



# SCAD Patient Information Pamphlet

“It’s OKAY to be scared. Being scared means you’re about to do something really, really brave.”

Mandy Hale

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## SCAD Patients Worldwide!

This SCAD Information Pamphlet is presently translated to Dutch and can be translated to another language upon your request.

All programs are international. The SCAD Information Program has closed captioning which can be read in any language.





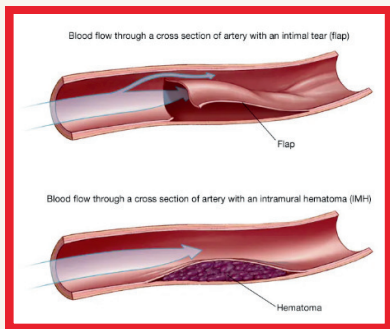
### A Note from a SCAD Survivor:

*I had no idea someone like me could have a heart attack. Learning about SCAD—and connecting with others—gave me hope and strength.*

# What is SCAD?

Spontaneous Coronary Artery Dissection (SCAD) is a sudden tear in one of the heart's arteries. This can slow or block blood flow leading to a heart attack by creating a bulge or hematoma. SCAD is different from typical heart disease—it often affects healthy, active people with no warning signs.

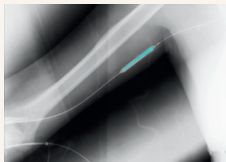
## Two different types of dissections



Tear that allows blood to flow under the tear flap.

Blood pools in between the layers of the artery.

SCAD is diagnosed firstly by an ECG test or Electrocardiogram. Many people may not have an abnormal ECG, so troponin levels should be drawn two to three hours apart. Elevated troponin levels indicate the heart is in stress or is not getting adequate blood flow, so typically an angiogram will be performed.



The catheter tip is usually inserted in the radial artery in the wrist, but may be placed in the groin if there are difficulties.

The hospital stay is usually 3 – 7 days. When first arrive home you may feel fatigue and some chest pain which may occur up to 2 years after a SCAD. However, if the pain is ongoing, and if it doesn't diminish over time request an evaluation. Your Cardiologist may order an echocardiogram or a cardiac CT scan.

## **Why You Should Know About SCAD:**

- SCAD is a leading cause of heart attacks in women under 50.
- Many SCAD survivors are healthy and have no traditional risk factors.
- SCAD can happen during or after pregnancy.

## **Who is Most Affected?**

- Women aged 30–60
- Perimenopause/menopause
- New mothers (postpartum)
- People with fibromuscular dysplasia (FMD) or other connective tissue conditions

## Common SCAD Treatment:

- If you had a SCAD **NSTEMI** (non-ST-elevation myocardial infarction) which is a partial blockage or occlusion, the typical treatment is
  - A daily low-dose aspirin
  - A beta blockerunless you have additional complications.
- If you experienced a **STEMI** (ST-elevation myocardial infarction) or full occlusion and had a stent placed or underwent coronary artery bypass grafting (CABG), you may be prescribed additional medications.



## Understanding SCAD Recurrence: What You Need to Know

Oftentimes SCAD patients become fearful that they may have a recurrence especially when you read accounts of recurrences on social media. It is important to remember survivors who experience recurrences are more likely to share their stories, while the many who do not have a recurrence typically do not post about it.

A 2022 study led by SCAD Specialist, Dr. Jacqueline Saw, found that the recurrence rate of SCAD is much lower than originally thought—just **2.4% over three years**. This means that **97.6% of SCAD survivors do not have a new dissection in that time period**.

*Try to focus on recovery instead instead of asking yourself “what if” questions.*

## About Heart Attack Symptoms

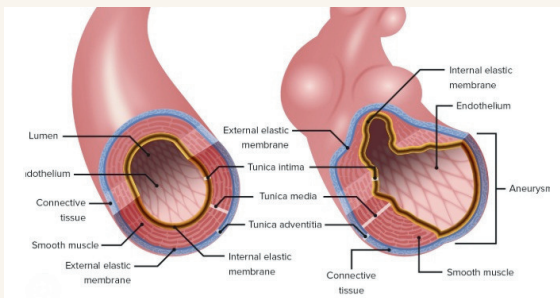


A woman's heart attack symptoms may be more subtle, and not the typical “elephant sitting on my chest” description.

- Pressure, squeezing, or fullness in the chest that may last for several minutes or come and go.
- Pain that spreads to the shoulder, arm, back, or jaw
- Shortness of breath
- Nausea or vomiting
- Indigestion
- Dizziness or lightheadedness
- Upper abdominal pain or discomfort
- Cold sweat
- Anxiety or panic

SCAD Survivors who experience a recurrence may report similar symptoms of the first or different symptoms. If you need to go to the emergency department tell them you have had a previous heart attack.

# Fibromuscular Dysplasia (FMD)



FMD affects up to 45% of SCAD patients. This is why it is important to discuss with your Cardiologist imaging of the upper and lower body as FMD may present in areas other than the arteries of the heart. FMD is a genetic condition which is around 10% inheritable. If you are diagnosed with FMD you may make an appointment with an FMD Specialist to obtain more information. Please see the FMD Society of America website: <https://www.fmdsa.org/>

# Cardiac Rehabilitation

**Cardiac Rehab is recommended for all SCAD patients.** Research studies indicate better cardiac outcomes with participation in CR, so request a referral if it is not offered. In CR you will be monitored while you exercise, which may be on a treadmill, elliptical, or stationary bike. Some CR programs may not have much information about SCAD, but please request that CR staff research SCAD on their own or consult a SCAD Specialist for a consultation so you will receive CR that is specific for the needs of SCAD patients. Even though you may feel out of place in CR, it will be beneficial for increasing your self-confidence and endurance in exercising while being monitored.



# Physical Limitations: Exercising Safely After SCAD

Research suggests that SCAD survivors should avoid lifting more than **20–30 pounds (9–18 kg)** and aim to keep their target heart rate under **120–130 bpm especially during recovery**. Many survivors find that using a heart rate monitor or smartwatch is extremely helpful for tracking heart rate and rhythm during activity. As you begin exercising outside of Cardiac Rehabilitation (CR), focus on slowly increasing your endurance while closely monitoring for any symptoms. Keeping a diary of your:

- **Exercise routine**
- **Heart rate**
- **Blood pressure**
- **Associated symptoms**

can help you and your Cardiologist track your progress safely. Do not panic if you are exercising and your heart rate goes higher without experiencing symptoms.



## Exercises & Movements to Approach with Caution



Certain activities can place extra strain on your heart or arteries. It's best to avoid:

- Abrupt, high-intensity exercise
- Contact sports
- Exercises involving the Valsalva maneuver (breath-holding during exertion)
- Lifting heavy weights
- Extreme endurance training
- Elite competitive sports

Additionally, be cautious with certain yoga positions, especially those that involve extreme head or neck movements, such as Downward Dog or Planking. There are other exercises you can do to obtain similar benefit.

# Recommended Activities for SCAD Recovery

## Early Recovery first six weeks

**Focus:** gentle movement, circulation, and healing

## Immediate Recovery 6 – 9 weeks

**Focus:** light aerobic activity and gradual stamina building

## Long Term Maintenance

**Focus:** sustainable, low-to-moderate intensity aerobic fitness



Try not to become discouraged, but be adaptable to new forms of exercise.

## Keep Moving—Safely

**It's important not to stop exercising out of fear or anxiety.** Physical activity plays a vital role in your recovery, helping your heart become stronger and more efficient at delivering oxygen. Work with your healthcare team to create a safe, personalized plan for resuming exercise. Keep journaling your sessions to track your exertion, distance, and any symptoms—this will help you build confidence and stay on course.



## Emotions

You may have a variety of emotions such as sadness, anxiety, fear, anger, feeling isolated or depression after being discharged from the hospital. Please share your emotions with close family members or friends and seek trauma therapy if the emotions don't subside or become more intense. If you are experiencing suicidal thoughts please reach out to a crisis hotline or your local hospital.



## You Are Not Alone

SCAD can feel overwhelming, but many people recover and lead full, active lives. If you need support or information please request Her Heart Sounds Patient Liaison Service for support and referrals.

at <https://www.herheartsounds.org>

## Managing Anxiety and Catastrophic Thinking After SCAD

When you find yourself thinking, “*What if it happens again?*” try to focus instead on the reassuring fact that the vast majority of survivors remain recurrence-free. It's completely natural to have anxious thoughts, but when these thoughts spiral into imagining the worst-case scenario, it's called catastrophic thinking. This type of thinking can increase fear and anxiety.





## **A helpful tool:**

Ask yourself, “*What is the most likely outcome?*” This simple question can help shift your mindset from fear to a more realistic and positive outlook.

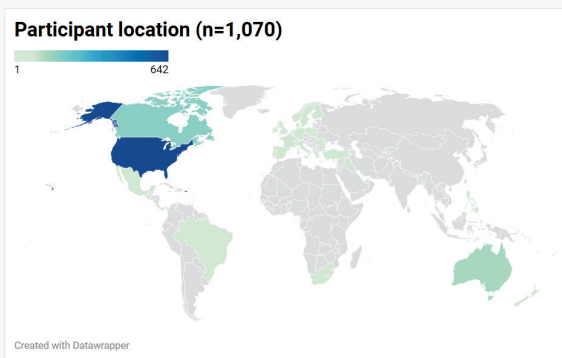
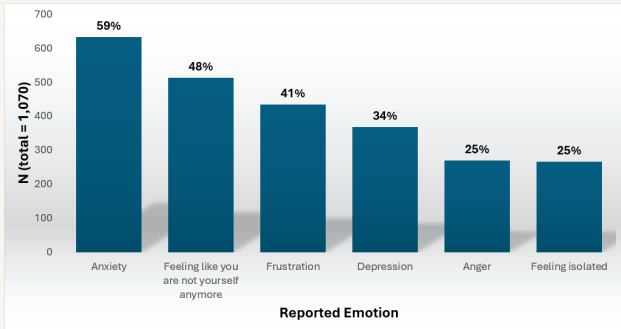
It’s also valuable to recognize your feelings. Catastrophic thoughts are often rooted in fear. Pay attention to your inner dialogue—are you engaging in negative self-talk that might be heightening your anxiety? Naming your feelings and patterns of thought is a powerful step toward managing them.

# Supporting Your Recovery—Inside and Out

As you heal, you may look healthy to your family and friends, but still experience lingering symptoms, anxiety, or fear. It's important to communicate openly with your loved ones about what you're feeling. They may not fully realize that your recovery journey is ongoing and that you still need their understanding and support.



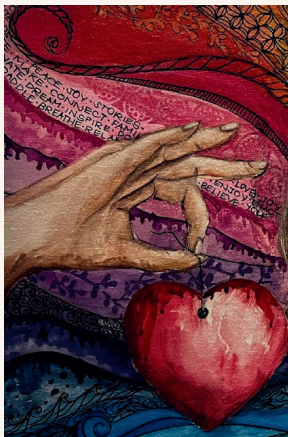
# Incidence of emotions experienced by SCAD patients in various countries.



SCAD Research study UNC at Chapel Hill and Her Heart Sounds

## Building Resiliency After a SCAD Heart Attack

Research reveals that higher resiliency is linked to improved cardiac recovery following a SCAD heart attack. *Resiliency is the ability to adapt and recover after experiencing adversity – both physically and emotionally.*



SCAD Stress Management Program resiliency building exercise: *“represent yourself as your most resilient”*– A SCAD Survivor’s artwork.



You may register for Her Heart Sounds **Virtual International SCAD Stress Management Program** after you are discharged from the hospital and/or request our **Patient Advocacy/Liaison service** which can provide support and medical information. Many SCAD Survivors find the Stress Management program helpful in managing emotions and with being able to share and meet other SCAD Survivors.

## Your Follow-Up Appointments: What to Expect and Advocating for Yourself

It is important to schedule your first appointment within six-weeks. You may need to expend effort by self-advocacy to have a follow-up appointment sooner rather than later.

After your initial post-discharge appointment, some cardiologists may schedule your next follow-up in six months to a year. If that feels too long for you, especially if you have concerns or ongoing symptoms it's completely okay to request an earlier check-in, such as at the three-month mark.

Many SCAD survivors experience side effects from medications, particularly beta blockers. If you feel your dose might be too high or you're struggling with side effects like fatigue don't hesitate to ask your cardiologist about adjusting the dosage.



Some Cardiologists have not had much experience with SCAD patients so may prescribe medications that are typically used for patients who have experienced heart attacks due to arteriosclerosis. Ask your Cardiologist to follow medication recommendations for SCAD. At the end of this pamphlet is a SCAD literature review with excellent information for medical professionals. Please advocate for yourself and share the link with medical professionals.



## For Significant Others (Husbands, Partners, and Loved Ones)



Your support is incredibly important during your partner's recovery. This can be a challenging and emotional time, and it's normal for both of you to experience frustration or even misunderstandings along the way such as your partner needing to rest intermittently throughout the day.

## Here are some important ways you can help:

- **Make time for open conversations.**

Gently ask your partner what they need from you and how you can best support them.



- **Be patient with communication.** If a conversation becomes tense or emotional, suggest pausing and revisiting the topic when you're both feeling calm and centered.



- **Offer practical help.** You might assist in organizing a household schedule, dividing tasks among family members, or arranging for outside help when needed.



- The SCAD patient may look normal but is still recovering both physically and psychologically. **Ask them how they are feeling.**

- **Maintain routines.** Keeping a regular daily routine can bring a sense of normalcy and help reduce stress for everyone in the household.

Most importantly, remind your partner that they are not alone in this journey—and that together, you can navigate the path to recovery.

Allow your children to help as well.



## Caring for Young Hearts While Healing Yours

It's common for children and teens to feel anxious, scared, or confused after a parent experiences a cardiac event like SCAD. These emotions may show up as behavioral changes such as irritability, anger, sadness, or withdrawal.

To protect their emotional well-being, avoid discussing medical details, employment concerns, or financial stress in front of them. Instead, offer a simple and reassuring explanation—for example: *“I had a heart attack, but I’m getting the care I need and I’m working on getting better.”*

## **Preparing Your Family for Changes at Home**

Help your children adjust by preparing them for changes in the household. Let them know that you may need more rest and that family members will need to help more with daily tasks. Teenagers, in particular, can be invited to take on more responsibilities while understanding it's a temporary and important part of your recovery.

Hold a family meeting where children and teens can ask questions and share their feelings. Encourage open communication and validate their concerns. Keeping consistent routines will also help them feel more secure during this time of adjustment.

## Preparing Young Children for a Hospital Visit

Young children may feel overwhelmed or scared when visiting you in the hospital or even during face time on their phone, so it's important to prepare them in advance.

Gently explain what they might see—such as medical equipment, hospital beds, or tubes—so they know what to expect.

If your children are able to visit you, encourage them to bring something special, like a favorite drawing or a cherished stuffed animal, as a comforting gift for you. Reassure your child by explaining in simple terms: *“The doctors and nurses are helping me so my heart can get better.”* Your calm and confident tone can go a long way in helping them feel secure.



## Helping Children and Teens Process a Parent's Heart Event



Children often struggle to express their emotions with words and may instead "act out" their feelings through behavior.

As a parent, you can help by using reflective listening—observing and naming emotions to assist your child with sharing their feelings.

For example, if your child seems upset because you're no longer able to do an activity together, you might say:

*"It seems like you're feeling angry because we can't do wall climbing the way we did before, is that right? Would you like to do another activity instead?"* Make sure you provide constant reassurance to your children so that they will continue to feel secure.

This approach not only helps children feel understood, but also teaches them how to identify and express their emotions. Continue to find creative, safe ways to have fun together. These new activities can help your child develop flexibility and resilience.

If your child witnessed your heart attack or saw you leave in an ambulance, it's important to talk about what they saw and felt. You might ask:

*“Was it scary when you saw me go to the hospital in the ambulance?”*

Give them time to respond and validate their feelings.



## Communicating With Teens After a SCAD Event

With teens, offer a simple, honest explanation of your heart event, such as: “I had a tear in an artery that reduced blood flow and caused a heart attack. I'm feeling very tired and need more rest.”

Encourage questions, but don't push them to talk before they're ready. If you notice increased anger or sadness, gently share your observations and ask if it might be related to recent changes. Be patient—teens may need time to process, and your calm support can help them feel safe.



# Returning to Work After a SCAD Heart Attack: A Guide for a Smooth Transition



Your return to work after a SCAD (Spontaneous Coronary Artery Dissection) heart attack will depend on the severity of the event and your personal recovery process. This journey can come with mixed emotions, including anxiety, fear, and uncertainty – all of which are completely normal.

Here are some tips to help ease the transition:

- **Work with Your Cardiologist:** Before returning, discuss your readiness with your cardiologist. You might benefit from a gradual return, such as working part-time or a few days a week at first.

- **Create a Return-to-Work Plan:** Having a clear plan in place can reduce stress. Outline your desired schedule, any needed accommodations, and identify a primary workplace contact to support your transition.
- **Set Boundaries Around Your Health Story:** Coworkers may ask about your experience, but it's okay to protect your privacy. Let your supervisor or team lead know if you'd prefer not to discuss medical details so they can help communicate this to others.
- **Prioritize Self-Care:** Rest, hydration, and stress management are essential. Listen to your body and don't hesitate to take breaks when needed.

**Returning to work is a big step — take it at your own pace, with the support you need.**

Many SCAD Survivors appear to experience the Kubler–Ross stages of grieving, as experiencing a SCAD heart attack is a major life event that requires adaptation and acceptance. Please register for **Her Heart Sounds International Virtual Stress Management Program** to assist with building resiliency and to be provided with support.

It is important to not over identify with your diagnosis but to focus instead on those things you can do to improve your recovery like managing stress, exercising, maintaining or establishing a support system, and most importantly, engaging in fun times.

Sometimes the limitation recommendations can feel stifling and cause fear. However, recovery will be better if you allow yourself to adapt, have gratitude, and enjoy life.

Go to [www.herheartsounds.org](http://www.herheartsounds.org) and click on the registration link on the front page to register for programs.



## Resources

**Facebook:** SCAD Hope Worldwide

**Her Heart Sounds:** Provides research-based information and list of cardiac support programs information.

<https://www.herheartsounds.org>

**Fibromuscular Dysplasia:** Fibromuscular Dysplasia Society of America <https://www.fmdsa.org/>

**Global Heart Hub:** International patient advocacy nonprofit.  
<https://globalhearthub.org>

Her Heart Sounds provides a virtual SCAD Education Program every two months. It is 90 minutes with a 30 minute Q & R. For dates and registration go to [www.herheartsounds.org](http://www.herheartsounds.org)

# Resources



## Books for children –

- *The Invisible String* by Patrice Karst for children who are struggling being away from parents,
- *Breathe Like a Bear* by Kira Wiley for children with anxiety.

A parent's illness is a family challenge, but with honesty, support, and professional help when needed, children can adapt and thrive.

## For Medical Professionals



[Spontaneous coronary artery dissection \(SCAD\): A contemporary review 2024](#)

# Cardiologist Reviews

**Kirstin Hesterberg, DO, FCCC**

Non-invasive Cardiologist

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## Contributors

♥ **Sheryl Martin**, Founder of Her Heart Sounds experienced a SCAD heart attack in 2018. Sheryl has supported almost 600 SCAD patients in various programs and has gathered important information from SCAD Survivors and a SCAD research study with over 1200 subjects which has revealed the significant need for patient information.

♥ **Chloe Green**, PhD student in Pediatric Psychology, provided information for the section relating to supporting children and teens. Chloe is a part-time employee of the Global Heart Hub located in Dublin, Ireland. Chloe experienced a traumatic medical event as a 12-year-old and is now dedicated to helping children and teens overcome a difficult diagnosis.

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## Contributors

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**Students:** Jessica Sprinkles, Sonali Seghal, Sarah Kate Jooste

Dr. Martin and Dr. Meyer supervise the students who are learning best practices for research.



THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL

 **SCAD Netherlands** is assisting Her Heart Sounds with distributing the SCAD Pamphlets to the Netherlands,

Please help other SCAD patients receive a free SCAD pamphlet by donating.

Donation QR  
code:



## References

- Spontaneous coronary artery dissection (SCAD): A contemporary review
- SCAD and FMD: new developments
- Parenting Through Illness, Help for Families When a Parent is Seriously Ill, Leigh Collins, LCSW
- Saw, J, Starovoytov, A, Aymong, E. et al. Canadian Spontaneous Coronary Artery Dissection Cohort Study: 3-Year Outcomes. JACC. 2022 Oct, 80 (17) 1585–1597.
- Tweet MS, Olin JW, Bonikowske AR, Adlam D, Hayes SN. Physical activity and exercise in patients with spontaneous coronary artery dissection and FMD.



*Her Heart Sounds: Improving women's cardiac health outcomes after SCAD."*

Register for programs by scanning the QR code:



Contact Sheryl Martin at  
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SCAD Pamphlet created by Sheryl Martin, Founder  
of Her Heart Sounds.

