

SPECIAL POINTS OF INTEREST:

- **Blood Thinner**
- **Goals**
- **Chicken Broth**
- **Dietary Guidelines**

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Can I stop my Blood Thinner?

Can I stop my blood thinner? So this is a very important question but very touchy subject as well. The purpose of this article to help educate people that stopping a blood thinner for a procedure or surgery can be dangerous and does not come in a one size fits all equation. There are risks any time a blood thinner is stopped. It is a balancing act between the risk of forming a blood clot and the risk of bleeding from the procedure. The first step before stopping any blood thinner is to notify the cardiologist or healthcare provider that is managing your blood thinner. This will need to be done in advance so appropriate planning can take



place. Calling the day before the procedure is not in anyone's best interest unless this is an emergent situation. Your cardiologist will need to know what procedure your are having, if it involves anesthesia or not, and how long the surgeon is recommending the blood thinner to be held. Based on this information, your Cardiologist can decide if it is

reasonable to hold the blood thinner and for how long. If the risks are too high, then a shorter acting form of a blood thinner may need to be given while the other blood thinner is on hold.

This is called bridging. The drug usually used to do this is Lovenox, however there are other similar drugs that may be used as well. This drug is an injection that is given twice a day (or once a day if the kidney function is not normal) while the other blood thinner is on hold. The need for bridging mainly surrounds the drug Coumadin (warfarin) because it takes longer to get out of the system so it has to be held for a longer period of time. (2,3,4,5).

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Tip of the Month

How to Keep Your New Year's Resolution:

1. Set a goal. It needs to be measurable and realistic. (Example: I will lose 10 pounds vs I will lose weight).
2. Set a date. This is the date of completion. Your deadline. No ifs ands or buts.
3. Tell somebody. We all need a little accountability. The more people we tell, the more embarrassed we will be if we do not exceed. Just kidding but in all seriousness, we are more likely to succeed with accountability.
4. Get friends or family to join you in your journey. I am sure you are not the only one who needs to meet this goal. Whatever it is.
5. After you meet this goal, and I know you will, don't stop there. Make another one. It is going to be a successful year.



Low Sodium Chicken Broth



Recipe from
"Breaking the Salt
Habit" by Erik
Williams.

Ingredients:

- 2 Gallons + 1 1\2 cups water, divided
- 4 Carrots, peeled and roughly chopped
- 4 Celery Stalks, including leaves, roughly copped
- 3 Garlic Cloves, peeled and crushed
- 1 Large Onion, roughly chopped
- 2 Bay Leaves
- 8-10 Whole Peppercorns
- 5-6 Fresh Thyme Sprigs
- 10 Sprigs Fresh Parsley, with stems
- 1 Whole Chicken, cut into 9 pieces

Directions:

- In a large stock pot, pour in 2 gallons of water and combine remaining ingredients and bring to a boil.
- Simmer for 2 hours then pour remaining 1 1\2 cups of water in pot.
- Skim off any fat from the top and continue to simmer for another 1 to 1 1\2 hours.
- Remove chicken and let cool.
- Strain broth into clean storage container.
- Let cool overnight in refrigerator and skim fat off before use.
- Remove meat from bones and reserve for later use.

Nutrition Info

Yields 14 servings
1 Serving = 1 cup

Calories: 20
Total Fat: 5g
Sat Fat: 5g
Cholesterol: 6mg
Potassium: 0mg
Carbohydrates: 1g
Protein: 0g
Fiber: 0g
Sugar: 1g
Sodium: 60mg

Tip: Freeze broth in 1\2-1 cup containers for easy use.

Quote of the Month: "Your life does not get better by chance, it gets better by change."
Jim Rohn

Did you Know?

Did you know that the new Dietary Guidelines were released? Every five years, the Department of Health and Human Services and of Agriculture are required to provide new Dietary Guidelines. The Guidelines are designed to help professionals educate the public about what a healthy diet looks like. They also serve as a guide to help form federal food policies and nutrition programs. So what exactly is being recommended in the 2015-2020 Guidelines? Some key recommendations include a diet with fruits, vegetables, fat free or low fat dairy products, lean meats, seafood, beans, nuts and seeds, whole grains, and oils. Saturated fats, *Trans* fats, added sugars and sodium should be limited. The Guidelines recommend that less than 10 percent of the calories you eat should come from saturated fats or added sugars.

Try to avoid *Trans* fats altogether. The sodium recommendation is less than 2300mg per day. Remember, this is for the general population. If you or a loved one has high blood pressure, heart failure, or other health problems, the sodium allowance is usually much lower than this (1500-2000mg or less). Cholesterol comes from any food that comes from an animal. Previously it was recommended to eat less than 300mg of cholesterol per day. Now it is recommended to eat as little cholesterol as possible. The diet examples given in the Guidelines range from 100mg-300mg per day. Long story short, if you are following the other dietary recommendations, the cholesterol intake should be fairly low. Here is a link that will help you figure out how many calories you should be eating (or less) per day to get you started. <http://health.gov/dietaryguidelines/2015/guidelines/appendix-2/>. (1).



The newer blood thinners (Pradaxa, Xarelto, Eliquis, and Savaysa) are less likely to need bridging because they are quick to get in and out of the system. There are also instances where you may need to be admitted into the hospital before the procedure to be started on a continuous IV blood thinner called Heparin while you are off the oral blood thinner. This may happen if Lovenox cannot be injected or if it is not affordable. This may also be a preference of your Cardiologist or Surgeon if there is a high risk of bleeding with the procedure.



Generally speaking, people with metallic heart valves (especially the mitral valve), recent blood clots, and recent heart attacks are among some of the higher risk and will usually need to either postpone their procedure or will need bridging if the procedure will have to be done. People with atrial fibrillation may also be at higher risk and may need bridging. It depends on certain risk factors such as recent procedure (cardioversion or ablation), heart failure, diabetes, prior stroke or mini stroke, age etc.). Even if bridging is not needed, it is still very important to resume your blood thinner as soon as possible after the procedure. For most cases, this will be within 24 hours of the procedure. If Coumadin is being used, make sure a follow up blood test (INR) is scheduled for you once you are back on Coumadin to make sure your blood level has returned to where it needs to be.

There are procedures that usually are safe to do on blood thinners. These procedures usually include dental procedures, small skin procedures, and cataract surgery. In some cases, pacemakers and certain scoping procedures may also be done on the blood thinner.

This discussion has mainly revolved around anticoagulation (stronger blood thinners), however, it is important not to stop antiplatelet drugs as well (aspirin, Plavix, Brilinta, Effient) without first get clearance from your Cardiologist. This is extremely important if you have had a stent placed within the last year. (2,3,4,5).