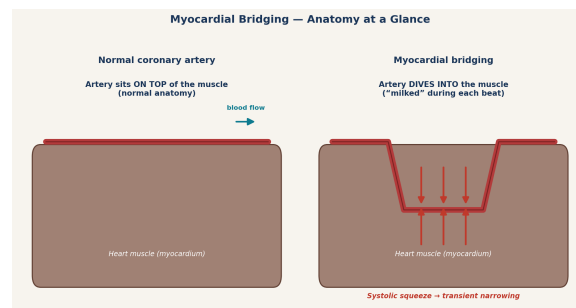


Understanding Myocardial Bridging

When a coronary artery dives into heart muscle — and why most people never feel it

A common, mostly benign anatomic variant. Reassurance first; treatment only when needed.



Online: <https://go.riasalimd.com/bridge-guide>

Rias KS Ali, MD FACC

Board Certified in Interventional Cardiology & Cardiovascular Disease

4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com

Last Updated: August 2026



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/bridge-guide>

1 of 20 | Page



Save
Contact Info

Names & Terms You Will Hear

Term	Meaning
Myocardial bridging (MB)	The medical term. A section of a coronary artery dives into the heart muscle instead of running on top of it.
Intramyocardial coronary artery	The same thing. It means the artery lies WITHIN the muscle, not on its surface.
Tunneled coronary segment	Plain-language version. The 'tunnel' is the strip of muscle (the 'bridge') that sits over the artery.
“Milking effect”	What the bridge looks like on an angiogram. The bridged segment gets squeezed thin with each heartbeat, then opens again. It looks like the vessel is being milked.
Mural coronary artery	An older term. It means the artery is partly buried in the muscle wall.
Symptomatic myocardial bridge	A bridge that causes chest pain or reduced blood flow. This happens in only a small number of people with bridging.
Deep myocardial bridge	A bridge that tunnels more than 5 mm into the muscle. It is more likely to cause symptoms than a shallow bridge.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/bridge-guide>



Save
Contact Info

What Is Myocardial Bridging?

- Normally, coronary arteries run **on the surface** of the heart. In myocardial bridging, a short section dives INTO the heart muscle. A strip of muscle (the “bridge”) crosses over the top.
- Each time the heart squeezes (systole), the muscle bridge pinches the artery beneath it. This is called the “**milking effect**” The vessel opens again when the heart relaxes (diastole).
- It is **common and usually benign**. Autopsy studies find bridging in about **15–80%** of hearts. Angiograms find it in about **0.5–16%** The gap is because shallow bridges are easy to miss on an angiogram.
- The most common location is the **mid-distal left anterior descending (LAD) artery**. Bridges in other arteries exist but are much less common.
- Most blood flow to the heart happens during **diastole**, when the bridge is open. That is the main reason a bridge usually causes no harm. The pinch happens when the heart needs flow the least.
- A small group of patients — usually with **deep (>5 mm) or long bridges**, and fast heart rates — develops chest pain, a positive stress test, or rarely, a heart attack.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/bridge-guide>



Save
Contact Info

Severity Grading by Systolic Compression on Angiography

Severity	Systolic squeeze	Typical depth	What it usually means
Mild	< 50%	Surface / shallow	Almost always no symptoms. Found by accident.
Moderate	50–70%	Shallow to mid-depth	Often no symptoms. Some chest pain with hard effort.
Severe	70–90%	Often > 3 mm deep	Symptoms are common. Stress testing is needed.
Critical	> 90%	Often > 5 mm deep	Symptoms likely. Treatment needed. Small risk of heart attack.

Reassurance first. Most people with a bridge live a normal life span. The “milking effect” seen on an angiogram is usually a benign finding. Found a bridge by accident? No symptoms? The answer is almost always: **no pills, no limits, control your risk factors, and reassurance.**



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/bridge-guide>



Save
Contact Info

Why It Matters

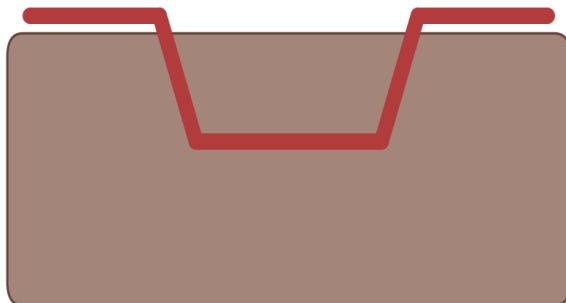
- Most people with a bridge have **no symptoms ever** and live a normal life. The most important first step is reassurance.
- When symptoms do occur, they are usually **chest pain or pressure with exertion** that gets better with rest. This pattern looks like classic angina. Stress tests can be positive, especially with hard exercise.
- Bridges cause more trouble **when the heart beats fast and hard** — during exercise, stress, or stimulant use. Slowing and softening the heartbeat is the key goal of treatment.
- A bridge seen on **coronary CT (CCTA)** can look severe but may not cut blood flow. Functional testing (stress imaging, FFR, or iFR) tells us if it actually matters.
- Serious events (heart attack, dangerous arrhythmia, sudden cardiac death) are **rare**. They occur in a small group with very deep, severe bridges. That is why we check severity.
- **Nitrates can paradoxically worsen bridging.** They widen the artery just before the bridge. This increases the relative pinch on the bridged part. We **avoid nitrates** in known bridging.

Angiographic Appearance — Why Bridging Is Usually Benign

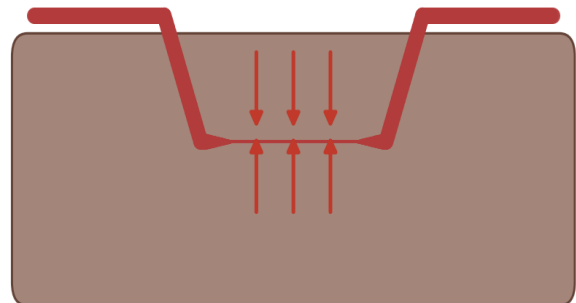
Coronary flow is mostly diastolic, when the bridge is OPEN. The systolic pinch happens when the heart needs flow least.

DIASTOLE (heart relaxed)

SYSTOLE (heart contracting)



Vessel opens fully — most coronary flow happens here



"Milking effect" — transient pinch on angiography

Left: in DIASTOLE the bridge is open and blood flows freely. Most heart blood flow happens here. Right: in SYSTOLE the muscle bridge squeezes the artery (the 'milking effect'). The pinch happens when the heart needs flow the least. That is why most bridges are benign.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/bridge-guide>



Save
Contact Info



A real coronary angiogram showing the systolic 'milking' compression of a bridged artery segment. Image: Cureus (open access, CC BY 4.0).



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/bridge-guide>



Save
Contact Info

Who actually develops symptoms?

- Patients with **deep bridges** (more than ~5 mm into the muscle) and **long bridges** (more than ~25 mm of artery) are at the highest risk of symptoms.
- Common triggers: **high heart rate**, hard exercise, emotional stress, stimulants, **thyroid overactivity**, anemia, and dehydration.
- Young fit athletes are a high-risk group. Strong heart contractions can reveal a deep bridge that would be silent in a less active person.
- Plaque just upstream of the bridge is often the real cause of symptoms. Treating that plaque often makes the bridge go quiet.

How we confirm a bridge is causing symptoms

- **Coronary CT (CCTA)** shows depth, length, and location very well. But it alone cannot prove the bridge cuts blood flow.
- **Stress imaging** (stress echo, nuclear scan, or stress MRI) checks for actual reduced blood flow during exertion. A normal stress test is reassuring.
- **Invasive pressure wire testing** (FFR or iFR with dobutamine) can measure how much the bridge restricts flow under stress.
- **Intracoronary ultrasound (IVUS)** can show the classic “half-moon” sign and confirm how deep the muscle sits over the artery.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/bridge-guide>



Save
Contact Info

Treatment Options

- **Step 1 — Reassurance and lifestyle.** Most people with an asymptomatic bridge need no medication and no restrictions. Control your risk factors: blood pressure, cholesterol, weight, exercise, and no smoking.
- **Step 2 — Beta-blocker (first-line drug therapy).** Options include metoprolol, atenolol, and bisoprolol. A beta-blocker slows the heart rate, softens its squeeze, and lengthens the resting phase. This directly counters bridge physiology.
- **Step 3 — Non-DHP calcium-channel blocker** (diltiazem or verapamil). Use this if beta-blockers do not work or are not tolerated. It has the same key effects: slower rate and softer squeeze.
- **Avoid nitrates and stimulants.** Nitrates can make the pinch worse. Stimulants (high-dose caffeine, decongestants, illicit drugs) speed and stiffen the heartbeat. Avoid both in known bridging.
- **Step 4 — Combination therapy.** For symptoms that persist on one drug, add a second agent. Options include a beta-blocker plus a non-DHP CCB or ranolazine. See a specialist at this stage.
- **Step 5 — Surgery (surgical unroofing).** This is reserved for symptoms that do not respond to all medicines. The surgeon cuts the muscle bridge to free the artery. It works well in experienced centers. **Stents are not used** in bridged segments because they fracture and re-narrow at high rates.
- Treat any coexisting CAD aggressively. Plaque tends to form just *upstream* of the bridge. That plaque — not the bridge itself — is often the real cause of symptoms.

Avoid nitrates. Nitroglycerin and other nitrates widen the artery just before a bridge. This **INCREASES** the pinch on the bridged segment and can make chest pain worse. If you have known bridging, talk with us before using nitroglycerin. Also avoid high-dose decongestants and other stimulants that speed the heartbeat.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/bridge-guide>



Save
Contact Info

Management Ladder — Stepwise Approach by Symptom Burden

Asymptomatic observation	Medical therapy (first line)	Refractory medical	Surgical unroofing
• No medication needed • Standard CV risk-factor control • Normal exercise / activity • Re-evaluate if symptoms develop	• Beta-blocker is first choice • Non-DHP CCB if BB not tolerated • Avoid nitrates and stimulants • Most patients respond well	• Combination BB + non-DHP CCB • Add ranolazine if needed • Functional testing (stress, FFR) • Refer to bridging specialist	• Reserve for refractory symptoms • Deep (>5 mm) symptomatic bridges • Open-heart procedure; durable • Stents not used here



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/bridge-guide>



Save
Contact Info

Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Observation only (asymptomatic bridge — found by chance)	No direct risks. Standard risk-factor checks continue.	No pills or procedures needed. Most bridges never cause problems. This is the right choice for most patients.	Beta-blocker without symptoms (not needed); invasive testing (not needed).
Beta-blocker (metoprolol, atenolol, bisoprolol)	Fatigue, slow heart rate, low blood pressure, cold hands or feet, sexual side effects. May hide low-blood-sugar signs in people with diabetes.	First-line drug for symptoms. Reduces chest-pain episodes. Low cost, one pill per day. Strong evidence base.	Non-DHP CCB (diltiazem or verapamil); ranolazine; reassurance alone for mild or rare symptoms.
Non-DHP CCB (diltiazem, verapamil)	Constipation (especially with verapamil), ankle swelling, slow heart rate, AV block in some patients, drug interactions.	Good alternative to beta-blockers. Especially useful in people with asthma, depression, or beta-blocker side effects.	Beta-blocker; ranolazine; combination of both drugs.
Surgical unroofing of the muscle bridge	Open-heart surgery: stroke (about 1%), bleeding, infection, 6-8 weeks of recovery. Very rarely, injury to the artery may require bypass.	Long-lasting chest-pain relief in patients with deep, long, symptomatic bridges. Long-term data show it holds up well.	Bypass surgery (vessel graft to the LAD past the bridge); continued medicines; stent (high failure rate — usually avoided).



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/bridge-guide>



Save
Contact Info

Option	Risks	Benefits	Alternatives
Avoidance of nitrates	Removes one option for sudden chest pain. Some patients need to unlearn the habit of reaching for nitroglycerin.	Stops the paradoxical worsening of the pinch. Most heart doctors who treat bridging avoid nitrates as a rule.	Low-dose trial with close monitoring (rarely done); ranolazine as an anti-anginal that does not widen blood vessels.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
 4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
 Online: <https://go.riasalimd.com/bridge-guide>



Save
Contact Info

Common Misconceptions

Myth	Reality
"A myocardial bridge means I have heart disease."	A bridge is an anatomic variant , not a disease. Most bridges never cause symptoms. The first step after finding one is almost always reassurance, not treatment.
"If the angiogram shows a bridge, I need a stent."	Stents placed in bridged segments have high failure rates . Stent fracture, re-narrowing, and puncture are well-known problems. Stenting is not used. Medicine comes first. Surgery is the backup for cases that do not respond to medicine.
"My chest pain is definitely from the bridge."	Not necessarily. Bridges are common and chest pain has many causes. We must confirm the bridge cuts blood flow with a stress test or pressure wire before blaming it. Plaque just upstream of the bridge is often the real source of symptoms.
"I should take nitroglycerin if I get chest pain."	Nitrates can make bridging worse. They widen the artery just before the bridge and increase the pinch. Patients with known bridging are usually told to avoid nitroglycerin. Call us for new or worsening chest pain instead.
"I can't exercise with a myocardial bridge."	Most people with bridging can and should exercise normally. Only patients with proven reduced blood flow may need to limit intensity. Even then, medicine usually allows a full, active life.
"Bridges always get worse with age."	The bridge itself is present from birth and does not grow. What can change is the buildup of plaque just upstream of the bridge . That is what we watch for over time, not the bridge itself.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/bridge-guide>



Save
Contact Info

Myth	Reality
“If a stress test is negative, the bridge can be ignored forever.”	Mostly true — but repeat testing if symptoms develop later. A severe bridge can become symptomatic with new triggers such as anemia, thyroid disease, or a stimulant medication.
“Myocardial bridging causes sudden cardiac death.”	This is very rare. Most bridges are harmless for life. The small group at higher risk includes young athletes with deep, severe bridges. They get the most thorough workup and the most intensive treatment.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
 4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
 Online: <https://go.riasalimd.com/bridge-guide>



Save
Contact Info

Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
Stable exertional angina	The most common symptom. Chest pressure with hard activity that gets better with rest. Usually well controlled with a beta-blocker or non-DHP CCB.
Acute coronary syndrome (rare)	A heart attack from a deeply bridged segment can happen. This is most likely with extreme exertion, dehydration, or stimulant use. The overall risk is low but not zero for severe deep bridges.
Ventricular arrhythmia (rare)	Long-standing reduced blood flow from a bridge can trigger dangerous fast heart rhythms. This is reported mostly in young athletes with deep bridges.
Sudden cardiac death (very rare)	Almost always tied to deep symptomatic bridges and very hard exertion. The overall risk is very low. Finding and treating the high-risk group is the priority.
Atherosclerotic plaque just upstream of the bridge	The artery just before the bridge has abnormal flow and is prone to plaque buildup. This plaque — not the bridge itself — is often the real cause of symptoms.
Stent failure (when stents are tried)	Stent fracture, re-narrowing, and perforation are well-known in bridged segments. This is why stenting is not used when there is no major plaque upstream.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/bridge-guide>



Save
Contact Info

Points to Know

If you remember nothing else, remember these key points.

- A myocardial bridge is a common **anatomic variant**, not a disease. Most are found by accident and never cause symptoms.
- The **mid-distal LAD artery** is by far the most common location.
- Most heart blood flow happens in **diastole**, when the bridge is open. That is the main reason bridging is usually benign.
- **Beta-blockers and non-DHP calcium-channel blockers** are the first-line medicines when treatment is needed.
- **Avoid nitrates** in known bridging. They can make the pinch worse, not better.
- **Stents are not used** in bridged segments. Failure rates are high. Surgery is the backup for symptoms that do not respond to all medicines.
- Control your risk factors (blood pressure, cholesterol, weight, no smoking). Plaque tends to form *just upstream* of bridges and often causes the real problem.
- Get re-checked if symptoms change. New chest pain in a known bridge patient deserves a fresh look.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/bridge-guide>



Save
Contact Info

When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- **Call 911** for chest pain or pressure lasting more than a few minutes, or chest pain with sweating, shortness of breath, or fainting — myocardial infarction from any cause is an emergency.
- **Call 911** for sudden severe shortness of breath, fainting, or stroke symptoms.
- **Call our office** for new exertional chest pain, pressure, or tightness that you did not have before — we may need to repeat functional testing.
- **Call our office** if your chest pain becomes *more frequent, more severe*, or starts happening with less effort than before.
- **Call our office** before starting any new stimulant medication, weight-loss drug, or decongestant — several can worsen bridging.
- **Call our office** if you develop new palpitations or a sense of irregular heartbeat.
- **Call our office** if you are pregnant or planning pregnancy — some bridging medications need adjustment.

Office: (727) 943-5200



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/bridge-guide>



Save
Contact Info

Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [Cleveland Clinic — Myocardial Bridge](#) - Patient-friendly overview of myocardial bridging anatomy and management.
- [Mayo Clinic — Myocardial Ischemia \(includes bridging\)](#) - Context for myocardial ischemia including non-atherosclerotic causes such as bridging.
- [American Heart Association — Coronary Artery Disease](#) - Anchoring reference for how bridging differs from classical CAD.
- [MedlinePlus — Coronary Artery Disease & Angina](#) - Plain-language NIH resource for chest-pain causes and self-care.
- [JACC State-of-the-Art Review on Myocardial Bridging \(Sternheim 2021\)](#) - For patients and families who want the current clinical literature — diagnosis, functional testing, surgical outcomes.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/bridge-guide>



Save
Contact Info

Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [Corban MT et al — Myocardial bridging: contemporary understanding \(JACC 2014\)](#) [Review]
Comprehensive contemporary review of myocardial bridging anatomy, prevalence (5-86% on autopsy, 0.5-16% on angiography), pathophysiology, and management hierarchy.
- [Tarantini G et al — Myocardial bridging: a 50-year clinical-pathologic journey \(JACC Cardiovasc Imaging 2016\)](#) [Review]
Modern imaging-era review covering CCTA appearance, intracoronary physiology (FFR/iFR), and surgical unroofing outcomes.
- [Hostiuc S et al — Cardiovascular consequences of myocardial bridging: meta-analysis \(Sci Rep 2017\)](#) [Meta Analysis]
Quantifies absolute risk of MACE, MI, and sudden death in patients with myocardial bridging — confirms most are benign.
- [Sternheim D et al — Myocardial bridging: diagnosis, functional assessment, and management \(JACC 2021\)](#) [Review]
Current JACC state-of-the-art review on diagnostic workup (CCTA, IVUS, dobutamine stress, FFR) and stepwise therapy.
- [Wu S et al — Beta-blocker therapy in symptomatic myocardial bridging \(Coron Artery Dis 2017\)](#) [Clinical Trial]
Evidence base for first-line beta-blocker therapy reducing angina and ischemia in symptomatic bridging.
- [Boyd JH et al — Surgical unroofing of myocardial bridges: 30-year outcomes \(Ann Thorac Surg 2017\)](#) [Original Research]
Largest surgical unroofing series showing durable angina relief in refractory cases; informs the surgical step of our hierarchy.
- [Cleveland Clinic — Myocardial Bridge](#) [Patient Education]
Patient-friendly overview reviewed for plain-language framing and reassurance tone.
- [Mayo Clinic — Myocardial bridge \(cardiology overview\)](#) [Patient Education]
Patient-facing context for myocardial ischemia including bridging as an under-recognized cause.
- [AHA — What is coronary artery disease \(includes anatomic variants\)](#) [Patient Education]
Anchoring reference for how myocardial bridging differs from atherosclerotic CAD.
- [MedlinePlus — Coronary artery disease & angina \(patient hub\)](#) [Patient Education]
Government plain-language source for angina differential including non-atherosclerotic causes.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/bridge-guide>



Save
Contact Info

About This Guide

Rias KS Ali, MD FACC | Board Certified in Interventional Cardiology & Cardiovascular Disease

4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com

Version: 2026-08-15

Reviewer note: Reviewed against Cleveland Clinic, Mayo Clinic, AHA, and MedlinePlus pages, plus current JACC reviews (Corban 2014, Sternheim 2021) and the Hostiuc meta-analysis. Ours adds: a side-by-side normal-vs-bridged anatomy cover, a systole-vs-diastole angiographic schematic that explains WHY most bridges are benign (coronary flow is mostly diastolic), a color-tinted severity grading table by systolic compression %, an explicit nitrate-avoidance caution, and a stepwise management ladder from observation through surgical unroofing.

Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/bridge-guide>



Save
Contact Info

Take This Guide With You



Scan or visit: <https://go.riasalimd.com/bridge-guide>

Online: <https://go.riasalimd.com/bridge-guide>

Office: (727) 943-5200

4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com



Visit
RiasAliMD.com

This guide is educational only. Always follow your doctor's specific recommendations.
4740 Mile Stretch Drive, Holiday FL 34690 | Office: (727) 943-5200 | Fax: (727) 943-5201 | RiasAliMD.com
Online: <https://go.riasalimd.com/bridge-guide>

20 of 20 | Page



Save
Contact Info