# Cardiovascular System TD

## II. Ischaemic heart disease:

- 1. Risk factors
- 2. Dyspnoea
- 3. Ankle oedema
- 4. Palpitations
  - > Try to translate the following sentences in the tables into French.

#### 1. Risk factors

#### **Patient history**

Do you smoke?

Do you have any of the following:

- High cholesterol?
- Diabetes?
- Hypertension (Blood pressure)?
- A family history of heart problems (parents siblings)?
- A personal history of heart problems?
- Angina?

Have you ever had a heart attack?

- Myocardial infarction(MI)
- Acute coronary syndrome(ACS)

How did you present?

- Collapse/faint
- Chest pain

Is this pain similar to what you feel then?

How was it treated?

- Tablets
- Thrombolysis
- Angiogram :
- Do you have any stent (DES)?
- How many?
- Drug eluting stent(DES)
- Coronary artery bypass grafts(CABG) "by pass"

## 2. Dyspnoea / Dyspnée

Do you get short of breath (SOB): After exertion? Short breath on exertion(SOBOE)

• Walking?

How far can you walk on a level surface without getting short of breath? (In meters).

• Climbing stairs?

How many stairs can climb without getting breathless?

Do you feel short of breath at rest?

Is it present when you are:

• Sitting? Lying down flat?

Can you sleep flat?

How many pillows do you need to avoid getting short

Do you wake up at night gasping for breath (with choking sensation)?

Paroxysmal nocturnal dyspnoea(PND),

Have you ever been told that you have a murmur?

### 3. Ankle oedema/Œdème des chevilles

Do your ankles swell? (one /both)
When (evening, morning, all the time)
Does the swelling decrease (if you lie down? If you have
your legs up? Never?
How far up does the swelling go?
( calves, thighs, genitalia, sacrum)

# 4. Palpitations/Palpitations

Do you ever get palpitations?

Do you feel your heart beat fast and strong? Does your heart give an occasional thump now and then?

#### **Mode of onset**

Is the onset of palpitations (sudden? Gradual?)

#### Associated factors

What brings on the palpitations usually? (Emotions, exercise, an excess amount of Caffeine, smoking, alcohol)

#### **Duration**

How long have you been complaining of palpitations?

How long does the attack of palpitations last?

How often do you get them?

Did you ever feel your own pulse during an attack?

Did it feel (regular, irregular)

Was it around : (100-130 per minute? 150? 180? Impossible to count?

### The end of the palpitations

Is the end of the attack: (suddenly, gradually)

## **Treatment**

Have you been to the hospital with palpitations? Were they successfully stopped? What did they do?

what did they do:

- Manoeuvre?
- A medication through the vein?
- An electric shock?

A drug-eluting stent is a peripheral or coronary stent placed into narrowed, diseased peripheral or coronary arteries that slowly release a drug to block cell proliferation. This prevents fibrosis that, together with clots, could otherwise block the stented artery, a process called restenosis

## **Exercise 1**

Complete the text using the following words, then translate each word to French.

1-by-pass surgery, 2-risk factors, 3-treatment, 4-ischaemic,5- exertion, 6squeezing pain, 7-chest, 8-medication, 9-sweat, 10-nauseated, 11- medical ward, 12-myocardial, 13-Cardiac, 14-SOB, 15-oedema, 16-overweight. A patient is admitted to the......care unit (CCU) with myocardial infarction. **Although** the patient is relatively young, he already has a long history of (CAD). He shows some ...... and .....in the ankles. **Furthermore** his cholesterol level is elevated and he is ................. The patient is physically inactive, smokes heavily and eats irregularly. **Despite** ...... and the use of sublingual nitro-glycerine, there has been no sign of improvement. Periods of ...... pain seems to have increased over the last few months, especially on ..... Returning from work yesterday, he felt a ......in his ...... that was, felt ..... His test results show elevated serum levels as well as high levels of cholesterol, triglycerides and lipoproteins. After further investigation, he was found to suffer from coronary blockage. He was transferred to the ....., and in the absence of complications during the period of recovery the patient will be considered for ..... Obviously, the patient will need some re-education to help him reduce the ..... (overweight, lack of exercise, hypertension and smoking). Unless the patient reduces these factors significantly, he will remain a prime

candidate for a major .....infarction.