The Miriam Hospital

Traditions For our friends and supporters.

2022

THEY REPAIRED HIS HEART—AND HE TOUCHED THEIRS

n a June night in 2020, Ramon Hinds was awoken from a sound sleep by what he describes as a "weird pressure" in his chest. The sensation—which followed two days of Ramon experiencing intermittent heartburn, tingling in his fingers, and fatigue—was unnerving.

"The first thing I thought was 'Don't tell me I have COVID," he recalls. But that wasn't it. He was having a heart attack, despite no previous history of cardiovascular disease.

At 3 a.m., with his discomfort intensifying, Ramon's wife, Frances, called 911 and he was taken by ambulance to the emergency department at The Miriam Hospital. There, he was immediately evaluated and moved to the cardiac catherization lab.

"Ramon had a total occlusion at the origin of his left anterior descending artery (LAD), which is a very critical spot," explains Douglas M. Burtt, MD, Medical Director of Inpatient Services at Lifespan's Cardiovascular Institute. The LAD is the largest of the three arteries to the heart and supplies nearly 50 percent of the left ventricle, making it the most critical vessel for myocardial blood supply.

Dr. Burtt and his interventional cardiology team inserted a tiny wire mesh tube, called a stent, into Ramon's clogged artery using an ultrasound-guided, balloon catheter. The successful procedure opened the artery and allowed blood to flow more freely. After a couple of days of recovery, Ramon went home. But his story doesn't end there.

'I knew it was happening all over again'

Typically, patients like Ramon are prescribed anticoagulants or blood thinners to prevent future clotting. In very rare instances, a small number of patients turn out to be nonresponders to the medication. Unfortunately, that was the case with Ramon.



Ramon Hinds, patient, pictured with his daughter Francy

"My fourth day home, things started going downhill quickly," he says. "I was feeling worse than the first time—I knew it was happening all over again."

Frances rushed Ramon again to The Miriam from their home in nearby Pawtucket. But this time, he was in full cardiac arrest upon arrival after suffering a second heart attack caused by abnormal clot formation.

Peter A. Soukas, MD, Director of the Peripheral Vascular Interventional Laboratory, was on-call in the catheterization and used defibrillator paddles to deliver an electric shock to revive Ramon. Once Ramon's heart was restored to a normal rhythm and he was stabilized, Dr. Soukas performed additional stent surgery and prescribed an alternative anticoagulant, which worked as intended.

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"The cardiac rehab staff at The Miriam are all amazing people. I always knew there was a highly skilled person available at any moment to assist me, should I need it."

—Ramon Hinds, patient

Ramon was so grateful for the lifesaving care he wrote a heartfelt poem of appreciation while he was still in the hospital Reflecting back on the words, which Ramon had framed as a gift, Dr. Soukas says, "I have to admit, I was a little misty-eyed at his kind gesture."

The comeback

With his heart returned to proper functionality, Ramon was ready to enter the next phase of his recovery—and he counted on The Miriam for that as well, enrolling in the hospital's Cardiopulmonary Maintenance Program.

During the 12-week program, a team of cardiologists, registered nurses, exercise physiologists, nutritionists, behavioral health psychologists, and pharmacists focused their expertise on improving Ramon's health. "Risk factor reduction and secondary prevention are our ultimate goals," says Kayla Mahoney, Lead Cardiac Rehab Specialist.

After Ramon's initial evaluation and treadmill stress test, Kayla created a tailored program for him that consisted of aerobic and resistance training exercise, increasing the duration and intensity gradually to help him achieve his goals. It worked, but more importantly, it gave Ramon the confidence to go back to living his life fully. Largely, he says, because of the expert care he received from The Miriam staff.

"They provided a 'comfort zone' for me during a vulnerable time, and I always knew there was a highly skilled person available at any moment to assist me, should I need it."

'You can feel the love'

For her part, Kayla says Ramon was a model patient and a joy to be around. "He's just so friendly and positive, always encouraging others in the program." For Ramon, the feeling was mutual.

"Kayla was incredibly compassionate and committed. She would call me at home to see where I was if I missed a day. She really represented The Miriam well. They're all amazing people who care deeply for the patients they work with. You can feel the love!"

Today, Ramon remains a regular participant in The Miriam's Cardiopulmonary Maintenance Program and maintains close ties with the friends he's made there. A chef and caterer who specializes in vegetarian, plant-based dishes, Ramon routinely drops off foods for the folks he calls "lifesavers."

HEART ATTACK

WARNING SIGNS



CHEST PAIN OR DISCOMFORT

Most heart attacks cause pain or discomfort in the center or left side of the chest. This feeling can be mild or severe. The discomfort typically lasts longer than a few minutes and can go away and return. It may feel like pressure, fullness, pain, or squeezing in the chest.



UPPER BODY DISCOMFORT

Heart attacks may cause pain or discomfort in one or both arms, shoulders, back, neck, jaw, or upper stomach.



SHORTNESS OF BREATH

Shortness of breath may be the only symptom of a heart attack or may occur before or with chest pain. It can occur while resting or doing physical activity.

OTHER SYMPTOMS OF A HEART ATTACK MAY INCLUDE:

Faintness or dizziness • Fatigue • Sweating • Nausea or vomiting Heavy pounding of the heart • Abnormal heart rhythms Loss of consciousness • Anxiety • Bluish lips, hands, or feet

Getting help right away can save a life. So, if you or someone you are with experiences any of these heart attack symptoms,

CALL 911 immediately for emergency medical services (EMS).

Also, it's recommended that you wait for EMS workers to arrive rather than having someone drive you to the hospital, as EMS is trained to provide proper treatment and rapid transport to the hospital.

BROWN STUDENTS PUMP IRON, RAISE FUNDS IN SUPPORT OF THE CANCER CARE AND SURVIVORSHIP PROGRAM

its 17th annual Bench Press for Cancer on the main green of campus. The event raised an amazing \$14,886 and continued a longstanding tradition of supporting the Oncology, Wellness, Lifestyle, and Survivorship (OWLS) Program, which enhances the quality of life of cancer patients by addressing their physical, psychological, and health-education needs.

Created by the team in 2004, Bench Press for Cancer was established to help former team captain Lawrence Rubida and his family pay for the medical bills associated with his battle against Ewing's Sarcoma. Sadly, Lawrence passed away in 2005, but the team has continued the event to honor his memory.

"I knew Lawrence personally," says Paul Frisone, director of player development for Brown Football and a facilitator of the annual event. "He was an amazing young man, a great player, and awesome in every way. To keep his spirit alive with this event brings a measure of comfort to all of us here at Brown and beyond—because we all know someone who has been affected by this terrible disease." Since its inception, the event has raised more than \$115,000. Among other things,



Members of the Brown University football team pictured (L-R) Chad Broome-Webster; Max Sweet; Tucker Barnes; Stockton Owen; Michael Walsh; Declan Boyle; and Paul Frisone.

the money has been used to provide patients with gym memberships and personal training sessions; support Young Fight Strong, a program for women 45 and under with breast or gynecological cancer; give financial assistance to families over the holidays; and help fund an acupuncturist position.

Community fundraisers like Bench Press for Cancer are called third-party events, and come in all shapes and sizes – yard sales, lemonade stands, fun runs, musical events, sports exhibitions, etc. If you'd like to host a third-party event and support the lifesaving work of The Miriam, please contact The Miriam Hospital Foundation at (401) 793-2004 to find out more.

STUFFED CARNIVAL SQUASH



INGREDIENTS:

- 2 medium size carnival squash or acorn squash
- 1 bag of guinoa
- 1 small red bell pepper (diced)
- 1 small yellow bell pepper (diced))
- 1 small Vidalia sweet onion (diced)
- 4 cloves of garlic (minced)
- 1 cup of dried cranberries
- 2 tablespoons of olive oil
- 1/2 cup of low-fat cream cheese
- 1 tsp of hot sauce. Adobo or salt to taste

OUINOA TOPPING DIRECTIONS:

- 1. Prepare quinoa following package directions
- 2. Add olive oil into a medium size pot and heat on low
- Add half of the minced garlic (2 cloves), onion, bell peppers, dried cranberries and sautée for 3-4 minutes, stirring frequently
- Raise heat to medium, stir in quinoa and add adobo or salt to taste, sautée for an additional 2 minutes, stirring frequently.
- 5. Remove from heat and set aside5.

SQUASH FILLING DIRECTIONS:

- 1. Cut squash in half, remove seeds with a spoon
- 2. Place both halves cut side down on a microwaveable plate
- 3. Microwave on high for 10-12 minutes, until it softens

- 4. Scoop out the inside and place it in a mixing bowl (save squash shells)
- 5. Repeat steps 1 through 4 using the second squash
- 6. Add cream cheese and garlic
- 7. Combine in the mixing bowl, medium speed
- 8. Add hot sauce and salt to taste, continue mixing until smooth
- 9. Set aside

STUFFING THE SQUASH:

- 1. Heat oven at 350 degrees
- 2. Divide the squash filling in four and fill the empty squash shells
- 3. Top off the shells with the guinoa filling
- 4. Place all four halves in a 9 x 13 inches baking dish
- 5. Bake for 30 minutes
- 6. Cool and enjoy!

This recipe was provided by chef/caterer Ramon Hinds, who is currently participating in The Miriam's Cardiopulmonary Maintenance Program



Gratitude comes in many forms, but one thing that is consistent is its positive power: to heal, to connect, to thank, to inspire.

A THANKEUL PATIENT REFLECTS ON HER STAY



Back in the driver's seat. Now fully recovered, Eileen Ameen is enjoying a life of hobbies and interests, which includes, among many things, a love of vintage cars!

"I hope I never need The Miriam again. But if I do, I know I'll be in good hands. That's for sure!"

—Eileen Ameen, patient

Would you like to share your gratitude with someone at The Miriam Hospital? Head to **giving.lifespan.org/The-Miriam/share-your-story** to learn more.



t was mid-August 2021, and Eileen Ameen of North Attleborough, Massachusetts, was experiencing terrible pain in her right side. A trip to The Miriam Hospital's emergency department and a follow-up MRI revealed that she had an infected, inflamed gallbladder and significant duct blockage. Her doctors determined that the best course of action was to remove Eileen's gallbladder—and quickly.

Gallbladder removal, while common, is still major surgery, and there were risks and potential complications associated with Eileen's procedure. Fortunately, for Eileen, David R. Cloutier, MD, general surgeon at The Miriam and the hospital's chief of surgical quality, performed her laparoscopic cholecystectomy, and everything went according to plan.

During her stay at The Miriam, Eileen witnessed a worldclass medical team in action. The experience, she says, was eye-opening and left her abundantly grateful and thankful that such care is available right here in our community.

"You're treated with such dignity and respect at The Miriam," Eileen says. "I don't know of too many places beyond this hospital where you can have such skilled, compassionate people checking in on you and making sure you're ok. The doctors, nurses, techs, support staff . . . everyone was so wonderful."

Traditions, a publication of The Miriam Hospital Foundation, is published for the friends and supporters of The Miriam Hospital. For more information, please contact the Development Office at 401-793-2004.





