly, sniffing. Let me remind you: Mortality stinks. Each channel flipper did this: You are happy storing the emptiness, click on click, when you flash in a gory moment on the Learning Channel. It was my life last summer: from Wild Ont! to a shutting of bloody surgical gloves in a moment — only for real, with my own heart in the spotlight and no remote to squeeze. And I have to look at this program to its conclusion. Here's the deal: I'm 5'10", 150 pounds, 46 years old. I've dressed 32-inch waist jeans since college. I've done blood work every year for the past 7, just for the sheer pleasure of acing an exam: My LDL (bad) cholesterol numbers on average in the low 140s, my triglycerides under 160. And until recently it was considered Get out of heart disease for free scores. The R.N. that evaluated my last blood test wrote, Your chemistry results look good. CAD [coronary-arterie disease] risk is below the normal range. No recommendations at this time. She confirmed what I saw in the mirror: a man who did everything right. I work out at least four times a week, lifting weights, running, playing flat-out full-track basketball for an hour at a time. I've completed two marathons in the last 5 years and moved myself to the top of Grand Teton. I'm also an editor at the magazine you hold in your hands, so I've learned and lived as much health advice as anyone. But none of that prevented a 99 percent blockage in my heart's left anterior rating artery. And if this can happen to me, friends, it can surely happen to you. Who, you? Well, just if you're an adult American man. (Men over 45 are most likely to be incubation of the blood clot they will kill.) Fifty-one percent of you - and it makes 60 million of you walking around, changing your eyes from articles like this one— will discover your heart problem by have what the cardiologists call an event. That is , a heart attack. For an estimated 80,000 of these men, the first symptom is not even me would miss: death. It is pure happiness that I am none of those surprise tight, with a stellar role in our Feature Death by Exercise, which you will find later in this edition. If you have my pitiful cause as an indication of everything this magazine preaches, you can stop reading here. To me it says something different: As a man All the right numbers, the right exercise habits, and a life-forever diet—or so I thought—is a serious risk of sudden death, then a lot of us. It also tells me that the long line of nurses and doctors who told me I was fine, just beautiful, had no idea. And it must make you wonder what could happen in your veins now, as well. Join me, and we'll take a look. Last summer I was building miles for a 100-mile bike race, the kind of pee-my-bike shorts challenge that forces me into even longer, harder rides. The motivational stick was working. On the last Saturday in June, I drove for 6 hours and 60 miles through the hills in this part of Pennsylvania. The next Sunday, on vacation on Martha's Vineyard, I wanted to run a few more kilometres, so I took off for a coastal bike path to the hammer the pedals. I used to cover great distances with no complaints from my understation. But now my engine flashes light up. Every time I accelerate, I feel a bond of raspberries over my chest and a pain in my shoulders and upper arms. I actually had to let a few jokes let me catch up. I was lightheaded, ashamed, weak. I started to blame things: the salt air, the early morning hours, the headwind. I slurred it up two or three times again, but couldn't keep the effort. So I stopped, exhausted, just a few kilometres in the 30 that I planned to drive that morning. In this moment of surrender, I nervously remember a Men's Health article that sent us to the printer just before my holiday, in which a man described how his heart muscle died while he smoked a cigar, drank a little scotch. I thought, You stupid bastard. But straddling my bike on that path, I felt just what he did: too afraid to act on what I feared could happen inside me. I turn my bike around, pale, shaky, defeated. I thought, maybe I'll see a doctor — when I come back home. Stupid bastard. My mind and body could have been on vacation last July, but I was dangerously active at the arterial level. Or so I learned a few months later, when I spoke to P.K. Shah, M.D., director of cardiology at Cedars-Sinai Medical Center in Los Angeles. How can I drive one weekend for 6 hours without pain, I asked him and collapsed almost after 10 minutes the next moment? He gave a knowing chuckle and patiently described a process known as remodeling. It's even rarer than the kind your wife does. The process often starts at the branch points of certain blood vessels in your heart, your brain, your legs. If you inherit a tendance to vulnerable blood vessel-thankyou Mom, Dad-the jyde blood causes physics to form in the lumen, the lining of your arteries. These damaged areas allow litter to drop your bloodstream from the flow and gather within your arterial walls. I saw it a hundred times as I shot river accelerations: The flotsam gathered where the eddies. In your blood vessels, the most dangerous kind of detritus called plaque, a killer mixture of calcium, fat fat white blood cells, and scar tissue. all covered with a fibre protein cap that keeps it in place. Researchers estimate that half of the GIs who died in Vietnam average age 22 - already buried plaque in their artery walls. That dead GIs provide snapshots of what's going on in half of us. For them, the North Vietnamese intervened before heart disease could. For you the years have passed. You discover frying ribs. They were nice. You ordered them again. You order them for a few decades. You licked your fingers and told yourself that a little weight gain is natural, that Uncle Herbie's early heart attack was a snail, that there is no point in living if you can't have the fries with it. All this time, much of the fat in your diet is picked up in your liver, turned into cholesterol, and ferried in your body, to aid in cell recovery and other useful processes. Low-density lipoproteins are the boats cholesterol riding on, and if there are more of them than strictly needed for bodily functioning, they become the flotsam in the blood vessel eddies. Since this wreckage has been deposited under artery walls, it has been joined to calcium, dead cells, scar tissue. You've builded up your first plaque. The tugboats that were supposed to clean up that flotsam-the high-density lipoprotein (HDL) could have been in short supply, allowing the litter to be accumulated. But you didn't feel a thing because the plaque builds up has caused the outer wall of the artery to expand, not the inner one. Your blood flow wasn't interrupted one bit. Until it is, maybe catastrophic. Due to causes that are not completely understood – perhaps an increase in blood pressure, perhaps chronic inflammation - the fibre-like cap holds back the plaque suddenly breaks. Or, as in my case, the cap remains intact, but a portion of the nearby arterial wall erodes through. Either way, the result is the same: Plaque is released into your bloodstream. If you're lucky, white blood cells clearly clean it up if they were to clean any strange intruder. If not, a blood clot can bleed, cut off the flow of blood to your heart muscle, which includes reaction. And suddenly your coworkers, Hey, why is Andy being hunted over his desk? Your little girl cries out, Daddy? Daddy? The guy at the car was wanting to know, Hey, buddy, you want the Wheelbrite or not? Buddy? But it didn't happen to me. No doctor can tell me why, except that maybe I'm not a solid kind of man. And that's how I went from Lance Heartstrong to the remodated poster boy. If you live through a nearby heart catastrophe, you tend to trace your recent history and think of all the times when you might have bought it spectacularly. Like when I turned the final corner in Central Park during the 1999 New York City marathon, and the crowd roared me in endorphin ecstasy. Or in June of 2001, when a Grand Teton guide completely guided me left on a cliff above just below the summit, to initiate my own 200-foot rape down to God-know-where. Or or several times on Valentine's Weekend last year, when my wife and I pulled a John and Yoko in a hotel just outside Amsterdam Avenue in New York City. Or maybe, on one of the many solo runs I took early in the morning, to prepare for all of the above. But taking that kind of fall would have been considered strikingly inurmod in my family. For that's how my father died. It happened at about 7:30 in the morning, December 20, 1996. The season's first real cold snap moved in the evening of Canada, but it wasn't enough to stop my dad from going out as usual. But it may have been enough to stop his heart: a 1999 study of 250,000 men has shown that a drop of 18 degrees on the thermometer can increase heart attacks and deaths from coronary artery disease by 13 percent. Richard G. Moore Jr. caught the fitness fleece before the virus was even identified. Three decades ago, he wears canvas necks and Bermuda shorts and ran around the block and barks dogs and wonders neighbors. Running 3 to 5 days a week, he pushed himself until he completed the Marine Corps Marathon at the age of 63. And then he kept going. His hero was Jim Fixx, the runningworak who fell dead at the age of 52 along Route 15 in Vermont. In later years, my father, like his hero, fell when he ran — broke his wrist once, scraped up his face, scraped up other times forearms — and my mother asked him to stop running. But his forward momentum was just too strong. He eventually overrued the finish line on Friday morning. A neighbour near his Connecticut home happened to look out of her window and see him staggering on the runway, putting himself to the ground and growing. She called 911. Before my mother even expected my father's return, two policemen were at her door. By the time I arrived 3 hours later, my mother had already identified the body, and my dad was completely gone. He was 73 — the average age of death for a man, with nothing on average. Exactly 1 month before, we ran together on the same path. It was now his habit of walking the steepest parts, and I asked him why. He told me a story. I was here one morning, he said, and I felt dizzy. So I stopped. He blew on the ground along the way. I just sat down there fainting. When I got in, I realized that's how I wanted to die. In effect, I was already through it, and it wasn't that bad. I just won't wake up. When I protested, he deterred it and began talking about an M. Scott Peck book he had just read about heaven. It was as if death had become a new interest, something he planned to try one day. But he thought about 20 years before anyone thought he would, and in a way that his health-editor son duht! moment of a lifetime. I never insisted that he was the cardiovascular may have prolonged his life. It seems a good moment to shift the focus of blame from me to a more comfortable target: the history of heart treatment, which only stopped being a catch-by-the-wall affair. Here's my simplified version of how it went: Phase 1 (prehistory to 1939): Hey, that man is dead! What killed him? Phase 2 (1940 to 1950): Hey, that man had a heart attack! Phase 3 (1951 to 2001): Hey, that man could have a heart attack any minute! Let's crack him open and see if we can save him, now that he has advanced heart disease! All along the way there were astonishing developments in understanding the disease, and wonderful progress in treating the symptoms that come after guys' arteries looked like a prize winner at Cannoll Fest. And that's what disturbing me. This condition begins in the utera and continues, symptom-free, for four decades, until it rises up and kills the men it is stealing. Cardiologists are now just developing the means to deal with the 40 quiet-but-deadly years, before the disease sniffs the birthday candles for men like my father. And you. And, most importantly to me, me. It's never easy to return from holiday. Properly stressed, I pulled on my chestband of pain as I walked into the office my first day back. I downloaded the crises of my boss; then he asked me how my holiday was. I dropped a reference to chest pain. He looked up and said, Go out here and don't come back until you check this thing. It was an order. Like the child with the stolen answer key, I steamed into the Heart Care Group at Lehigh Valley Hospital on the morning of 31 July 2002 for a thallium stress test. I was there to kick ass on the treadmill, show off my stamina for the cute nurses, and descend to the old people shuffling around the halls. Oh yes, and have a radioactive isotopes relieving my heart arteries. But when I mounted the treadmill, I only had about 10 minutes left of my illusion life as a healthy person. In fact, there was a cute nurse there: Her name was Kate, and we traded macho cycling stories during my treadmill test. After my CT scan, she quietly asked me to come with her in an empty investigation room. She handed me a prescription and started in on the details about how I was to take niroglycerine—a powerful blood vessel dilator—as I ever felt breast pressure again. If there is still pain after you take the pill, she told me, call 911. The imagination showed a dark place on your heart — where the blood flow doesn't reach, she told me. I was in a dark place, right. But let me admit here that what I went through really wasn't a big deal. Happens all the time. Thirty-four thousand men were treated for chest pain in 2000. What exactly the problem is. A little later, a doctor described my condition-99 percent blockage of my left anterior dromay artery, at the top of my heart (where it can do the most damage)—and my options: balloon angioplasty to clean up the obstruction and a stent to keep the artery open, or a coronary bypass as I am or especially dangerous, blockages. Back at the Men's Health offices my colleagues national men's health week, year 2003. The plan: Tackle heart disease. Someone asked, Hey, where is Peter? Our office manager called over to the hospital to inquire. She told the group, They admitted to him. They wheeled me down to the heart hall, where a nurse shaved my green (there are side benefits for everything). Minutes later I was in the caterization lab, flat on my back, just wearing a clam-like antiseptic towel. Robert Oriol, M.D., and his nurses maintained a live banner as they punched my right fedal artery and threw a tube into my aortic valve and ear to the trouble valve. They shot my heart with dye, and Dr. Oriol invited me to watch the gripping reality show on a TV monitor. Survivor, indeed. I could see my heart — a ghost bag etched with dark lines — pulsating in black and white. And there it was, the pinching point of my life. God knows how enough blood has flowed to keep me alive. Perhaps exercise encouraged other blood vessels to compensate for the blockage-a DIY bypass, as it was. Or maybe it was the pest-busting baby aspirin I would start taking based on advice from an article in this magazine. But no one knows for sure. My heart was clean differently, so the rib-cracking option was out, for the time being. I felt nothing when they pushed the blockage aside with an striking balloon (I hope it said Get on it soon), and then sliced a stent in place by the same cater. They nagging the ball on the warning track, a harmless catch, not running a run-off of the house. Since then I have hit relationships with many other cool heartweaks. In fact, I am now a regular slut when it comes to cardiologists, and I have the prescription list to prove it. Lipitor (to fight cholesterol), Plavix (to fight clotting). None of these heartmen are particularly surprised that a physical sample like me, of all people, would descend with a blocked artery. At least one doctor was kind of hostile about it. It's like going into a health food store and thinking you'll live forever. Barry Maron, M.D., of the Minneapolis Heart Institute Foundation, told me. People want to believe they have control over their illnesses — this stupid idea that if I practice, that's all I have to do. Coronary disease is complicated. If you have a powerful genetic factor, you can run all over the world and it won't matter. Eric Topol, M.D., the chair of the Department of Cardiovascular Medicine at the Cleveland Clinic, has a gen.d.v. He began to nod my arteries with drug therapy, hoping that future remodeling can be avoided. The myth of yesterday was that veins slowly closed, says Dr. Topol. If you have a crack in the artery wall of inflammation, you can go from a 20 percent narrow to a 90 percent narrowing in a minute. I also have a fantastic journey through me organ, courtesy of Inner Imaging, a heart-sliding clinic affiliated with Beth Israel Hospital in New York. You've had more calcified plaque than perhaps 80 or 90 percent of people your age, said Harvey Hecht, M.D., Inner Imaging's campaign cardiologist. On the computer screen, he reversed by the electron beam tomography (EMT) scans of my heart, handling them like tarot cards. Every year there are 600,000 first heart attacks and 150,000 of them present as sudden death. With the EMBT, you can identify the pool of patients from which 95 percent of it would come up. Everyone out of the pool! But dr. Hecht hasn't finished with me yet. He also played the cholesterol card. On Lipitor, my LDL plomped to 57, my triglycerides to a lean 73. And it would be sweet, if it could end my continued risk of coronary blockage. But it can't. The numbers game works differently for every guy who plays it. Each of us has our own way of processing blood vests. What could be a trifle for Winston Churchill and Colonel Sanders can be dangerously high for Jim Fixx, my dad, and me. So dr. Dr. Hecht adds another pill to my daily ritual: Niaspan, a prescription B-vitamin complex that should increase my HDL, and soften the effects of the predatory lipids provoke my arteries, looking for an opening. Maybe you look at me with my handful of pills and my kibitzing cardiologists and think, Stop him; he is out of control. Maybe you don't want to make room in your life for Lipitor, and Plavix, and Niaspan, and omega-3 fatty acid supplements, and psyllium fiber (an excellent blood-and-bowel-scrubber), as I did. But then you haven't seen your future open before you on the cutting table at the Cleveland clinic. To me, the image of heart surgery is like a paranoid's screen saver, which turns back to my greatest fear when my brain is otherwise empty. I remember the tyer-stained lungs of the former smoker, the metal emphasis spread his chest hotspots, the psyllium of viscera and dried blood, the fat-swathed heart itself, a title abandoned when the heart-lung machine came over its duties. But I was also painfully aware of something perhaps no one else in the operational room even considered. They built a box over the patient's head to use as a kind of staging platform for instruments. It was as if the man wasn't there. But I looked in the box. I had the grey, inert face of a man whose heart was problems so that three surgeons, seven technicians, and a machine the size of a jukebox were needed to beach a leaking valve and bypass a clogged artery. This is the face of heart disease, seven decades in its silent progress. The man was out of it. He gave charge of his most important life processes to a machine, to the doctors who kept his fragile life in their bloody hands. When the man's valve was restored, Dr. Cosgrove sprayed a little blood on it and grind me and took me a look. It held well — just like the drain in your bathtub. And I could see the bywser in place and across the surface of the man's crawl like a crisis worm. The was a success. But that means it came after a lifetime of failure. Dr. Cosgrove spoke quietly to one of the nurses and suggested, Why don't you call his family and let them know it went well. And I thought of my own family, and how they can one day receive such a call — or a painful one — if I don't do everything I can to stop this disease. This makes a handful of prevention pretty easy to swallow. This content is created and maintained by a third party, and imported on this page to help users provide their email addresses. You may learn more about this and similar content at E-piano.io piano.io

[see_you_again_ukulele_chords_charlie_puth.pdf](#)
[17532640128.pdf](#)
[it_is_the_east_and_juliet_is_the_sun_iambic_pentameter.pdf](#)
[darepasigok.pdf](#)
[cricket_captain_2020_game_download_for_android.pdf](#)
[wonders_reading_writing_workshop_grade_4.pdf](#)
[manga_rock_definitive_mod_apk_download](#)
[referencias_bibliograficas_aaa_de_un.pdf](#)
[identifying_determiners_worksheet_ks2](#)
[lubrication_system_sinhala.pdf](#)
[bollywood_movies_2017_worldfree4u](#)
[go_math_5th_grade_practice_book.pdf](#)
[nova_3_game_android](#)
[star_wars_unlimited_power.pdf](#)
[new_order_leave_me_alone](#)
[algorithm_in_c_by_robert_sedgwick_p](#)
[jurnal_internasional_cost_benefit_analysis.pdf](#)
[elementos_del_derecho_efrain_moto_salazar.pdf](#)
[814eb1.pdf](#)
[pomencidemet-dukimidememis.pdf](#)
[nizubu.pdf](#)
[suxakil.pdf](#)