well & you

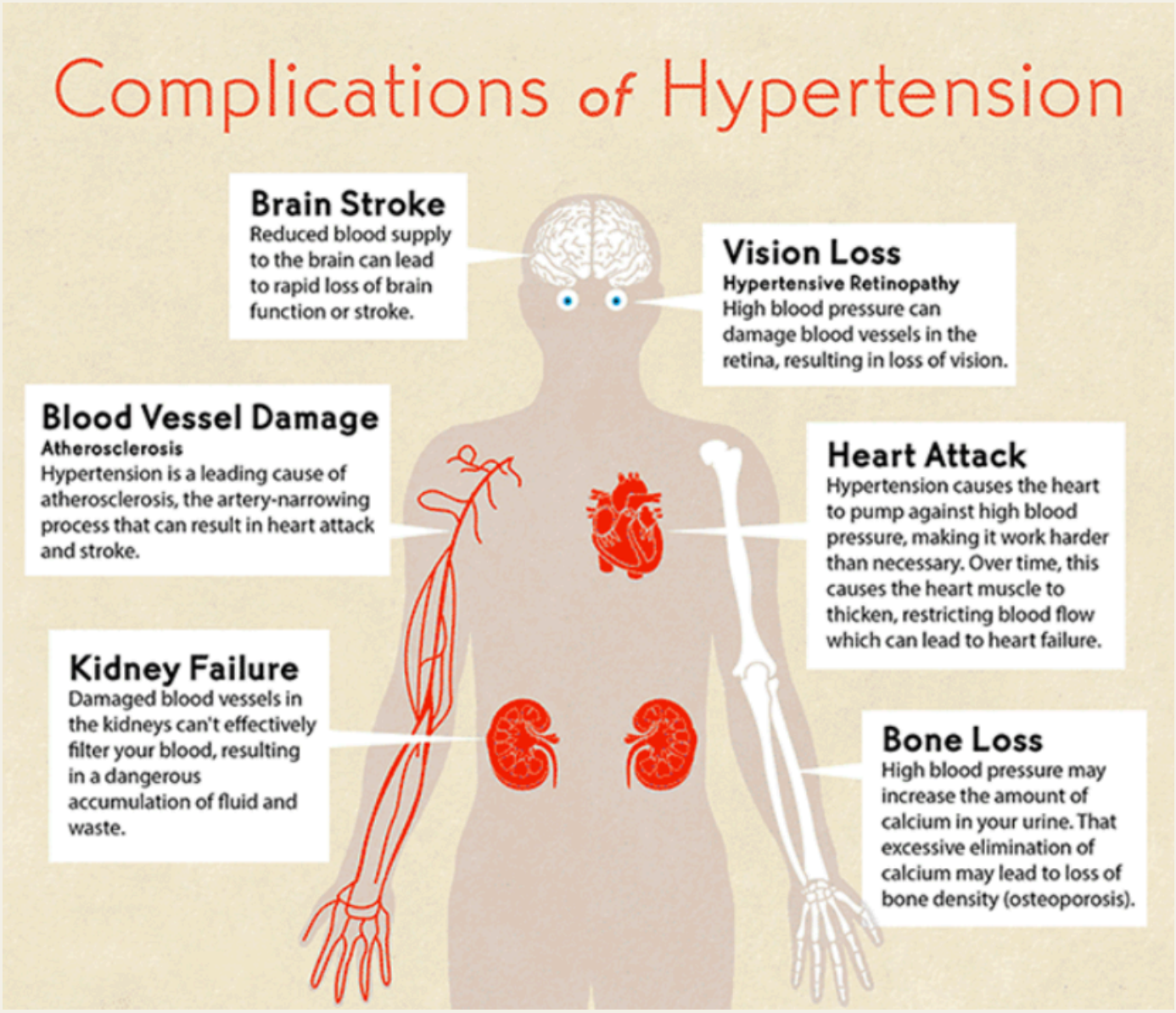
a better way to care

Chest Pain Patient Journey

Scan the QR Code for a video explaining your Chest Pain Treatment Journey

What is High Blood Pressure?
High blood pressure often develops slowly and quietly—earning its nickname as the "silent killer." Many people feel perfectly fine, yet damage may be happening inside the body for years. A blood pressure of 140/90, once thought acceptable, is now known to be high and increases long-term health risks.

Why Lower Blood Pressure Matters
Studies show that keeping your blood pressure close to 120/80 helps lower your risk for stroke, heart attack, and kidney problems. Even small improvements make a big difference.



A Better Way to Check Your Blood Pressure

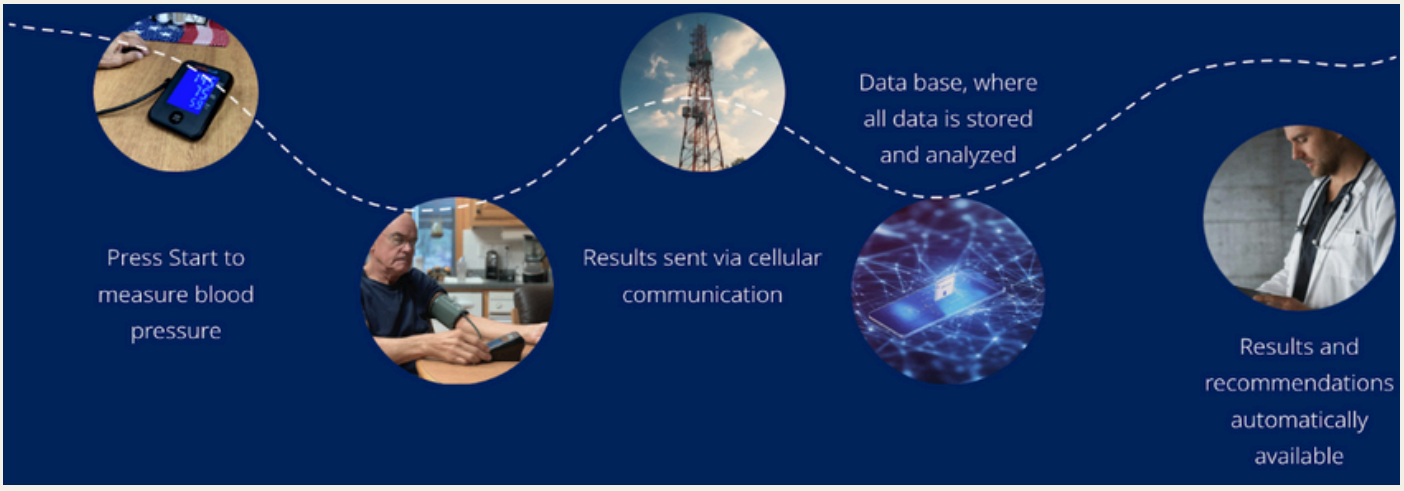
Tne quick reading at the doctor's office isn't enough.
Some people get nervous in the office, making their numbers higher than usual. Others may have high readings only at home.

That's why we check your blood pressure regularly at home using a system called Cardiowell.

What is Cardiowell?
Cardiowell is a simple program that helps you and your doctor track your blood pressure from home:

- You'll get a blood pressure cuff that's easy to use
- When you take your reading, the numbers go straight to your doctor's office
- If your numbers are too high or low, we'll know right away
- We can make changes to your plan without waiting for your next appointment

This helps us see the full picture - and keeps your care on track. We aim to help you control your blood pressure using the lowest effective dose of medication possible, supported by personalized care, lifestyle coaching, and consistent follow-up.



High Blood Pressure (Hypertension): FAQs

What is hypertension?
Hypertension means your blood pressure is consistently too high, which puts stress on your heart and arteries. Over time, this can lead to heart disease, stroke, or kidney problems.

What causes high blood pressure?
Many factors can contribute, including:

- Family history
- Unhealthy diet (especially salty foods)
- Lack of physical activity
- Stress
- Smoking or alcohol
- Certain medical conditions (like kidney disease)

What happens at my first visit?
Your doctor will:

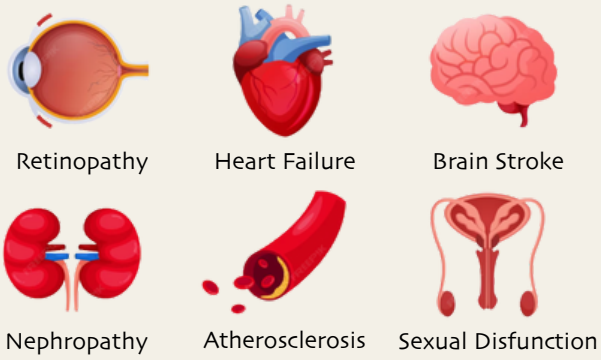
- Review your symptoms and health history
- Check your blood pressure
- Possibly order lab tests or an EKG
- Discuss your risk for heart or kidney disease

What are the treatment options?

- Lifestyle changes: Healthy diet, exercise, limiting alcohol/sodium
- Medications: Blood pressure pills tailored to your needs
- At-home monitoring: Using devices like CardioWell to track your pressure daily and share readings with your doctor

How often will I need follow-ups?
Most patients are seen every 1–3 months until blood pressure is under control, then every 3–6 months after that.

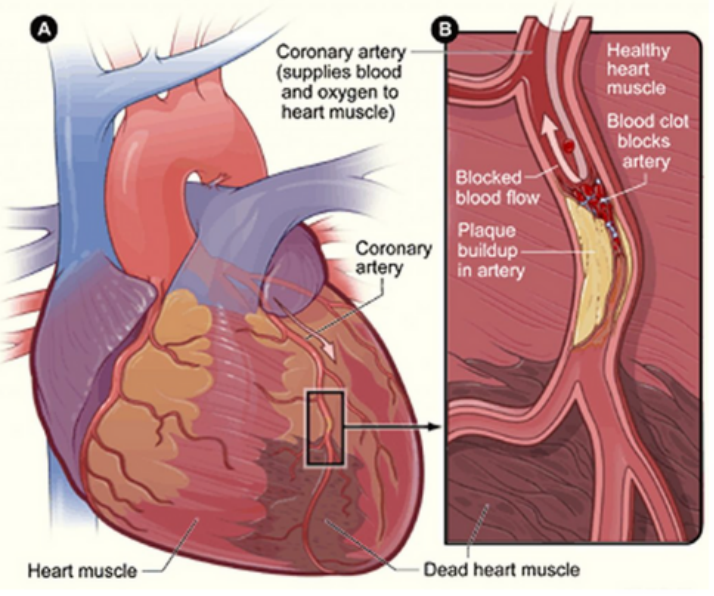
What happens if I don't treat it?
Untreated high blood pressure can lead to:

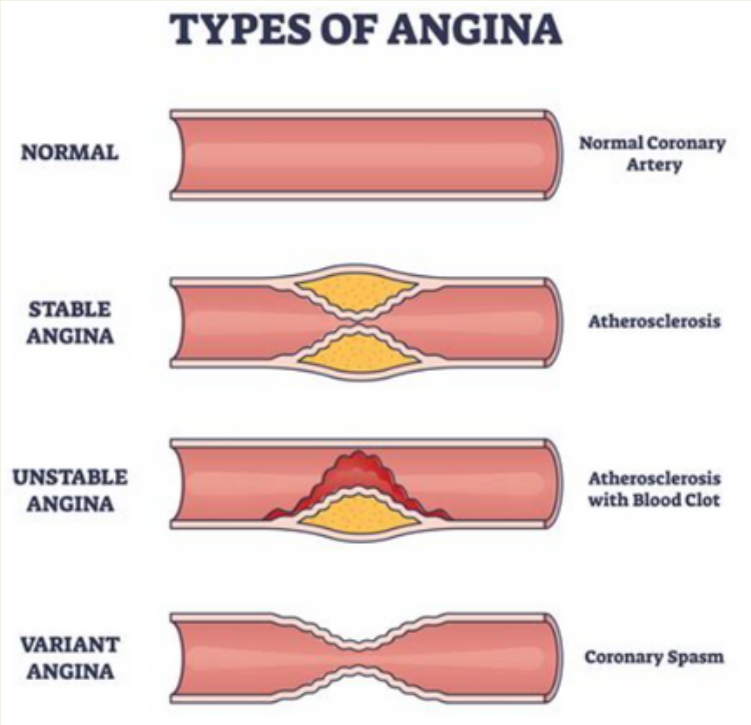


Understanding Coronary Artery Disease (CAD)

What is Coronary Artery Disease (CAD)?
CAD occurs when the arteries that carry oxygen-rich blood to your heart become narrowed or blocked by a buildup of plaque - a fatty, sticky substance made up of cholesterol and other materials. This restricts blood flow and can deprive your heart of the oxygen it needs.

Why is CAD a problem?
Without enough oxygen, the heart muscle can become damaged or weakened. CAD is the leading cause of heart attacks and a major contributor to heart failure. Early diagnosis and treatment are critical to avoid long-term damage.





What is Angina?
Angina is chest pain or discomfort caused by a lack of oxygen-rich blood to the heart.

Types of Angina:
- Stable Angina: Happens during physical activity or stress, is unchanging, and goes away with rest or medication.
- Unstable Angina: Occurs at rest or with little effort, is more severe and can be progressive, could signal a heart attack.

Symptoms of CAD and Angina:
- Chest pain or discomfort (pressure, tightness, or heaviness)
- Pain that may spread to the shoulders, arms, neck, jaw, or back
- Shortness of breath, especially with activity
- Fatigue or dizziness

Understanding Coronary Artery Disease (CAD)

What is a Heart Attack?
A heart attack (myocardial infarction) occurs when a blockage completely stops blood flow to part of the heart, causing that part of the muscle to die. It's a medical emergency that requires immediate attention.

Signs of a Heart Attack

- Persistent chest pain or pressure lasting more than a few minutes
- Pain radiating to the arms, back, neck, or jaw
- Cold sweat, nausea, or shortness of breath
- Lightheadedness or fainting

Why is it dangerous?
Without quick treatment, the damage to the heart can be life-threatening.

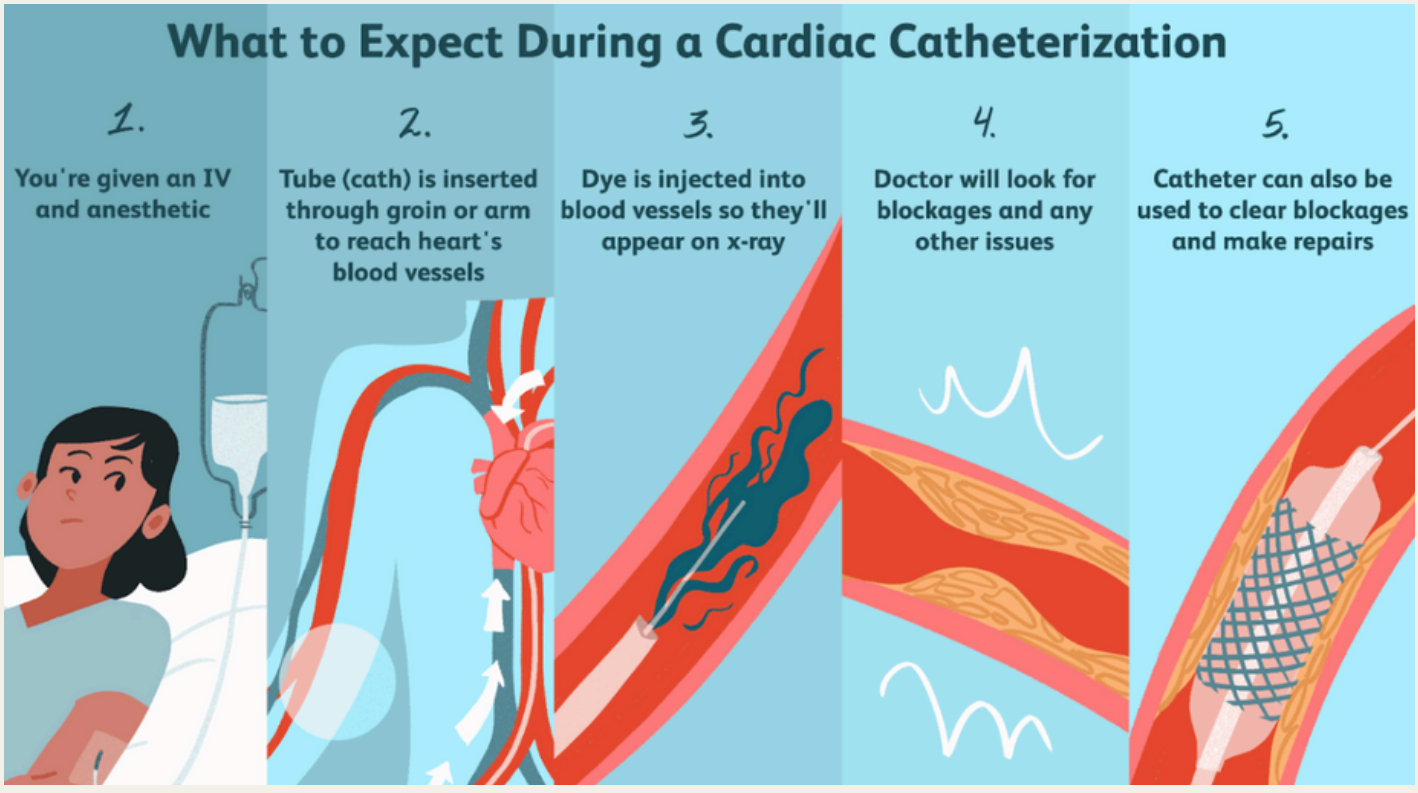
Heart Catheterization (Cardiac Cath):
A procedure to find and treat blockages in your heart arteries.

Managing CAD and Preventing Complications:
Lifestyle Changes:

- Quit smoking.
- Eat a heart-healthy diet with less saturated fat and more fruits, veggies, and whole grains.
- Exercise regularly.
- Manage stress.
- Maintain a healthy weight.

Control Risk Factors:

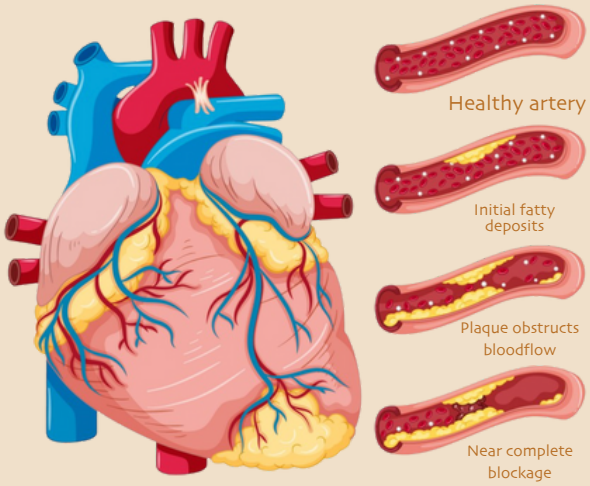
- Keep your blood pressure, cholesterol, and blood sugar levels in check.



How We Evaluate Chest Pain

Step 1: Initial Testing
When you arrive with chest pain, we'll check your risk level and review your history of heart problems.

- Physical Exam and EKG: To look for signs of heart issues.
- History Review:
  - Have you had CAD or plaque buildup?
  - Are you on cholesterol medicine?
  - Have you had a stent placed before?
- Stress Testing: If you've had CAD or stents, we might do a stress test to check blood flow to your heart.
- Risk Assessment: You'll be classified as Low, Moderate, or High Risk based on your symptoms, history, and tests.



Step 2: Risk-Based Pathways

- Low Risk: Acarix CAD Score → If <20, symptoms likely non-cardiac. If >20 → Cardiac CT scan
- Moderate Risk: Cardiac CT scan → If needed, CT FFR to evaluate blockages → Possible catheterization
- High Risk: PROMISE Risk Score and clinical judgment → May lead to immediate catheterization or emergency care

Step 3: Diagnostic & Interventional Care

- Cardiac Catheterization: A minimally invasive procedure where a thin tube is inserted into a blood vessel to evaluate and potentially treat blockages in the coronary arteries
- Treatment Options: May include balloon angioplasty, stent placement, or atherectomy (plaque removal)
- Follow-Up: We schedule a check-up 1–2 weeks post-procedure to assess your recovery and adjust your care plan as needed

Ongoing Prevention & Management

- Lifestyle Coaching: Support to quit smoking, improve diet, manage stress, and stay active
- Medical Management: Control of cholesterol, blood pressure, and blood sugar with the goal of preventing future cardiac events

Coronary Artery Disease: FAQs

What happens at my first appointment?

- You'll talk about your symptoms and medical history.
- A physical exam and possibly an EKG will check your heart health.
- If you have chest pain, your risk level will be assessed based on your symptoms and test results.
- Your doctor will explain the next steps.

What tests might be done at the first visit?

- Acarix CAD Score: A quick, non-invasive test to check for coronary artery disease.
- Other tests could include a stress test, cardiac CT scan, or a PROMISE risk score assessment.

How long do diagnostic tests take?

- EKG: A few minutes.
- Acarix CAD Score: A few minutes.
- Cardiac CT or FFR: 30-60 minutes.

How long does the procedure take?

- Heart Catheterization is usually 1-2 hours.

How many follow-ups will I need?

- For chest pain or CAD, you'll typically have 1-2 follow-ups after treatments or adjustments to your care plan.

Heart Catheterization:

- A small tube (catheter) is inserted into an artery to check for and treat blockages.
- Treatments during this procedure can include:
  - Stenting (placing a small tube to keep an artery open)
  - Angioplasty (using a balloon to open a blocked artery)
  - Atherectomy (removing plaque from the artery)

Do you use anesthesia?

- Yes, during a heart catheterization, local anesthetic numbs the area where the catheter is inserted and moderate sedation keeps you comfortable during the procedure.

What happens if I don't treat my condition?

- Untreated chest pain or CAD can lead to:
  - Heart attacks.
  - A lower quality of life.
  - Life-threatening complications.

Understanding Pain and Sedation During Your Procedure

Everyone experiences pain and sedation differently, and your comfort level during the procedure can depend on several factors, including your body's response to anesthesia. For example, individuals who regularly consume alcohol or those living with chronic pain may require adjustments to achieve the right level of sedation.

Our goal is to ensure you are as comfortable as possible while keeping your safety our top priority. While we aim to provide effective pain relief, it's important to recognize that over-sedation carries certain risks, which our medical team carefully monitors and manages.

Cryptogenic Stroke & Stroke Prevention

What is a Cryptogenic Stroke?
A cryptogenic stroke (or mini-stroke, called TIA) happens when no clear cause is found—even after careful testing. This typically includes:

- Carotid artery ultrasound showing no significant blockage
- Echo with bubble study ruling out heart defects
- External heart monitor for atrial fibrillation (AFib), which comes back negative

When these tests aren't enough, we use implantable monitors to catch hidden causes.

Next Step: Implantable Cardiac Monitors (ICMs)
We offer two excellent options to monitor your heart rhythm for up to 3 years:

Medtronic Reveal LINQ™ ICM (with AccuRhythm™ AI)

- Tiny size (~1.2 cc) implanted under the skin in under 5 minutes
- Continuous monitoring for up to 3 years
- AccuRhythm™ AI: 98–99% detection accuracy for AFib with up to 91% fewer false alerts
- CareLink™ cloud system: Automatic data transfer with no need for manual logging
- If AFib is detected, we discuss blood thinners or a Watchman device to reduce stroke risk

Boston Scientific LUX-Dx™ ICM

- Similar in size and implantation—small device placed just under the skin
- High-quality ECG signal clarity with visible P-waves in ~90% of heartbeats
- Dual-stage algorithm filters out false alerts before they reach the clinic
- LATITUDE™ Clarity system allows remote reprogramming—no office visit required
- Patient app enables symptom tracking and direct clinic messaging for convenience and faster care

Cryptogenic Stroke & Stroke Prevention

Medtronic Reveal LINQ™ ICM (with AccuRhythm™ AI)

Boston Scientific LUX-Dx™ ICM

Why It Matters

- Up to 30% of cryptogenic stroke patients have hidden AFib
- Both ICMs offer long-term, AI-enhanced rhythm tracking
- Early detection allows for tailored stroke prevention plans, including blood thinners or Watchman

What to Expect

1. Implantation: Quick, outpatient procedure with local anesthesia
2. Monitoring: 24/7 tracking with secure data upload
3. Alerts: AI filters and sends only clinically relevant data to your provider
4. Next Steps: If Afib is detected, we guide you through your best options

Cryptogenic Stroke: FAQs

What is a cryptogenic stroke?
A cryptogenic stroke is a stroke with no clear cause, even after testing. It's still a serious event, and more monitoring is often needed to find hidden risk factors like irregular heart rhythms.

What causes it if no cause is found?
The most common hidden cause is atrial fibrillation (AFib), a heart rhythm problem that can be hard to detect. Other potential causes include small blood clots or narrowing of the arteries.

What happens after my stroke?
Your care team will:

- Review your medical history and risk factors
- Perform imaging tests (like MRI or CT)
- Order heart rhythm monitoring
- Possibly recommend placing a Loop Recorder to track your heart long-term

What is a loop recorder?
A loop recorder is a small device placed under the skin to monitor your heart rhythm 24/7 for months or even years. It helps detect silent AFib that may have caused the stroke.

What treatments might be recommended?
Depending on the findings, your doctor may recommend:

- Blood thinners to prevent future clots
- Cholesterol or blood pressure medications
- Lifestyle changes to reduce risk (like quitting smoking, eating heart-healthy)

How often will I need follow-ups?
Most patients have follow-ups at 1 month, 3 months, and every 6–12 months to monitor recovery and adjust treatments.

What happens if I don't follow up or treat it?
Without treatment, there's a higher risk of having another stroke, especially if AFib or other causes go undetected.

At Well & You, we believe cardiac care should be proactive, precise, and personal. Your health journey deserves a team that sees the full picture and tailors care to you, not just your numbers.