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Angina pectoris pdf adalah

flow to the heart muscle. Due to the reduced flow of blood, there is not enough oxygen to the heart muscle, which leads to chest pain. Ischemic heart disease, which can lead to narrowing of the coronary arteries that carry blood and oxygen into the heart muscle, is one of the most common causes of angina. While angina is not a heart attack, it does not signal an increased risk of heart attack. Seek medical attention immediately if you experience any chest pain or discomfort. There are two main types of angina – stable and unstable. Stable angina, the most common type, develops during physical activity and usually lasts a short time (approximately five minutes or less) if physical activity is over. Unstable angina is less common and usually occurs during rest periods. Unstable angina usually lasts longer, and symptoms can be more severe. Symptoms of angina include: Chest pain or discomfort, such as tightening chest discomfort in the jaw, neck, arms, upper abdomen, shoulders or back Fatigue Nausea Dizziness There are many risk factors associated with angina including, but not limited to, high blood pressure, diabetes, obesity, family history, tobacco use, stress and age. at the top of the page To diagnose the cause of angina, the following tests can be performed: Electrocardiogram (ECG): This test records the electrical activity of the heart, which is used to diagnose heart abnormalities such as arrhythmias or to show ischemia (lack of oxygen and blood) to the heart. Stress test without imaging: This cardiac monitoring test is used to assess how well the heart performs with activity. During the stress test, you will usually be asked to perform physical exercises, such as walking on a treadmill. ECG is registered during the An ECG is assessed by your doctor to see if your heart has reached an appropriate heart rate and if there are any changes that suggest reduced blood flow to the heart. If you can't do exercise, pharmaceuticals that mimic the heart's response physical exertion can be used. Blood tests: Tests can identify certain enzymes such as troponin that leak into your blood after your heart has suffered severe angina or heart attack. Blood tests can identify elevated cholesterol, LDL and triglycerides that put you at higher risk for ischemic heart disease and therefore angina. In addition, the following imaging tests can be performed: Chest X-ray: This non-invasive imaging test helps your doctor to exclude other sources of chest pain such as pneumonia. The X-ray image involves exposing the chest to a small dose of radiation to get pictures of the chest and heart. See the Safety page for more information on X-rays. Chest CT: Chest CT is a more sensitive test than chest X-ray, which can identify other causes of chest pain, such as aortic disease or blood clots in the blood vessels of the lungs. This imaging test combines special X-ray equipment with advanced computers to produce multiple images of the chest and heart. See the Safety page for more information on X-rays. Coronary computed tomography (CT) angiography: This review evaluates the coronary arteries (blood vessels that supply blood and oxygen to the heart) to determine the degree of narrowing of the arteries due to plaque, without the need for an invasive catheter fed through the arteries in the heart. Contrasting material is injected through a small line into a vein of the hand, similar to those used to make blood. Magnetic resonance imaging (MR) imaging: The main purpose of this exam is to determine whether there is good blood flow to the heart muscle. If there are areas with reduced blood flow, this can mean plaque with narrowing of blood vessels. This analysis of blood flow can be done twice during the exam with the use of contrast material. The first time can be carried out after the application of pharmaceuticals, which emphasizes the heart as an exercise. The second time will be at rest. Performing the assessment, both with stress and rest helps to determine whether decreased blood flow only occurs with exercise. This exam can assess the function of the heart and determine if there is any scar in the heart muscle. MRI machines use a powerful magnetic field, radio waves and a computer to produce detailed images. See the MRI safety page for more information on MRI. Catheter angiograph: In this invasive imaging test, this invasive test uses a needle in which a thin, long plastic tube called a catheter is inserted. The catheter is led with wire into the coronary arteries and is used to inject contrast material directly into the coronary arteries to determine whether there is a narrowing of blood vessels. The images of the contrast material in the blood vessels are captured using X-rays. The narrowed parts of the vessels can be reopened using a balloon or stent. Echocardiography: During this test, a converter that produces high-frequency sound waves is used to create moving images of the heart. Heart, the movement of the walls of the heart. If there is reduced movement in part of the wall of the heart, this can mean reduced blood flow from narrowing of the coronary artery. Imaging can also be performed with a pharmaceutical agent highlighting the heart to detect reduced movement in part of the heart muscle with stress. Myocardial single photon emission Computed Tomography (SPECT): This stress test with images is performed with a nuclear medicine tracker. During the stress imaging test, the patient is usually invited to perform some physical activity, such as walking on a treadmill. If the patient is not able to perform exercises for any reason, drugs that mimic the heart's response to exercise can be used. A radioactive marker will be injected into the blood during the peak of physical exertion and pictures of the heart will be taken. The radioactive marker flows with the blood and will indicate whether there is an area of the heart with reduced blood flow. At the top of the page Many doctors may recommend some lifestyle changes such as maintaining a healthy weight, consuming a balanced low-fat diet, ending tobacco use and finding ways to reduce stress. In addition, it can be treated with: drugs such as aspirin, statins, beta-blockers, calcium channel blockers, or nitrates. Angioplasty and vascular stent: In selected cases, after appropriate examinations, your doctor may perform angioplasty and stent. This procedure, which uses balloons and/or stent, is performed to open blockage of the coronary arteries and improve blood flow to the heart. Coronary bypass graft surgery (CABG): This operation increases blood flow to the heart by using a vein, or artery from elsewhere in the body to divert blood flow around the area of narrowing or clogging of the coronary arteries of the heart. The top of the page This page was reviewed on April 12, 2019 FOR REASONS DIAGNOSIS TREATMENT NEXT STEPS Angina pectoris is chest pain or discomfort that occurs when part of your heart does not receive enough blood and oxygen. Most often it is called angina. Angina can be a symptom of ischemic heart disease (CAD). But there may be other reasons. Angina pectoris occurs when the heart muscle (myocardium) does not receive enough blood and oxygen. There is not enough blood supply called ischemia. Angina can be a symptom of ischemic heart disease (CAD). This is when the arteries that carry blood to your heart narrow and block. This can happen due to: Hardening of the arteries (atherosclerosis) Blood clot plaque in an artery that can rupture (unstable plaque) Poor blood flow through a narrowed heart valve Reduced pumping of heart muscle spasm coronary artery There are 2 other forms of angina pectoris. They are: Microvascular angina. It was X syndrome. in the chest without coronary artery. Pain is caused by poor function of small blood vessels, which lead to This is more common in women. Variant angina pectoris. This is also called Prinzmetal angina. It's rare. This happens almost only at rest, not after exercise or stress. It usually happens between midnight and 8:00. It can be very painful. It is associated with spasm of the artery. It is also more common in women. Anything that causes the heart muscle to need more blood or oxygen can lead to angina, especially if you already have blockage or narrowing. Situations that can cause angina include: Physical activity Emotional stress Extreme cold or heat Heavy meals Drinking too much alcohol Smoking is the most common symptoms of angina: Pressing, squeezing or crushing pain, usually in the chest under the sternum Pain that can occur in both the upper back, both hands, neck, or ear chest pains that spread in your hands, shoulders, jaw, neck or back Shortness of breath Weakness Fatigue (fatigue) The feeling of weakness in the chest pain is usually released within a few minutes, taking rest or taking the prescribed heart medicine, such as nitroglycerin. Your healthcare professional will ask you about your medical history. He or she will give you a physical examination. The healthcare provider can often diagnose angina from symptoms and how and when they occur. You may also have tests such as: electrocardiogram (ECG). This test records the electrical activity of the heart. It shows unusual rhythms (arrhythmias). And it detects damage to the heart muscle. Stress test. This is done while exercising on a treadmill or pedal on a stationary bike. The test checks your heart's ability to function when under stress, such as exercise. The frequency of breathing and blood pressure is also observed. A stress test can be used to detect coronary heart disease. Or it can be done to find safe levels of exercise after a heart attack or heart surgery. A kind of stress test uses medicine to stimulate the heart as if you were exercising. The treadmill exercise test uses only ecg to assess ischemia. Stress echocardiography uses ECG and ultrasound pictures of the heart. The stress test for nuclear perfusion uses an ECG and a radioactive marker detected by a nuclear chamber. Cardiac catheterization. In the coronary arteries, a wire is transmitted. Then contrast paint is injected into the artery. X-ray scans were taken to see narrowing, blockage, and other problems on some arteries. Cardiac MRI. This test may consider the amount of blood flow to the heart muscle. It may not be available in all medical centers. This test looks at the amount of calcium and plaque inside the blood vessels of the heart. It can also show blood flow through the coronary arteries. Treatment will depend on your symptoms, age, and general health. It will also depend on how much is the condition. Your healthcare professional may prescribe medicines if you have angina The most common is nitroglycerin. This helps relieve pain by widening blood vessels. This makes it easy to Muscle. Reduces the load on the heart. You can take a long-acting form of nitroglycerin daily to prevent angina. Or, you can take it as a spray for the nose or under the tongue when angina occurs. Do not take erectile dysfunction (ED) medicines if you are taking nitroglycerin. These include sildenafil, vardenafil and tadalafil. This can cause a dangerous drop in blood pressure. Tell your healthcare professional if you are taking ED medicines. Other medicines can be used to treat angina. These include beta-blockers and calcium channel blockers. Beta-blockers block a hormone that increases heart rate and blood pressure. This helps to relax blood vessels to improve blood flow. Calcium channel blockers help to open the coronary arteries. Angina means that part of your heart doesn't get enough blood. If you have angina disease, you have an increased risk of heart attack. Maintaining a healthy lifestyle can help delay or prevent angina pectoris. Healthy lifestyle includes: Healthy diet Physical activity Stress management Do not smoke Healthy weight Taking medications as prescribed Treatment of high blood pressure, high cholesterol, diabetes, and excess weight If you have angina, pay attention to symptoms. Pay attention to what causes chest pain. Notice what it feels like, how long the pain lasts, and if the medicine relieves your pain. Call 911 if the symptoms of angina change suddenly. This is called unstable angina. It is important to work with your healthcare provider to treat coronary heart disease that causes angina. You have to control the risk factors. These include high blood pressure, smoking cigarettes, high blood cholesterol levels, lack of exercise, excess weight, and a diet high in saturated fat. Take the medication exactly as directed. It's an important part of life with angina. If you are taking nitroglycerin, be sure to have it with you all the time. Take it as instructed when you have angina. Call 911 if you have any of the following: Angina symptoms that suddenly change Symptoms that occur when you rest Symptoms that persist after using nitroglycerin Symptoms that begin to appear unpredictable may have a heart attack. Call 911. Don't drive. Contact your healthcare professional immediately if: Symptoms of angina worsen You have new symptoms You have side effects From medicines. Key points for angina angina angina is chest pain or discomfort that occurs when part of your heart does not receive enough blood and oxygen. Angina is a symptom of ischemic heart disease. This occurs when the arteries that carry blood to the narrow and block. Angina can feel like pressing, squeezing or crushing chest pain under the sternum. You may have pain in the upper back, both arms, neck or ears. You may also have shortness of breath, weakness or fatigue. Nitroglycerin is the most common medicine for the treatment of angina, angina, angina, high blood pressure and high levels of cholesterol in the blood. It also includes healthy eating, weight loss, exercise, and not smoking. Tips to help you get the most out of your visit to your healthcare provider: Know the reason for your visit and what you want to happen. Before your visit, write down the questions you want to answer. Bring someone with you to help you ask questions and remember what your provider is telling you. On the visit write the name of a new diagnosis and all new drugs, treatments or tests. Also, write down any new instructions the provider gives you. Find out why a new medicine or treatment is prescribed and how it will help you. I also know what the side effects are. Ask if your condition can be treated in other ways. Know why a test or procedure is recommended and what the results may mean. Know what to expect if you are not taking the medicine or are not given a test or procedure. If you have a follow-up appointment, record the date, time, and purpose for that visit. Know how you can contact your provider if you have any questions. Questions.

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