

Heart **to** Heart

WakeMed Heart & Vascular News

Winter 2026



**Reduce Your
Stroke Risk**

**Find Your Balance
for Better Heart
& Brain Health**

**Dairy, Calcium
& Your Heart**

TAKE with...

**KAREN REAVIS, MSN, RN, CRNI,
NE-BC, RCIS**

Manager,
Invasive Cardiology - Cary Hospital



A North Carolina native and lifelong learner, Karen Reavis brings more than 30 years of nursing leadership to her role as manager of Cary Hospital's Invasive Cardiology department.

Q: Tell us a little bit about yourself.

I was born and raised in Western North Carolina, and I moved to the Triangle in 1999 when I began my professional nursing career at WakeMed. After a few years, I left to pursue other opportunities, but ultimately – my heart brought me back to WakeMed in 2019. I'm deeply passionate about nursing leadership and lifelong learning – I have numerous specialty certifications and earned my Master of Science in Nursing (MSN) degree and am now pursuing a Doctorate in Nursing Practice with a focus on Leadership. This journey reflects my dedication to advancing nursing practice, leading with purpose and contributing to both my profession and my community.

Q: What's your leadership style and how does it affect the care your team provides?

I try to inspire my team with a balance of servant and relational leadership. I want them to know I'm invested in them as people, not just as professionals. They work so hard for our patients, so one of my non-negotiables is ensuring everyone takes a lunch break every day – no matter how busy it gets. Taking care of our team is essential if we want to take great care of our patients.

Q: How has invasive cardiology evolved throughout your career?

In the 34 years I've dedicated to critical care nursing, I've witnessed a profound evolution in cardiovascular care. Early in my career, I remember carrying a "tackle box" of thrombolytic medications to treat serious heart attacks – which was leading-edge treatment at the time. Today, the standard of care has evolved to percutaneous coronary intervention (PCI) – which is where we use minimally invasive techniques and catheters to re-establish blood flow through the arteries to the heart. Practicing throughout this transition, I've gained a deep appreciation for how innovation, technology and system redesign can improve survival, recovery and quality of life for patients.

Q: How do you and your team celebrate Heart Month?

Throughout February, our team participates in activities to promote both heart health awareness and team engagement. We wear red to raise awareness of women's heart health and reinforce our shared commitment to patient education and prevention. We also complete a love-languages assessment that helps us better understand ourselves and one another – and to gain a shared respect for diverse communication and appreciation styles. These activities strengthen team connection and promote a culture of appreciation in our department.

Q: What do you enjoy doing in your free time?

While school commitments take much of my spare time, I enjoy reading and participating in our department's book club. I also value wellness activities such as yoga, which supports resilience. Most importantly, I cherish time spent with my family, including my daughter, husband, son-in-law and my new grandson, who brings tremendous joy and meaning to this chapter of my life.

North Hospital Receives Chest Pain Center Reaccreditation



WakeMed North Hospital received reaccreditation as a certified Chest Pain Center from the American College of Cardiology (ACC) Accreditation Services. The virtual accreditation survey allowed surveyors to review the facility's protocols, processes and capabilities in providing care to patients presenting with chest pain. This recognition highlights WakeMed North Hospital's dedication and excellence in serving patients with chest pain and/or acute coronary syndrome.

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EDITOR

Caroline Youngblood
Executive Director, WakeMed
Marketing & Communications

CONTRIBUTORS

Coleen Smith, Natasha Moore

DESIGN

Julie Schmidt

PHOTOGRAPHY

Brian Strickland
Dan Sanford

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WakeMed Marketing & Communications
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The WakeMed Heart & Vascular - Cary Cardiology team poses in their new space at the Keisler Drive location in Cary. The first floor was recently renovated, and construction is now underway on the second floor – all designed to make the space more modern and comfortable for patients and to improve care delivery from physicians and staff.



The Power of Prevention: Reducing Your Stroke Risk

Stroke: Know the Signs & Symptoms

Recognizing stroke symptoms and acting quickly can save lives.

Remember **BE FAST**:

- B** **BALANCE**
Sudden loss of coordination
- E** **EYES**
Sudden vision changes
- F** **FACE**
Facial drooping
- A** **ARM**
Arm weakness
- S** **SPEECH**
Slurred or strange speech
- T** **TIME**
Call 911 immediately

Important: If you or a loved one experience any of these symptoms, do not drive them or yourself to the hospital – call 911. Paramedics can begin treatment right away, reducing the risk of death or permanent disability.

A stroke is a serious, life-changing event that happens when blood flow to the brain is blocked – either by a clot or a ruptured blood vessel. It’s more common than many people realize, ranking as the fifth leading cause of death and a leading cause of disability in the U.S. The good news? There’s a lot you can do to help protect yourself. It all starts with understanding your personal risk and taking steps to reduce it.

Who’s at Risk? Many Factors at Play

The most effective way to prevent stroke is to understand your risk factors – both those you can control and those you can’t.

Uncontrollable Risk Factors

Some stroke risks are beyond your control, including:

- **Age:** Stroke risk increases after age 55 and doubles with each subsequent decade.
- **Race & Ethnicity:** Black adults are nearly twice as likely to have a first stroke as white adults and face higher stroke-related death rates.
- **Sex:** Women are more likely than men to have a stroke. Hormone therapy, birth control, pregnancy and pregnancy-related complications such as gestational diabetes and preeclampsia play a role in this increased risk.
- **Personal or Family History:** A family history of stroke raises your risk. If you’ve had a prior stroke or TIA, your chances of another are significantly higher – nearly 1 in 4 strokes occur in people who have already had one.

What’s a TIA?



A transient ischemic attack (TIA), often called a “mini-stroke,” occurs when blood flow to the brain is temporarily blocked. Symptoms usually resolve within 24 hours and don’t cause permanent damage – but they are a serious warning sign of future stroke risk.

Modifiable Risk Factors

The good news is that many of the most significant stroke risk factors can be managed.

Health Conditions Related to Stroke

- **High Blood Pressure:** High blood pressure is a leading risk factor and cause of stroke.
- **High Cholesterol:** High cholesterol increases the likelihood of blocked arteries, which can lead to stroke if the blocked artery is leading to the brain.
- **Diabetes:** High glucose levels go hand-in-hand with diabetes, which can cause damage to blood vessels – and more than double your stroke risk.
- **Carotid artery disease:** When plaque builds up in a carotid artery that leads to the brain, it can block blood flow to the brain and lead to stroke.
- **Atrial fibrillation:** This common arrhythmia can cause blood to pool and clot, which increases your risk of stroke by five times.
- **Sleep apnea:** Obstructive sleep apnea can increase risk by causing drops in oxygen levels, blood pressure spikes and blood clot development.
- **Obesity:** Obesity increases your risk for several other risk factors such as diabetes, high blood pressure and cholesterol. Excess body fat also promotes inflammation and impairs blood flow, which increase the risk of stroke.

Lifestyle & Behaviors to Reduce Stroke Risk

- **Quit tobacco use:** Smoking, vaping or chewing tobacco can damage blood vessels, contributing to stroke risk.
- **Focus on diet:** Eating a healthy diet rich in whole foods, enjoying smaller portion sizes and reducing saturated fats and sodium intake can help reduce your risk of stroke.
- **Get moving:** The American Stroke Association recommends 150 minutes of moderate-intensity physical activity (e.g., walking, water aerobics), 75 minutes of vigorous-intensity physical activity (e.g., running, hiking, cycling) or a combination of both per week. Adding two days of strength training such as resistance bands or weights is also recommended.
- **Reduce stress:** Stress can contribute to a lack of physical activity, overeating/unhealthy diet and smoking. Reduce stress by exercising regularly, connecting with friends and family, getting enough sleep and making time for hobbies or activities you enjoy.
- **Use alcohol in moderation:** Binge drinking or drinking an average of more than one drink per day for women and more than two per day for men can increase your risk of stroke.

Dr. Chandni Kalaria, neurologist and WakeMed Stroke Program director acknowledges that this list of risk factors can feel overwhelming. She encourages patients to work with their primary care physician, cardiologist or neurologist to prioritize which risk factors to tackle first.



CHANDNI KALARIA, MD
WakeMed
Stroke Program

“In most cases, the risk factor I spend the most time discussing is blood pressure,” Dr. Kalaria explains. “It often doesn’t cause symptoms until something devastating like a stroke occurs. Paying attention to blood pressure is critical for prevention.”

The Connection Between Stroke and Heart Disease

If many of these risk factors look familiar, that’s because stroke and heart disease are closely linked. While stroke affects the brain, it’s classified as a cardiovascular disease because it originates in the blood vessels – especially the arteries supplying the brain.

“The link between stroke and heart disease can’t be overstated,” says Dr. Kalaria. “The same vessel damage that affects the heart can also affect the brain. That’s why heart-healthy lifestyle choices protect a person from both conditions.”

Emerging Research Suggests Additional Risk Factors

Recent studies continue to uncover new insights into stroke prevention. A 2024 *Journal of the American Heart Association* study suggests hearing and vision loss may increase the risk of heart disease and stroke, possibly due to reduced physical activity or impacts on communication and cognition.

Meanwhile, a January 2025 *Stroke* journal article found that regular dental flossing may lower the risk of certain types of stroke and atrial fibrillation. Researchers believe inflammation and gum disease may play a role.

Find Your Balance for Better Heart and Brain Health



Early in life, most of us don't give balance much thought. But as we move through our 40s, 50s and beyond, subtle changes in the body can begin to affect how steady we feel. Loss of muscle mass, inner ear or vision problems, and certain medical conditions can all interfere with balance. And, while a decline in balance is common – it's nothing to ignore.

Poor balance can increase your risk of falls, which can lead to serious injury, decreased longevity and reduced quality of life. And, there's a growing body of research suggesting that balance is linked to several other serious health problems including cardiovascular disease and neurological disorders.

The good news is that balance isn't fully out of your control. By understanding the body systems involved, you can take meaningful steps to support and strengthen these systems – starting with a closer look at how balance really works.

Learn more about WakeMed's Balance & Falls Prevention Program at www.wakemed.org/balance-falls-prevention-program.

The Complexities of Balance

Good balance depends on several body systems working together. Here's how they play a role:



Vision system: Your eyes provide spatial awareness and work closely with the inner ear to coordinate movement and stability. Issues related to depth perception or problems like blurriness or binocular vision dysfunction can lead to balance problems, dizziness and an increased risk of falls.



Vestibular system: Located in the inner ear, this intricate system of fluid-filled canals, sacs and cavities is lined with fine hairs and cells that detect head movement and provide information about spatial orientation. Over time, age-related changes such as hair cell deterioration, reduced blood flow and changes in reflexes can impair its function.



Musculoskeletal system: Muscles, joints and tendons contain proprioceptors – nerve endings that constantly relay information to the brain about position and movement. Muscle weakness or stiffness can disrupt this communication, affecting balance.

Other factors that may affect balance include certain medications, alcohol use, neurological conditions, spinal issues, migraines and even some vitamin deficiencies.

How Balance Affects the Heart & the Brain

Balance doesn't just influence your fall risk – it's also been linked to serious health conditions. A 2024 study in the *Journal of the American Heart Association* found that poor lateral balance is associated with a higher risk of heart attack and stroke. Similar findings were reported in a 2023 study in the *European Journal of Medical Research*.



MATT WHITE, MD,
FACC
WakeMed Heart &
Vascular - Cardiology

“These studies demonstrate an association between balance and cardiovascular disease. Although these are not always directly connected, we do know that it's a lot harder to exercise and maintain an active, healthy lifestyle if you're struggling with balance every day,” explains Dr. Matt White, WakeMed Heart & Vascular - Cardiology. “And while balance may not directly cause cardiovascular problems, this demonstrated link is a good reason to focus on maintaining good balance as you age.”

There's also growing evidence linking balance to brain health. Recent studies published in the *Journal of Prevention of Alzheimer's Disease* and *Gerontology Series A* suggest that balance problems in older adults may be associated with a higher risk of dementia.



Tips for Improving Balance

Knowing balance affects everything from daily function to heart and brain health, here are steps you can take to strengthen it:

- **Evaluate your balance.** Because balance naturally changes over time, regular assessment matters. Try the single-leg stance test at home: stand on one leg as long as you can, then switch sides and note your time. This simple test checks static balance and helps track changes over time. More detailed assessments can be performed with your doctor or physical therapist.
- **Stay active.** Regular physical activity helps maintain strength and stability, even if balance already feels compromised. Exercise also supports healthy weight management, which can improve balance and reduce the risk of falls. Dr. White suggests strengthening exercises, yoga, pilates or walking.
- **Practice balance – safely.** Many simple balance exercises can be done at home. Depending on your comfort level, Dr. White recommends regular stretching, standing on your toes, hopping from one leg to the other or trying a balance board. If you feel unsteady, consider working with a physical therapist or having someone nearby for support.
- **Listen to your body.** Dizziness or sudden instability should be reported to your doctor. Sometimes evaluation, treatment or medication adjustments can make a meaningful difference.
- **Maintain your vision.** Because vision is critical to balance, schedule regular eye exams and wear corrective lenses as prescribed.
- **Modify when needed.** Balance may change with age, but that doesn't mean giving up what you love. Small adjustments, such as using a cane, updating eyewear or engaging in physical therapy, can help protect your independence, health and quality of life.

Patients who are at a greater risk of falling are prone to poorer overall health outcomes,” Dr. White explains. “And, from a cardiology perspective, the more we can do to help patients improve their balance – the better chance they have of maintaining good long-term cardiovascular health.”

Simply stated, strong balance supports more than stability – it supports your overall health, independence, heart and brain health as you age.



Calcium, Dairy & Your Heart

We've all heard that milk does a body good, but understanding the role that dairy and calcium play in our heart health can be confusing. While dietary calcium is generally regarded as an important mineral needed to support healthy body function and strong bones, another type of calcium can accumulate over time by replacing muscle cells in your heart's arteries. This build-up of calcium is known as coronary artery calcification, which can signal heart disease. So, does that mean consuming too much calcium is bad for the heart? Dr. Michael Cowherd, WakeMed Heart & Vascular explains the confusion around nutritional calcium and arterial calcification.

"The calcium we eat is tightly regulated by the body and is primarily used for bones, muscles and nerve function. Calcification in the arteries is not caused by dietary calcium 'depositing' in blood vessels. Instead, it's a complex process related to aging, inflammation, cholesterol buildup, diabetes, kidney disease and smoking. Therefore, patients

generally don't need to worry about calcium 'buildup' in the arteries from normal dietary intake. While a few studies have shown a possible association between excess calcium and mildly increased cardiovascular risk, the data on this are mixed at best. Any potential effect of excessive calcium intake would be minimal compared to traditional cardiovascular risk factors such as blood pressure, cholesterol, diabetes and smoking."

The bottom line?

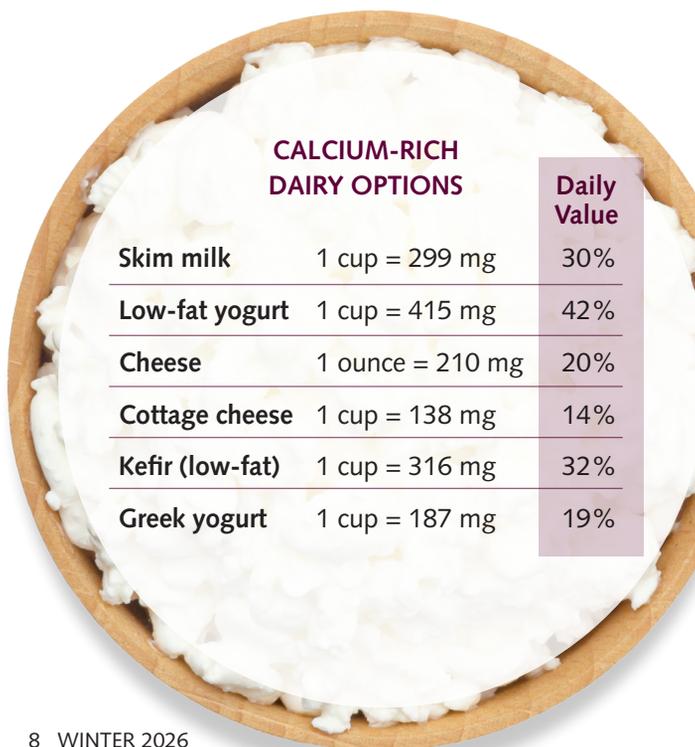
Don't be afraid of consuming calcium. And, as always, if you have questions – talk to your doctor.



MICHAEL COWHERD, MD
WakeMed Heart & Vascular - Cardiology

Get the Calcium You Need with a Heart-Healthy Diet

For optimal health, Dr. Cowherd says most adults need 1,000 -1,200 mg of calcium per day – which includes calcium from both diet and supplements. "In my practice, I encourage prioritizing dietary calcium when possible and avoiding unnecessary high-dose supplements," Dr. Cowherd explains. Dairy can be a great source of calcium, but if you're not a fan, there are plenty of other options that fit into a heart-healthy diet.



CALCIUM-RICH DAIRY OPTIONS

		Daily Value
Skim milk	1 cup = 299 mg	30%
Low-fat yogurt	1 cup = 415 mg	42%
Cheese	1 ounce = 210 mg	20%
Cottage cheese	1 cup = 138 mg	14%
Kefir (low-fat)	1 cup = 316 mg	32%
Greek yogurt	1 cup = 187 mg	19%

CALCIUM-RICH NON-DAIRY OPTIONS

		Daily Value
Chia seeds	1 ounce = 179 mg	18%
Greens (such as spinach or collards, cooked)	1 cup = 250 mg	25%
Tofu (raw, firm)	½ cup = 253 mg	25%
White beans (cooked)	1 cup = 161 mg	16%
Orange juice (calcium fortified)	1 cup = 349 mg	35%
Canned pink salmon	½ cup = 188 mg	19%



Broccoli Cheese Soup

YIELD 6 SERVINGS

ONE
SERVING
~180 mg calcium
18%
Daily Value

INGREDIENTS

- | | |
|--|------------------------------|
| 1 small onion, chopped | 1 cup skim milk |
| 1 celery stalk, chopped | ¼ t. salt |
| 3 cloves minced garlic | Black pepper, to taste |
| 2 T. butter | 6 cups chopped broccoli |
| 3 T. all-purpose flour | 1 cup shredded sharp cheddar |
| 3 cups reduced sodium chicken or vegetable broth | 4 T. grated Parmesan cheese |

INSTRUCTIONS

- 1 Chop onion, celery, garlic in a chopper or mini food processor.
- 2 In a large pot over low heat, melt the butter. Add the chopped vegetables, salt and pepper and sauté until soft, about 5 minutes.
- 3 Stir in the flour to create a roux, and cook for 2 minutes.
- 4 Slowly whisk in the broth, being careful to remove lumps.
- 5 Add the milk and increase heat to high until it comes to a boil, then add broccoli and Parmesan cheese. Stir until combined and cook uncovered over low heat until broccoli is tender, about 10 minutes.
- 6 If you have an immersion blender, quickly blend for just a second or two to thicken up the soup. Or, using a regular blender, remove two cups of soup, blend briefly and introduce back into the soup pan.
- 7 Add the cheddar cheese slowly so it melts smoothly.
- 8 Serve hot and add salt or pepper to taste.

Nutritional Information Per 1 cup Serving: 242 calories, 12.5g fat, 8g saturated fat, 24g carbohydrates, 360mg sodium, 4g fiber, 6g sugar, 12.5g protein, 37.5mg cholesterol



Chocolatey Protein Brownies

YIELD 9 SERVINGS

ONE
BROWNIE
~62 mg calcium
6%
Daily Value

INGREDIENTS

- | | |
|---|---|
| ⅔ cup cottage cheese (blended until smooth) | ½ cup all-purpose flour (or almond flour for gluten-free alternative) |
| 2 large eggs (room temperature) | ¼ cup unsweetened cocoa powder |
| 1 teaspoon vanilla extract | ¼ t. baking soda |
| ¼ cup maple syrup | ⅓ cup mini chocolate chips (plus extra for topping) |
| ¼ cup granulated sugar (optional) | |

INSTRUCTIONS

- 1 Preheat the oven to 325°F. Grease an 8x8-inch baking pan or line it with parchment paper for easy removal.
- 2 In a small bowl, use a traditional or hand blender to blend cottage cheese, eggs, vanilla, maple syrup and sugar (optional, for added sweetness) until smooth.
- 3 In a larger bowl, whisk together flour, cocoa powder and baking soda.
- 4 Add the wet ingredients into the dry ingredients and stir until just combined. Batter will be thick – avoid overmixing to ensure a fudgy consistency.
- 5 Fold in the chocolate chips, saving a few to sprinkle on top.
- 6 Pour the batter into the prepared baking pan, smooth with a spatula and sprinkle top with remaining chocolate chips.
- 7 Bake for 18-22 minutes, or until toothpick comes out with moist crumbs. Center may look slightly underbaked.
- 8 Cool for 10 minutes, slice into 9 equal squares and serve.

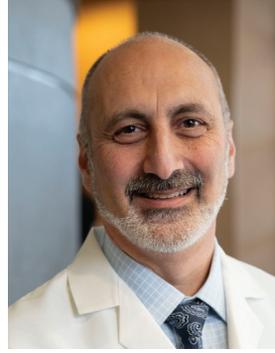
Nutritional Information 1 Brownie Serving: 128 calories, 7g fat, 3g saturated fat, 13g carbohydrates, 121mg sodium, 2g fiber, 8g sugar, 6g protein, 37mg cholesterol, 1mg iron



Pujan Patel, MD, is a board-certified, triple fellowship-trained heart failure and transplant cardiologist with clinical interests in advanced heart failure, cardiac transplantation and left ventricular assist device (LVAD) management.

Employing a patient-centered approach, Dr. Patel emphasizes open communication and

collaboration with his patients. In his free time, he enjoys hiking, traveling and community service. He is welcoming new patients at the Heart & Vascular Cardiology office in Cary and at the Heart & Vascular - Cary Cardiology office in Morrisville.



Gary Salasidis, MD, is a board-certified, fellowship-trained cardiovascular thoracic surgeon with nearly three decades of experience performing more than 6,000 open surgical cases. Dr. Salasidis is committed to explaining all conditions and surgeries in clear language in order to create an environment where patients feel comfortable and engaged in their care.

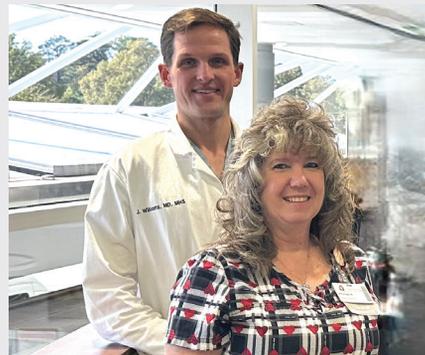
When not caring for patients, Dr. Salasidis enjoys traveling and spending time with family. He is welcoming new patients in the WakeMed Heart & Vascular - Cardiovascular & Thoracic Surgery office at the WakeMed Heart Center.

INNOVATIVE THINKING

Clinical Research Update



Led by Dr. Kishan Parikh, WakeMed Heart & Vascular - Advanced Heart Failure, **DecIPHER-ILD is an observational study for patients with pulmonary hypertension** diagnosed by right heart catheterization and interstitial lung disease. The study follows several groups of patients for five years, including patients who are or are not on Tyvaso (an inhaled medication). The study aims to gather data on pulmonary hypertension and its impact on quality of life, including participants' daily activities, access to health care, and their perceptions of their own health.



Findings from a WakeMed study were recently published in *The Heart Surgery Forum* journal. **CAMP POAF is a study that evaluated the effectiveness of combining a pericardial reconstruction matrix device (CardiaMend) with amiodarone (antiarrhythmic drug) to prevent postoperative atrial fibrillation (POAF)** in patients undergoing open heart or valve surgery. Led by Dr. Judson Williams WakeMed Heart & Vascular - Cardiovascular & Thoracic Surgery and Rhonda Norton of the Clinical Research Institute, this study, combined with prior research, may change how we treat certain heart surgery patients and improve outcomes. A multi-cohort trial is currently being conducted in follow up of the study.



Dr. Kirk Charles and Dr. Ellen Dillavou, WakeMed Heart & Vascular - Vascular Surgery, along with the Clinical Research Institute, is participating in **CSP-2002, an investigational device clinical trial** to evaluate the safety and effectiveness of the InnAVasc Arteriovenous Graft (IG) pods for hemodialysis (HD) access in patients with end-stage renal disease (ESRD). The pods are intended to make dialysis treatment safer by offering protection against inadvertent punctures to the posterior and sidewalls of the graft – thereby reducing complications.



A Heart Attack at 32: Shalom Trice's Story

At 32 years old, Shalom Trice and her partner were thrilled to welcome their newborn son, Ryan, into the world on March 28, 2025. As a first-time mother, Shalom was delighted to have a smooth pregnancy with no problems followed by an uncomplicated delivery. During her routine OB check-ups, her vitals and lab work showed no cause for concern.

Yet, after Shalom returned to work 12 weeks following Ryan's delivery, she began experiencing sudden, severe chest pain and pressure combined with debilitating lethargy. She dragged herself to work each day, thinking her fatigue was just part of adjusting to working full-time while caring for her infant son each night. On July 24, Shalom awoke to prepare for work — breathless and exhausted, barely able to make it downstairs.

"I was very weak and fatigued, so I left my son with his dad and went downstairs to lie down on the couch," Shalom explains. "Suddenly, I was nauseous and threw up. I decided to call out of work for the day and go to the nearest emergency room."

Shalom's mom took her to WakeMed Urgent Care in Garner. The care team quickly took her vital signs, where bloodwork indicated she was having a heart attack. They transferred her to the WakeMed Raleigh Campus, where cardiologist Dr. Michael Cowherd, performed a cardiac catheterization to get a closer look at Shalom's arteries.

During the catheterization, Dr. Cowherd and team detected a 90 percent blockage in her left anterior descending (LAD) artery, sometimes called the "widowmaker." Heart attacks involving the LAD can be especially dangerous because this artery supplies most of the blood flow to the left ventricle — the heart's pumping chamber that delivers oxygen-rich blood to the body.

The team confirmed Shalom's blockage was due to coronary artery disease (CAD), or plaque buildup, and they placed a stent in her LAD artery to restore blood flow. Soon thereafter, she was sent home to reunite with her family and begin her recovery.



Shalom poses with her cardiologist, Dr. Padma Hari

Dr. Cowherd offers, "Shalom's courage throughout her hospital stay was inspirational. With medical therapy and healthy habits, we expect her to enjoy a long, happy life with her new baby."

Shalom began follow-up care with Padma Hari, MD, FACC, FASE, a WakeMed cardiologist who specializes in women's heart health. She is currently on medical therapy for her CAD and left-ventricle recovery. Shalom also receives lifestyle guidance from Dr. Hari, including suggestions to increase her water intake and avoid fried foods.

Shalom was also referred to cardiac rehab to help her rebuild strength and confidence — and she greatly enjoyed the exercise, nutrition guidance and the providers who supported her.

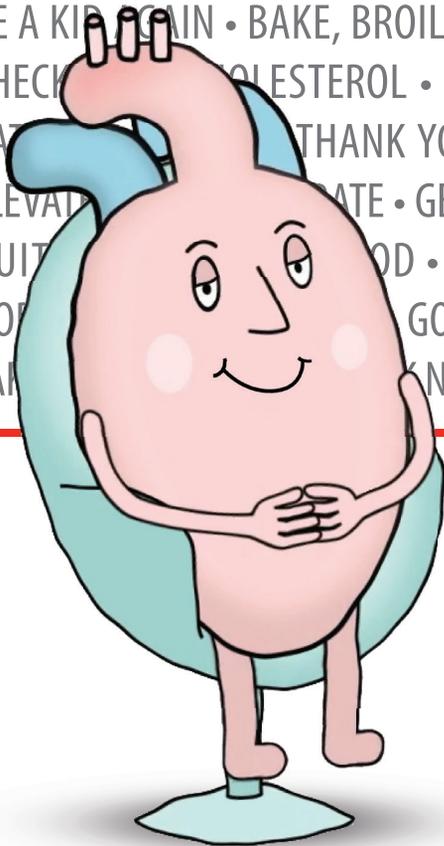
Today, she is back at work and experiencing the joy of motherhood once more. Shalom credits Dr. Cowherd with saving her life and Dr. Hari with giving her hope and guidance for a bright future.

"I'm so thankful to the WakeMed Heart & Vascular team for giving me back my health."

"Shalom's courage throughout her hospital stay was inspirational. With medical therapy and healthy habits, we expect her to enjoy a long, happy life with her new baby."

- MICHAEL COWHERD, MD

EAT YOUR VEGGIES • MANAGE YOUR WEIGHT • GIVE A HUG, GET A HUG • WALK THE DOG (AGAIN)
MONITOR YOUR BP • DANCE, DANCE, DANCE • TAKE TIME FOR YOURSELF • GET UP AND MOVE
GIVE YOGA A TRY • SHAKE OFF THE SALT • TAKE THE STAIRS • WARM UP TO OATMEAL
EXPLORE YOUR GREENWAY • GET HOOKED ON FISH • SPICE THINGS UP • GET REGULAR
CHECKUPS • DREAM SWEET DREAMS • KNOW YOUR NUMBERS • KNOW YOUR RISK FACTORS
BE A KID AGAIN • BAKE, BROIL OR STIR FRY YOUR FOOD • PAY IT FORWARD • BE ACTIVE
CHECK YOUR CHOLESTEROL • LEARN TO MANAGE STRESS • DON'T WORRY, BE HAPPY
EAT HEALTHY • THANK YOUR CARDIOLOGIST • GO TO THE MOVIES • HIT THE GYM
ELEVATE • GET PLENTY OF EXERCISE • GET PLENTY OF SLEEP • MEDITATE
QUIT • AVOID SECONDHAND SMOKE • MANAGE YOUR WEIGHT
HOP • GO FOR A RIDE • KNOW YOUR FAMILY'S HEALTH HISTORY
TAKE NOTHING BUT POSITIVE THOUGHTS • LISTEN TO YOUR HEART



Hey, it's me, your heart.

With a very special Heart Month message.

Remember all those heart-to-heart talks about diet, exercise and managing stress? Well, they're working. You're listening to me. Not just how to keep me healthy, but who to go to if and when I need the leader in heart and vascular care. So keep up the good work. Because, should you revert to old habits, I can still be a real pain in the chest.

wakemed.org/hearts

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