

CARDIOVASCULAR DISEASE

DEPARTMENT OF CARDIOLOGY



About UHS

University Hospital Sharjah (UHS) is a tertiary care multispecialty hospital located in the University City area of Sharjah.

It brings together a multidisciplinary team of physicians, nurses and health-care professionals to address the most complex and challenging medical problems for the residence of Sharjah and Northern Emirates. UHS is also an academic institution and enjoys a robust educational affiliation with the Medical College at University of Sharjah.

With the unlimited support of His Highness Sheikh Dr. Sultan bin Mohammed Al Qassimi, University Hospital Sharjah will always endeavor to be the leading healthcare provider in the region.

Our Service Strength

325 beds spread across multiple specialties including 210 In-patient beds, 40 Specialty outpatient beds, 34 Emergency beds, 16 ICU beds, 20 Neonatal ICU, 12 Hemodialysis beds, Physiotherapy department, Cardiac Catheterization Laboratory.

Advanced breast cancer treatment and surgical solutions in collaboration with Gustave Roussy Centre.

Regional center of excellence for maternity care with dedicated theatre suite, fetal assessment unit, ultrasound department and neonatal intensive care unit.

First-of-its-kind children's diabetes clinic specialised in providing check-up, follow-up and treatment.

Level 3 NICU equipped to care for babies born at 23 weeks gestation and above as well as babies born with critical illnesses at all gestational ages.

24/7 Emergency Services.

24 hours pharmacy.

“DELIVERING EXCEPTIONAL HEALTHCARE”





What is Cardiovascular Disease?

Cardiovascular disease generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina) or stroke. Other heart conditions, such as those that affect your heart's muscle, valves or rhythm, also are considered forms of heart disease.

Who Is at Risk for Heart Disease?

Certain traits, conditions, or habits may raise your risk for coronary heart disease (CHD). These conditions are known as risk factors. The majority of cardiovascular disease (CVD) is caused by risk factors that can be controlled, treated or modified, such as high blood pressure, cholesterol, overweight/obesity, tobacco use, lack of physical activity and diabetes. However, there are also some major CVD risk factors that cannot be controlled.

The American Heart Association recommends beginning heart disease prevention early in life, starting by assessing your risk factors and working to keep them low. The sooner you know and manage your risk factors, the better your chances of leading a heart-healthy life.



Heart disorders usually present silent symptoms. Early diagnosis and treatment may prevent further complications from arising. Waiting for your heart to give the warning signals could possibly threaten your life. Tracking potential heart ailments and redressing them is crucial for risk-free living. Hence, carefully choosing the cardiac care that is most suitable to you is essential. Your hearts deserves only the best and for this University Hospital Sharjah have deliberated a heart care package that lays impetus on checking and accurately determining the condition of your heart. Aimed to offer the perfect solution to all major cardiac issues the package include tests that can discover conditions which may not present any symptoms, allowing for earlier diagnosis and treatment. They also include a consultation with a heart specialist who can help manage your heart health and follow up with you on the results of the screening.



Cardiac Diagnostic Packages:

Cardiac Screening: Low Risk Patients

< 40 year male or < 50 years female with no or one risk factor- (CAD, Asymptomatic with good exercise tolerance)

CPT/UHS Description

Consultant Consultation

Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report

Cholesterol, serum or whole blood, total

Lipoprotein, direct measurement; LDL cholesterol

Lipoprotein, direct measurement; high density cholesterol {HDL cholesterol}

Triglycerides

Glucose; quantitative, blood {except reagent strip}

Blood count; complete {CBC}, automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count

Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete

Package Price AED 1,600/-

Hypertension (High Blood Pressure)

High blood pressure increases the heart's workload, causing the heart muscle to thicken and become stiffer. This stiffening of the heart muscle is not normal, and causes the heart not to work properly. It also increases your risk of stroke, heart attack, kidney failure and congestive heart failure. When high blood pressure exists with obesity, smoking, high blood cholesterol levels or diabetes, the risk of heart attack or stroke increases even more.

Raised Blood Glucose (Diabetes)

Diabetes seriously increases your risk of developing cardiovascular disease. Even when glucose levels are under control, diabetes increases the risk of heart disease and stroke, but the risks are even greater if blood sugar is not well controlled.

If you have diabetes, it's extremely important to work with your healthcare provider to manage it and control any other risk factors you can.

Physical Inactivity

An inactive lifestyle is a risk factor for coronary heart disease. Regular, moderate-to-vigorous physical activity helps reduce the risk of heart and blood vessel disease. Even moderate-intensity activities help if done regularly and long term. Physical activity can help control blood cholesterol, diabetes and obesity, as well as help lower blood pressure in some people.

Obesity and Overweight

People who have excess body fat - especially if a lot of it is at the waist - are more likely to develop heart disease and stroke even if they have no other risk factors. Overweight and obese adults with risk factors for cardiovascular disease such as high blood pressure, high cholesterol, or high blood sugar can make lifestyle changes to lose weight and produce clinically meaningful reductions in triglycerides, blood glucose, HbA1c, and risk of developing Type 2 diabetes. To achieve optimal health, the median BMI for adult populations should be in the range of 21-23 kg/m², while the goal for individuals should be to maintain a BMI in the range 18.5-24.9 kg/m².

Unhealthy Diet

High dietary intakes of saturated fat, trans-fats and salt and low intake of fruits, vegetables and fish are linked to cardiovascular risk. The amount of dietary salt consumed is an important determinant of blood pressure levels and overall cardiovascular risk and the WHO recommends a population salt intake of less than 5 grams/person/day to help the prevention of CVD. Frequent consumption of high-energy foods, such as processed foods that are high in fats and sugars, promotes obesity compared to low-energy foods. High consumption of saturated fats and trans-fatty acids is linked to heart disease; elimination of trans-fat and replacement of saturated with polyunsaturated vegetable oils lowers coronary heart disease risk.

In addition to the modifiable risk factors, there are some risk factors that cannot be changed.

Simply getting old is a risk factor for cardiovascular disease; risk of stroke doubles every decade after age 55. Your family's history of cardiovascular disease indicates your risk. If a first-degree blood relative has had coronary heart disease or stroke before the age of 55 years (for a male relative) or 65 years (for a female relative) your risk increases.

Your gender is significant: as a man you are at greater risk of heart disease than a pre-menopausal woman. But once past the menopause, a woman's risk is similar to a man's. Risk of stroke is similar for men and women. Your ethnic origin plays a role. People with African or Asian ancestry are at higher risks of developing cardiovascular disease than other racial groups.

Since you can't do anything about these risk factors, it's even more important for you to manage the risk factors that can be changed.

Cardiac Screening: Intermediary Risk Patients

< 40 year male or < 50 years female with no or one risk factor- (CAD, Asymptomatic with good exercise tolerance)

CPT/UHS Description

Consultant Consultation

Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report

Cholesterol, serum or whole blood, total

Lipoprotein, direct measurement; LDL cholesterol

Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)

Triglycerides

Glucose; quantitative, blood (except reagent strip)

Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count

Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete

Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium

Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report

Dietician Consultation

C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRIP)

Package Price AED AED 3,500/-



Cardiac Investigation: High Risk Patients

Symptomatic male/female patients with multiple risk factors for CAD, Diabetes with stable exertion related symptoms, stable patients with previous cardiac intervention PCI Vs. CABG

CPT/UHS Description

Consultant Consultation

Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report

Cholesterol, serum or whole blood, total

Lipoprotein, direct measurement; LDL cholesterol

Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)

Triglycerides

Glucose; quantitative, blood (except reagent strip)

Blood count; complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count

Echocardiography, transthoracic, real-time with image documentation (2D) with or without M-mode recording; complete

Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with physician supervision, with interpretation and report

Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)

Dietician Consultation

C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRIP)

Package Price AED AED 5,300/-



Guidelines for Cardiac Screening

- As the blood test requires fasting, please abstain from food and drinks for at least 10 hours before your scheduled appointment. Sips of plain water are allowed.
- Please do not take medicine or insulin for diabetes on the morning of the scheduled appointment. Regular high blood pressure and/or heart medication can be continued. Always check with your doctor on medication needs prior to screening.
- Please bring along your sports attire for the cardiac evaluation. Don't forget your sports shoes and socks.
- For your comfort and convenience at the medical examination, it is advisable to wear a two-piece outfit.
- (For ladies only) It is advisable for the urine test to be conducted at least 5 days before the start of menstruation or 5 days after the end of menstruation.

Disclaimer:

The purpose of health screening is to identify as early as possible certain health problems which may help to improve quality of life or slow down the progression of certain diseases, however, screening tests are not diagnostic and it is recommended that the patient's doctor should perform additional testing to make diagnosis.

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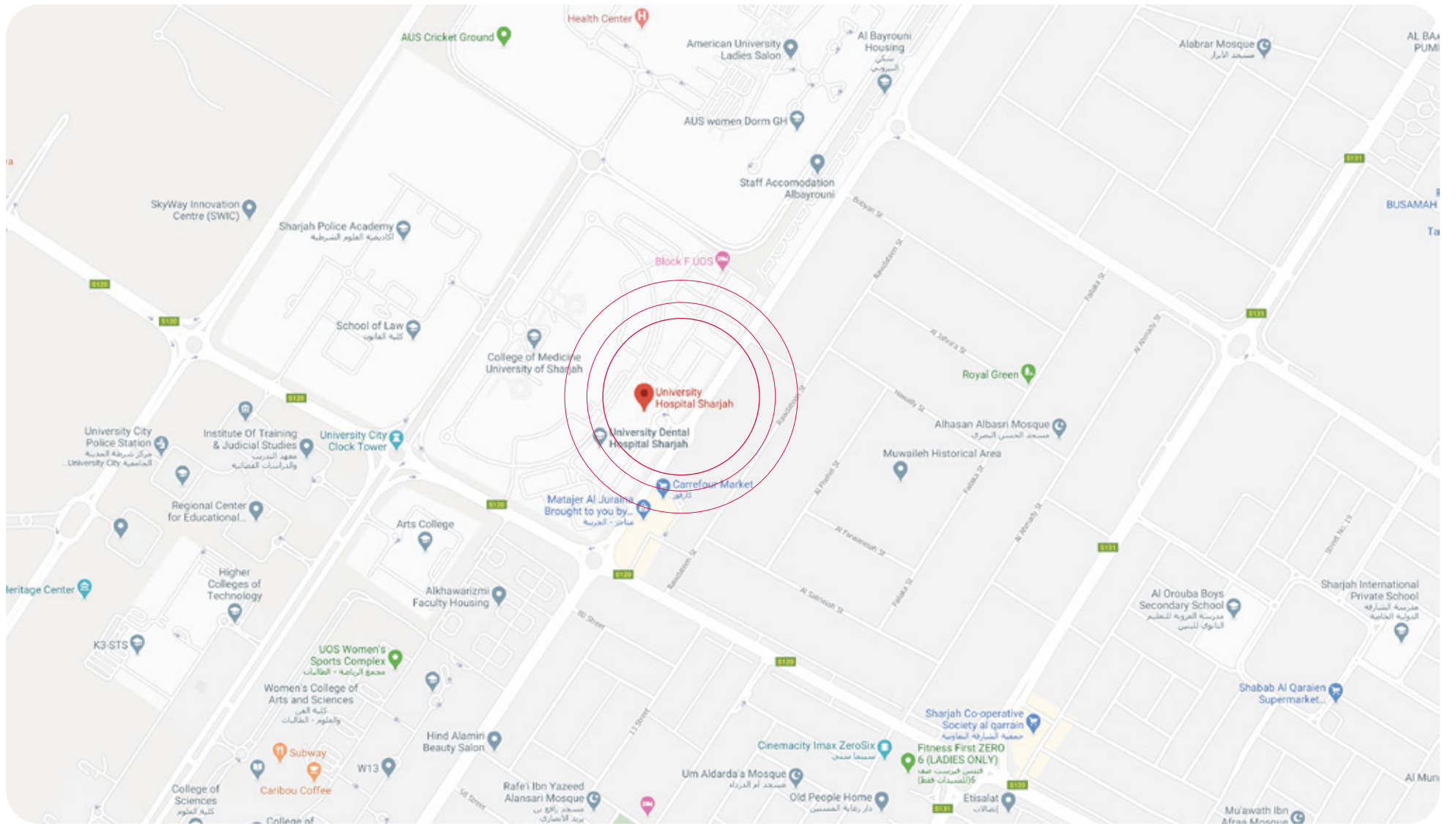
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