

Patient Information

Department of Cardiothoracic Surgery

Recovering from Heart Surgery: Going Home: Information for patients



This booklet has been produced to help you to prepare and recover from your Coronary Artery Bypass Graft surgery (also known as CABG) and/or valve surgery, as quickly and safely as possible. It is for your relatives and carers too.



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This information should help with some of your questions. There is advice about what to expect from surgery and what you can do to make a speedy recovery and simple exercises to do in the first weeks after your surgery are described. There is information about diet, your medicines, and when you can start doing certain activities again. There is a section about stress and how to deal with it.

Recovery from heart surgery is about 6-8 weeks. During this time, you will start to build up your strength and get back to normal.

You will get stronger and your confidence and well being will return.

Talking about your surgery with others is fine if you remember that each person's recovery is different. No one has the same medicines, activities or recovery rate. How fast you recover depends on the type of heart surgery you have had and how active you were before surgery.

We wish you a speedy recovery.

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Acknowledgements

This booklet combines University Hospital Coventry and Warwickshire's Cardiothoracic Going Home Booklet, the Physical Activity and Exercise following Heart Surgery booklet and Newcastle and North Tyneside's Recovery from heart surgery: A new start, booklet.

Many thanks to all, for their kind permission to use this valuable information to benefit our patients.

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1. Returning home

After heart surgery your recovery may appear to be slow and you may feel drained physically and emotionally.

It will take a little time to re-establish normal routines and balance back into your life. Sleep patterns, pain control, regaining appetite, bowel routines and confidence, all take time. Do not worry if you do not always get it right.

Use common sense and continue the activities and exercise you began in hospital but don't overdo it. Listen to your body, if you:

- Feel tired
- Are short of breath
- Are in pain

Rest a while and continue later.

It is unnecessary to bring your bed downstairs as you will already have climbed a flight of stairs with a nurse before you leave hospital.

Your partner and/or family will probably feel protective towards you, share this booklet with them. Share your feelings so that they are aware of how much you can do. Encourage family and friends to telephone before they visit during the first few weeks at home, so they don't all arrive on the same day.

2. Emotions

After major surgery you may experience emotional '**highs**' and '**lows**' and at times become tearful and cry. Some people have episodes when they feel irritable or find it difficult to concentrate or cannot remember things that are normally familiar to them.

These experiences may occur after you return home – try not to let them worry you, they are normal and part of your recovery and should pass as you continue to progress. Try not to forget:

- Your family have experienced a lot of worry
- They need to relax and get their confidence back
- Be kind to each other

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- Be tolerant of each other

3. Common after-effects of heart surgery

The following common after-effects of heart surgery are listed. If you do experience any after-effects, here are some ideas about what you can do. The good news is that these will almost always clear up with time.

Blurred vision

Some people report seeing dots or flashing lights in front of their eyes. This is due to the operation. If you do visit your optician or have your eyes tested, it is important to explain that you have had heart surgery.

Constipation

This affects some people after heart surgery. It may be because of your tablets or because you are less active than normal. Drinking lots of fluids and eating plenty of foods high in fibre (like fruit, vegetables and wholegrains) may help. Your doctor or nurse can advise you about dealing with this.

Feeling hot and cold

Some people find that they are sweaty especially at night, in the early days. Others find it hard to keep warm. This will improve as your body gets back to normal after your operation.

Mammary artery

If this artery was used for your bypass you may feel a sharp pain or ache in the chest. Numbness or tingling or hot and cold feelings may go on for six months or more around the left side of your chest. You may find that your skin is very sensitive in this area. This is quite normal. It is due to the nerves in your chest recovering from the surgery.

Muffled hearing or thumping sensations in your chest, head or ears

If this happens in bed, change your position. It will settle in a few weeks.

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Poor memory and concentration

It is quite common to be forgetful and have poor concentration to start with. This should improve over the first few months. It is worse if you feel very tired or stressed.

Pain

It is normal to experience aches, pains, stiffness and numbness in your back, neck, shoulders, arms and chest after your operation. This is because of the effect of the operation on your muscles and ligaments, and also due to your wound healing. This will improve, but can take up to six months or more to recover.

- Try holding a pillow or towel against your chest when you cough.
- Keep your shoulder joints mobile.
- Stretching the scar tissue gently over your breastbone is important in your recovery.
- Some exercises that should be practised regularly are described in Section 5: Exercise after heart surgery.
- Some people find that applying heat or a cold pack helps.
- For women, wearing a soft non-underwired bra may help during the early days following surgery.
- Use painkillers regularly so that you can move, sleep and cough comfortably. Some people do not like to take painkillers until the pain is really bad. When pain is bad it is not easy to control. So, it is better to prevent pain by taking pain killers regularly. If the pain killers do not work well enough, talk to your GP to find out what else may help.

For information on how to reduce your painkillers please see Section 8: Your Medicines

Your breastbone may grate or click for the first few weeks. This should slowly get better. For a few people, this clicking may not go completely. If the clicking happens a lot after the first few weeks and it is bothering you, report this to your doctor.

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Some people may still have some angina pain after surgery.

Palpitations

You may notice rapid heartbeats. This is usually due to your heart being sensitive and irritable after surgery. The spells of rapid heartbeats should settle down in the first 4 weeks after your operation. If a spell of very rapid heartbeats goes on for 2 or more hours, or if you feel dizzy, breathless and unwell, contact your family doctor.

Poor appetite

This may be caused by the operation or your medication. If you are feeling sickly or have a poor appetite, try to eat little and often.

Strange metallic taste in your mouth

Some people find that food has lost its flavour to start with. You may also find that your sense of smell has changed. This can take 3 months to fully recover.

Sleeping problems

It may take a few weeks to get back into your normal sleep pattern. Try to follow your usual bedtime routine. Avoid sleeping on your stomach in the first six weeks. It may be uncomfortable lying on your side, but it is safe to do so. See the section on pain, if this is upsetting your sleep.

Vivid dreams

These normally settle down in the first few weeks. If worrying is keeping you awake, have a look at the section on stress.

Sore throat and hoarse voice

This is due to bruising in your mouth and throat from the tube used for the anaesthetic when you had your operation. This should settle down in a few weeks.

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Tiredness

People are often surprised by how tired they feel. This is very common and can continue for up to six weeks. Try to keep active, but pace yourself. Do a little but often, to start with. Build up your daily activity bit by bit. Take a rest when you need to. Carers may also feel very tired. It is hard work looking after the practical side of life, as well as providing emotional support and encouragement. Carers need rest too.

Tingling and numbness

Some people notice tingling or numbness in their fingers. This is due to your nerves being stretched during the operation. This also settles in the first three months.

Shortness of breath

It is normal to experience some shortness of breath on activity. Continue with the breathing exercises you were shown in hospital and this should gradually improve.

4. Your chest and/or leg wounds

During the operation an incision is made in your chest dividing the breast bone (sternum) to enable the surgeon to operate on the heart. Afterwards this bone is wired together, these wires stay in place and can be forgotten about.

Your chest bone will take about 8-12 weeks to heal. As it does so the red scar will shrink in time to a thin white line. You may notice a slight bump at the top of your chest wound. This should gradually disappear.

You will find you can do more around the house if you use both hands to lift, push or pull objects. This will keep the pressure on both sides of the broken bone equal and you will have less pain.

Gradually reintroduce activities as you feel able. Be guided by any pain in your chest and how tired you feel.

Listen to your body, is it telling you to stop and rest?

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Heavy one sided housework such as ironing, vacuuming or gardening should be avoided until your chest bone has healed. Light housework is allowed as you feel able.

When a leg vein is used in bypass surgery it is common to feel numbness or prickling along the wound and around the ankle. This is due to a nerve recovering. It may take several months to settle down. It is also normal for your leg and ankle to become swollen. This usually gets better after about three months when other blood vessels take over the work of the missing vein.

In the meantime, try keeping your leg up when sitting. Being active helps circulation.

5. Monitoring Surgical Site Infection

Most surgical wounds heal rapidly without complications; however a minority can be complicated by infection.

A surgical wound infection can develop at any time from two to three days after surgery until the wound has healed (usually two to three weeks after the operation). Very occasionally, an infection can occur several months after the operation.

As part of a national audit by Public Health England, we monitor all our wounds up to thirty days after your operation. You will be given a green questionnaire form to complete and return to us soon after thirty days as possible.

This information is important to us to help us monitor wound infection rates and identify any areas of improvement needed.

If you have any symptoms of infection such as indicated on the green form, please contact your GP.

6. Anti-Embolic Stockings

The anti-embolic stockings that are given in hospital are used to help prevent blood clots in your deep leg veins, commonly called a DVT. These stockings gently squeeze your legs and feet to increase the blood flow in your leg veins and reduce the risk of clot formation.

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When resting, sit with your legs up. This helps with circulation and prevents your legs and ankles from swelling.

Any numbness you experience around the lower end of you leg wound is caused by a small nerve near the vein being disturbed; sensation to the area always improves and usually returns completely.

- Wear them for four weeks after discharge.
- Get someone to help you put them on, to avoid unnecessary discomfort to your leg and chest wounds
- These stockings can be removed for half an hour only to enable you to shower/bath.
- Ensure all wrinkles are smoothed out to avoid uneven pressure
- Remember do not cross your legs when sitting as the pressure put on the areas behind your knee decreases the blood flow in the legs
- If you suffer with a condition that affects the circulation in your legs then you will not be issued with any stockings.

If your legs are swollen:

- Continue to wear the stockings
- When sitting put your feet up on a stool
- Do not stand for long periods

7. Exercise after heart surgery

One of the great benefits of heart surgery is being able to do more. Taking exercise will:

- Make you feel good.
- Help your heart recover.
- Help you sleep better.
- Build up your fitness.
- Lower your blood pressure.

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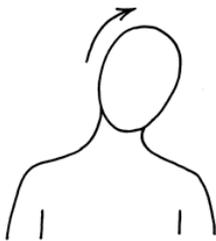
- Help you to maintain a healthy weight.
- Lower your cholesterol levels.
- Help your heart stay well and give you energy for life.

Spending most of your time lying or sitting down will not help your heart recover and could cause problems. Don't be put off if you have arthritis or another physical problem – indeed, exercise can help if you pace yourself.

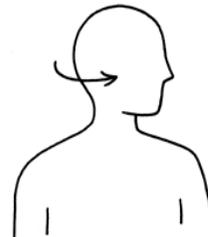
Mobility exercises and posture

Stiffness and soreness in your shoulders, neck and upper back will improve after discharge home. Doing a few simple stretches each day will continue to increase your flexibility. Try these daily exercises for head, shoulders and neck.

These stretches should not be painful. Stretch to a point of comfort and hold this for a few seconds, do not bounce. Continue to do these exercises 2 or 3 times a day for as long as you feel your chest is limited in movement.



Tilt your head slowly to the left and then to right.



Turn your head slowly to one side until you feel a stretch. Repeat to the other side.

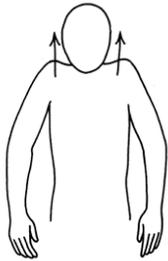
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Gently pull your left elbow across your chest towards your right shoulder until you feel a stretch. Hold for 5 seconds. Repeat the other arm.



Stretch **one** arm above your head and then lower it. Repeat this with the other arm.



Lift your shoulders up together towards your ears and then relax.



Circle your shoulders together, forwards and then backwards.

Posture is very important. Be aware of your posture in sitting and standing. Aim to keep your head up, shoulders back and tummy firm. It will be some time before you can maintain this posture comfortably, but be patient - it will improve with time and gentle exercises.

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When should I start to exercise?

Try to start as soon as you are settled back at home – certainly within the first few days. It is normal to feel tired in the first few weeks. Most people feel less tired and have more energy by six weeks after the surgery. Try to balance activity with rest.

What should I do?

In the first few weeks it is important to do some exercises to help your chest recover from surgery. This will help your chest, neck and shoulder joints and muscles to become less stiff and more flexible. This will also help to loosen your joints before taking exercise. Try these at least two to three times a day:

Walking is a great way of exercising – you can go at your own pace, and walk as far as you like. To start with, try a walk that takes about ten minutes. Choose a route that allows you to rest if you want to – a wall or bench to sit on. Bit by bit build up the length of your walk. As you feel fitter, try walking up a slight slope or walk more briskly. However, everyone is different – plan your exercise to suit you and your recovery. Take a partner/friend with you to help increase your confidence.

Week	Distance	Time	Note
1	Whatever you can manage	5 minutes	Twice daily
2	Whatever you can manage	5 – 10 minutes	Twice daily
3 - 4	½ mile	10 – 15 minutes	Once daily
4 – 5	1 mile	20 – 25 minutes	Once daily
5 – 6	1½	25 – 30 minutes	Once daily
6+	2 miles	30 – 40 minutes	Once daily

Remember, progress through the programme at your own pace. The weeks are given as a guideline. Carry on with the walk you are doing until you are ready to move up to the next level.

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What else can I do if I can't walk, or the weather is bad?

Try these exercises. As with walking, start slowly and build up. To start with, try to do each exercise for about two minutes.

Exercise 1 Marching on the spot:

March briskly on the spot, raising your legs and swinging your arms gently

Exercise 2 Free arm movements: 15 repetitions

Slowly raise both hands and touch your shoulders. Gently raise one arm over your head and stretch up to the ceiling, repeat with your other arm. Slowly lower them again. Breathe in as you raise your arm. Breathe out as you lower them.

Exercise 3 Sit to stand: 15 repetitions

Sit on a firm stool or dining chair, not a soft armchair. Lean forwards and stand up. Sit down again.

Exercise 4 Step-ups: start with two minutes

Use the bottom step of some stairs. Place one foot fully on one step. Step up with the other leg to stand with both feet on the step. Then step down again.

Exercise 5 Heel raises on the spot: 15 repetitions

Hold onto the back of a heavy chair or the wall. Slowly raise your body up onto your toes, and then lower back down.

You may want to rest between exercises initially. Exercises 1 and 4 are known as aerobic and are like going for a walk. They are intended to make your heart and lungs work a bit harder and for a bit longer than most day to day activities. Just like the walking programme you should increase the time of these exercises as you start to find them less effort. You should try to add 30 seconds or 1 minute to exercises 1 and 4 when you feel ready.

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Activities and tasks – timescales

Getting up and getting dressed Straight away

Going back to work After eight to twelve weeks, depending on the nature of work and the hours

Having a bath/shower Straight away – a bath may be more tiring than a shower.

Playing bowls and golf Fully – twelve weeks.

Cooking When you feel ready. Avoid lifting heavy pans.

Decorating After twelve weeks.

Driving Do not drive until you have seen your consultant at your outpatient appointment. Inform the DVLA if you have a HGV or PSV licence. **Always** inform your insurance company – your insurance may have to be altered and may not be valid immediately after heart surgery. Make sure you can safely steer and use the brakes before you start driving again. You **must** wear a seatbelt when you resume driving or travelling as a car passenger.

Fishing Fully – twelve weeks.

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Gardening

Light weeding and pruning – four weeks.
Digging, grass mowing – twelve weeks.

Having visitors

Any time, but do not be afraid to limit visitors and telephone calls. Protect your rest time.

Air travel

Leave flying for at least until after your first post-operative outpatient appointment. If it is imperative that you fly before this appointment, please check with your consultant's office. You **must** inform your travel insurance company. During long journeys take regular opportunities to walk and stretch your legs. Wear your support stockings.

Doing housework

Dusting, washing-up – two weeks.
Changing beds, ironing and vacuuming – twelve weeks

Lifting/pulling/pushing

Nothing heavy for eight to twelve weeks.

Night out

When you feel ready. You may tire quickly at first.

Sex

Whenever you feel ready – make yourself comfortable and please be aware your sternum is healing in the first six to eight weeks. Before starting/restarting Viagra or the contraceptive pill you should consult your GP or consultant.

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Shopping

Newspapers – straight away. Avoid lifting anything heavier than 10lbs for the first six weeks.

Stairs

Straight away.

Swimming

This can be resumed after 12 weeks if the wounds have healed. Excellent exercise.

If you have any questions about starting or increasing activities, speak to the cardiac rehabilitation staff or your doctor.

8. Your Medicines

Medicines play a vital part in your recovery. They help to avoid further problems and control symptoms. You will be fully advised by hospital staff about your medication before you leave hospital.

- It is important to take your tablets regularly. Follow the directions on the box.
- Painkillers are usually better at preventing pain, and not so good at dealing with severe pain. If you experience some troublesome pain, it is better to take painkillers sooner than to wait until the pain is really bad.
- Do not take double doses if you forget to take your medicine, wait until the time for your next dose.
- If side-effects are a problem, contact your doctor as soon as possible.
- It is a good idea to carry a list of your medicines in your jacket or handbag. If your doctor or dentist wants to prescribe something for you, they can check your list of current medicines. Show your list of medication at each consultation or treatment.
- Always let the pharmacist know what prescribed drugs you are taking if you buy anything over the counter.

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Drugs to minimise the chance of blood clots forming

- Aspirin** Reduces the stickiness of the blood. Take with or after breakfast. Take it when prescribed, in smaller doses than you would take to relieve a headache, usually 75mgms.
Side effects: can cause indigestion, nausea and vomiting. Stomach problems can be prevented by taking Aspirin with food, or using coated tablets, e.g. Enteric coated Aspirin.
- Warfarin** This is also a drug to prevent your blood from clotting. It is often used for people with heart valve replacements or with an irregular heart rhythm. Different people need different doses. You need regular blood tests at a hospital Warfarin Clinic or taken by your GP practice when taking this drug. You will be given a yellow book to record these blood checks. If your levels become too high you may notice that you bruise easily, or get nose bleeds, or you may even have blood in your urine or stools. If this happens, report it to your GP or Warfarin clinic straight away. **Avoid Aspirin when taking Warfarin unless told to do so by your consultant.** Paracetamol is the safest painkiller to take if you are taking Warfarin. Drink only small amounts of alcohol. Check with the pharmacist at the chemist before buying any other medicines.
- Clopidogrel** Similar to Aspirin and can be used instead of Aspirin for some people. Usually given together with Aspirin following angioplasty and stenting to reduce the risk of blood clotting. If you need a painkiller – try taking Paracetamol.
- Betablockers** These drugs reduce the effects of natural adrenaline and have been shown to reduce the risk of further heart attacks. They are useful in preventing attacks of angina, lowering blood pressure, and treating and preventing some abnormal heart rhythms (arrhythmias).
Betablockers include: Atenolol (Tenormin), Metoprolol (Betaloc) and Bisoprolol (Monocor). Betablockers are not

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usually given to people with asthma. Betablockers do have some side-effects which some people find troublesome, and these may disappear after a short time or if the dose is reduced. You may experience cold hands and feet, tiredness, sleep disturbances, impotence, dizziness and slow heart rate. Contact your doctor if you have bad side-effects. You should not stop taking these tablets suddenly.

ACE Inhibitors Ace-inhibitors are used to treat high blood pressure and heart failure (when the heart is not pumping as effectively as it should) and sometimes are given after a heart attack. The treatment opens the blood vessels to let the heart pump more easily.

These drugs include: Lisinopril (Zestril), Enalapril (Innovace), Perindopril (Coversyl), Ramipril (Tritace)

Side effects include dizziness, metallic taste, skin rash, and dry cough. Your doctor may arrange for your blood to be tested. This is to check that your kidneys are alright.

Diuretics Used to treat high blood pressure and heart failure. They get rid of extra water and salt in your urine, and relieve congestion in your circulation. These drugs should be taken first thing in the morning. You will need to use the toilet frequently for a few hours. Unless your doctor has told you to restrict your fluid intake, make sure that you drink just enough to avoid feeling thirsty. These drugs are: Frusemide (Lasix), Bendrafluazide (Neonaclex), Bumetanide (Burinex), Co-amilofruse (Frumil).

Side effects occasionally include light-headedness, headache, muscle cramps, stomach upsets and impotence.

Cholesterol (Lipid) lowering drugs

Statins These drugs lower the amount of cholesterol in the blood.

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Fibrates

They include:

Simvastatin (Zocur), Pravastatin (Lipostat), Fluvastatin (Lescol), Bezafibrate, Atrovastatin.

Each health district will have a protocol or plan for the use of statins. The recommended target for cholesterol levels in your blood is at least less than 4 mmol/l. Statins should be taken at night to be most effective.

Side effects include nausea, headaches, diarrhoea or constipation, and inflammation of muscles (rare). You must tell your doctor of any unexpected muscle pain, tenderness or weakness.

Anti-arrhythmic drugs

These are drugs for controlling the heart rhythm and to treat heart failure. These include: Amiodarone (Cordarone X) and Digoxin (Lanoxin). If you take Digoxin, you will be on a dose to suit your weight. Your blood levels may be monitored. Amiodarone can take a while to have its full effect. It is therefore given in large doses to start with, and is then reduced. You may become more sensitive to sunlight, so cover up your skin on sunny days, or use sun blocks.

Side effects of these drugs include loss of appetite, nausea, sickness, headache, flushing and dizziness.

Pain killers

Paracetamol

A good pain relief for mild to moderate pain, and helps if you have a fever. It has very few reported side effects. You must not take more than the recommended dose. Take 1-2 tablets 4 times a day. No more than 8 tablets in 24 hours.

Codeine

These are opioid drugs helpful for moderate levels of pain. They are stronger than Paracetamol, but have more side-effects. They should be taken 4 times in 24 hours and are

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best taken with food to avoid nausea and vomiting. They can also lead to drowsiness and constipation so be careful about driving or operating machinery. Co-codamol is a mixture of Paracetamol and Codeine which may also cause constipation.

NSAIDS

These are Non-Steroidal Anti-Inflammatory Drugs which include Ibuprofen. These are helpful in reducing inflammation and pain. They should be taken with food to protect your stomach and only following medical advice.

How to reduce your painkillers

Your pain **must** be under control before you start to reduce your painkillers. If you are in pain, you will find it more difficult to get moving and to breathe deeply – both of which are important for your recovery. Everyone has a different threshold and tolerance for pain. Do not compare yourself to others.

- Reduce one painkiller at a time.
- Reduce the dose that you take during the day first.
- Then reduce the dose taken at night and first thing in the morning.
- Use Paracetamol as you need to (but no more than 8 tablets in a 24 hour period).

9. Managing stress and tension

It is common to experience some anxiety after heart surgery, especially on leaving hospital. Some people think that stress played a part in their heart problem. Family members often feel very anxious. Many people start to feel more confident over the following weeks. For others stress can remain a problem.

Here are some ways of dealing with stress and tension:

If you practise the following advice, you could find a great improvement. Don't be put off if this doesn't happen straight away. It takes time to change

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your response to stress – weeks or months. If you know someone who will be supportive, tell them what you are trying to do. They can encourage you to take the time you need to practise new skills like relaxation.

Relaxation

Research evidence shows that people who practise relaxation improve their heart's recovery. Try starting some form of relaxation skills every day. Over time, you may find that you can recognise tension and relax in a few minutes or less. There are all sorts of ways to relax. Try to slow down and relax completely at least once a day. Slow down and make time for a lazy bath, a walk, music, a good book, or a radio or television programme. If you allow yourself to relax you will get more done with the time left because you are refreshed. Try it and see.

Think about your breathing

Breathing techniques are a good relaxation method.

Try this:

- Lie down or sit with good support
- Place your hands on your stomach – your stomach should move out slightly as you breathe in, and drop back as you breathe out. Your chest should not move at all.
- Take a breath in, and then breathe out slowly. Allow yourself to feel heavier and more relaxed as you breathe out. Continue breathing gently to this rhythm for a few minutes.
- With practice you will be able to go into this comfortable breathing style when you feel tense.

Exercise

Regular physical activity that you enjoy is a good way to reduce stress (and is very important for a healthy heart too). Walking, swimming, dancing, going to

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an exercise class are all good stress busting activities and help relax tense muscles. Please remember there is a twelve week restriction to some of these activities. When you exercise, your body releases chemicals called endorphins. These trigger a positive feeling in the body and can help to improve your mood. Try to make time for some physical activity every day.

Plan your time

Are you someone who is always on the go, rushing, and restless? Here are some ideas:

- Take time to list all the tasks you have to do and write them down. Include time for relaxation and pleasure.
- Ask yourself how much each task really matters.
- Ask yourself whether it has to be you? Who else can help?
- Choose the most important tasks to do first. Leave the tasks that don't matter.
- Do one task at a time.
- If a task seems too big, try to break it into smaller tasks.
- Pace yourself. Stop rushing. Have a break. Relax. You will get on better if you feel relaxed and refreshed.
- At the end of the day, be pleased with what you have achieved. You can learn to take life at a more relaxed pace and still achieve a lot.

After surgery you may feel cautious about getting back into the swing of things. Fears of causing more pain or problems might make you avoid exerting yourself, or going out much.

Gradual exercise is very important in recovery. As soon as possible, start getting out and about. You might have to build up slowly and pace yourself to start with. Going to a rehabilitation programme is a very good way to develop your confidence and return to your everyday activities.

If you have any concerns or questions please talk to your cardiac rehabilitation contact, or your GP, who may be able to help.

10. Returning to Work

If you are of working age, returning to work will help you recover some normality in your life. It may be worth finding out if you can return to part-time work to start with, and build up slowly.

If you have any questions or concerns about getting back to work, speak to your doctor or rehabilitation nurse. Your local re-employment officer is another good source of help.

Financial Help

If you need help in finding out about financial benefits, contact Coventry Benefits Advice Line on 02476 832000 Or call the Job Centre Plus on 0800 055 6688 who will be able to help you. If you live outside Coventry, this department can give you details of your local service.

11. Maintaining a healthy heart

Your surgery has treated some of the problems caused by narrowed arteries. But surgery does not change the reasons that you had narrowed coronary arteries in the first place. To get the best from your surgery it is important that you do what you can to prevent further artery narrowing. Here are some ideas:

Healthy eating and drinking

Some changes in what you eat may be a good idea following heart surgery. Make time to think about your diet. Watching what you eat will help keep your arteries clear and help you stay well.

For a healthy heart it is sensible to:

- Have regular meals and avoid snacks
- Include fish at least twice a week; one of which should be oily
- Include high fibre starchy foods such as wholemeal bread, brown rice, wholemeal pasta and high fibre cereals e.g. oats, shredded wheat, bran flakes etc

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- Choose foods lower in fat
- Limit the amount of sugar/sugary foods in your diet
- Have 5 or more portions of fruit and vegetables a day
- Aim to be a healthy weight for your height
- Try not to add salt to cooking and at the table
- Eat a variety of foods
- Try to include more pulses (peas, beans, lentils) and unsalted nuts in your diet

What is a Portion?

- | | |
|---|---------------|
| • Very large fruit: melon, pineapple | 1 Large Slice |
| • Large fruit: grapefruit, avocado | ½ Fruit |
| • Medium fruit: apple, orange, pear, banana | 1 Fruit |
| • Small fruit: plums, apricots, satsumas | 2 Fruits |
| • Small fruits: grapes, raspberries, strawberries | 1 Cupful |
| • Fresh fruit salad, stewed or canned fruit | 3 tablespoons |
| • Dried fruit: raisins, apricots, sultanas | 1 tablespoon |
| • Pure fruit juice (150ml) | 1 small glass |
| • Vegetables: raw, cooked, frozen or canned | 3 tablespoons |
| • Salad | 1 cereal bowl |

Iron

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You may be anaemic following your surgery. Getting enough iron will help your body to work more efficiently and may speed up your recovery following surgery. The following foods are particularly good sources of iron:

- Lean red meat and liver
- Turkey and chicken
- Fish particularly oily fish, which can be frozen or canned: mackerel, sardines, pilchards
- Eggs
- Breakfast cereals
- Pulses and beans: canned baked beans, chickpeas and lentils
- Nuts (including peanut butter) and seeds
- Brown rice
- Tofu
- Bread especially wholemeal or brown bread
- Leafy green vegetables
- Dried fruit in particular dried apricots, raisins and prunes.

A note about tea. Tea may reduce the absorption of iron from foods. Avoid drinking tea directly before, after or with meals and only drink tea in between meals.

Eating less fat.

Try to reduce the amount of fat in your diet. Whilst we need a small amount of fat in our food to stay healthy, most people eat more fat than needed. Raised cholesterol levels put your arteries at much greater risk of becoming narrowed again. You may be taking drugs to lower your cholesterol level, but a healthy diet is also important. It is worth thinking about the sorts of fats and oils you eat. Different fats have different effects on blood cholesterol levels.

1. It is a good idea to use olive oil, ground nut or rapeseed oil and spreads made from these. These contain **mono-unsaturated fat**. This type of oil helps to lower the level of “bad” cholesterol in your blood.

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2. Sunflower, corn and soya oil and spreads are made from **poly-unsaturated fat**. These lower the “bad” cholesterol, but in large amounts can also lower the “good” cholesterol in your blood. Use these spreads and oils with care.
3. Eat less animal fats (butter, cream and cheese), ghee and processed foods (cakes, biscuits, pastry). These contain **saturated fats**. These fats raise the harmful cholesterol in your blood.

Spreads and oils contain all 3 types of fats, but in different amounts. The nutritional information on the food label can help you to choose the best one.

4. **Omega 3 fat** is a type of poly-unsaturated fat found in oily fish: mackerel, sardines, pilchards, herring, salmon and trout, as well as in linseed. It has a useful effect on the heart – it helps the heart to keep a regular beat and makes your blood less likely to clot. Include oily fish in your diet at least once a week.

Ways to eat less fat:

- Use spreads and oils sparingly.
- Use semi-skimmed/skimmed milk
- Cheese and paneer are high in fat – use stronger varieties and less of it. Grated cheese goes further than sliced cheese.
- Oven chips are lower in fat than deep fried chips but still limit the amount you have.
- Natural yogurt or fromage frais can be used in place of cream or mayonnaise.
- Eat less cake, biscuits, chocolate and crisps.
- Choose lean meat, remove skin and fat
- Do not fry foods.

Starchy foods

Try to pick wholegrain, high fibre starchy foods at meal times such as, wholemeal, seeded, granary bread, potatoes with skins on, high fibre

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breakfast cereals, brown rice, wholemeal pasta, wholemeal/brown flour and other grains.

- Starchy foods are filling, low in fat, cheap and easy to prepare.
- They should form the basis of each meal
- Starchy foods are only “fattening” when high fat ingredients are used in their preparation, e.g. cheese sauce on pasta, fried chips
- Crumpets, crispbreads, bagels, fruit malt loaf and teacakes can be useful as snacks – go easy on the spread. Choose wholemeal brands.

Using less salt

If you have high blood pressure using less salt may help.

- Many tinned and packet foods are high in salt, as are smoked foods – limit these in your diet.
- Add salt in cooking or at the table not both.
- Herbs and spices can be used instead.
- Salt substitutes are not recommended.

Your weight

Try to keep your weight at a healthy level. If you are overweight your heart has to work harder. The best way to lose weight is to eat a low fat, low sugar, healthy diet, and to exercise regularly. Gradual weight loss is sensible – it is not wise to lose more than 1kg (about 2 lb) a week. Keeping a record of what you eat may help. If you find it difficult to lose weight, contact your nurse or doctor for advice and help and or a referral to the dietitian.

Sensible alcohol use

Alcohol is fine if enjoyed in moderation. The current advice for the maximum amount of alcohol that you should drink is given below. All alcoholic drinks

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are high in calories. Do not drink much alcohol if you are trying to lose weight or if you have high blood pressure.

Men: 14 units per week.

Women: 14 units per week.

Aim to have 2 alcohol free days a week

1 unit = ½ pint of normal strength beer, or
1 glass of table wine (125), or
1 small sherry, or
1 standard single measure of spirits.

Stopping smoking

If you smoke: smoking is a big risk factor for heart disease. If you continue to smoke it will double your risk of serious heart problems.

Everyone will advise you to stop smoking. Easier said than done? Help is at hand. Smoking cessation services provide:

- One-to-one help
- Group support sessions
- Free nicotine replacement therapy for some people.

Here is the telephone contact number for **NHS Smoking Helpline: 0300 123 1044**, they will give you the contact numbers for your local Smoking Cessation Services.

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Your blood pressure

As your heart beats, it pushes blood around your blood vessels. The pressure in these blood vessels is your blood pressure. High blood pressure or hypertension is an important cause of heart problems. High blood pressure makes your heart work harder. It leads to narrowing of your arteries, including your coronary arteries. High blood pressure can also cause strokes, kidney failure and eye sight problems. However, having high blood pressure usually does not make you feel unwell. It is an invisible symptom.

High blood pressure can be due to:

- Being overweight.
- Eating too much salt.
- Drinking too much alcohol.
- Not enough exercise.
- Hereditary – running in your family.

What to do about high blood pressure:

- Have your blood pressure checked regularly at your doctor's surgery.
- If you have been prescribed medicine to lower your blood pressure, please remember to take this regularly. If you have concerns about this medicine, talk to your doctor. Do not stop taking this medication suddenly.

Checking

Some people regularly check their pulse, or monitor their blood pressure to make sure that everything is all right. This checking can be unhelpful. Instead of making you feel reassured, checking can make you more worried and more aware of physical symptoms.

You can help to reduce your blood pressure by:

- Being more physically active and fit.
- Maintaining a healthy weight.

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- Reducing the salt in your diet (see section on healthy eating).
- Sensible alcohol use (see previous section).

Diabetes

People with diabetes have a higher risk of developing heart disease. If you have diabetes it is very important to monitor and control your blood sugar to manage this illness. Please don't forget to attend for regular check-ups. Regular exercise is good for controlling diabetes as well as your heart, and for reducing high blood pressure and your weight.

12. Cardiac Rehabilitation Programmes

Cardiac rehabilitation programmes offer regular sessions of supervised exercise. This is tailored to the abilities of those who attend. There is a chance to learn more about your condition, ways to relax, and how to make a good recovery. Specialists provide information and answer questions on a number of health topics: healthy eating and lowering cholesterol, the importance of exercise, the difference between heart attacks and angina, and information about your medication. The programmes are relaxed, sociable and fun. Experienced nurses and a team of other health and leisure professionals run the rehabilitation programmes.

There are many good reasons for coming along to one of the programmes:

- There is good evidence that people who go to cardiac rehabilitation programmes, recover better, and keep doing well.
- It is an opportunity to learn more about your condition, recovering and staying well.
- It is a good introduction to enjoyable exercise.
- Most people report that they grow in confidence.

Normally all patients are referred to their local rehabilitation service when they are discharged from hospital. You should expect to be offered a place on a programme about 4-8 weeks following surgery. If you do not hear from the rehabilitation service, please get in touch with the local coordinator. Some telephone numbers are provided at the end of this information booklet.

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Your GP surgery should also be able to tell you how to contact the local service.

For more information:

Listed below are the contact numbers of people who will be able to answer any queries you may have:

Cardiac Liaison Team: Anita Wood, Lisa Cunningham, Liz Evans and Elyse McDonnell Tel. 024 7696 5803

You can also get more information about heart surgery from the British Heart Foundation. Contact: 0207 935 0185 or view their website at www.bhf.org.uk

For more detailed information you can access the website of the Society of Cardiothoracic Surgeons for Great Britain and Ireland at www.scts.org and click on patient Information

13. Cardiac Rehabilitation Contact Details and Support Groups

Your local cardiac rehabilitation nurse will be able to give you details about your nearest cardiac support groups. They have social meetings for people who have had heart problems and their relatives and friends. Activities vary from group to group. These may include talks, excursions, walks, social events and fund raising. There is a chance to talk to others who have had similar experiences. Some groups are involved in the planning of cardiac rehabilitation services. The following contact numbers were correct at the time of writing this booklet (but of course may change over time). In this case, your local cardiac ward will be able to provide you with any new details.

Alexandra Hospital, Redditch Cardiac rehabilitation Cardiac physiotherapist Tel no: 01527 503882	Birmingham Community Health Care (BCHC) Cardiac rehabilitation team Tel no. 07973 536312
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Birmingham Heartlands Hospital Cardiac rehabilitation Tel no: 0121 424 3312	George Eliot Hospital, Nuneaton Cardiac rehabilitation Cardiac physiotherapist Tel no: 024 7686 5195
Good Hope Hospital, Sutton Coldfield Cardiac rehabilitation Tel no: 0121 424 7465	Kettering Hospital Cardiac rehabilitation 01536 491102
Kidderminster/Wyre Forest Cardiac rehabilitation Tel no: 01562 512315	Northampton General Cardiac rehabilitation Tel no: 01604 545345
Solihull Hospital Cardiac rehabilitation Tel no: 0121 424 4286	Hospital of St Cross, Rugby Cardiac rehabilitation Tel no: 01788 572831
University Hospital Birmingham (QE) Cardiac rehabilitation Tel no: 0121 3714711	University Hospital Coventry and Warwickshire, Cardiac rehabilitation Tel no: 024 7696 5666
Warwick Hospital Cardiac rehabilitation Tel no: 01926 495 321 Ex 4927	Worcester Royal Hospital, Worcester Cardiac rehabilitation Tel no: 01905 733 710

The Trust has access to translation and interpreting services. If you need this information in another language or format please contact 024 7696 5804 and we will do our best to meet your needs.

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