The Oxford Heart Centre
Information for patients
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Introduction

If you are coming in to the Oxford Heart Centre for an operation you may have a number of questions about what will happen while you are here. This booklet is designed to answer your questions and provide information about what to expect and how to look after your health when you go home.

Our aim is to provide a high-quality service to our patients. We therefore welcome any suggestions you may have. Help us to improve by filling out a patient satisfaction survey or by speaking to a member of the senior nursing team. You will find copies of the survey inside the information folders kept by every bed on the Cardiothoracic Ward.

This booklet is designed to complement the many other publications available to you. Further information can be obtained from:

- The British Heart Foundation
  Tel: 0207 935 0185 / www.bhf.org.uk

- The hospital website: www.oxfordradcliffe.nhs.uk/heartcentre

Oxford Heart Centre contacts

Pre-admission and Discharge Liaison Nurses
For advice and support while you wait for your admission and also after discharge speak to the Pre-admission and Discharge Liaison Nurses. They are the first point of contact if you have any questions or concerns.
Tel: 01865 220274

Ward clerks
For help with claim forms and details of accommodation available locally ask one of the ward clerks.
Tel: 01865 572635 / 572663
Senior Nursing Team
The Senior Nursing Team comprises a matron and ward sister, all of whom can be contacted via the ward.
Tel: 01865 572662 / 572661 or via the hospital switchboard: 01865 741166.

Information about your outpatient appointment
When you are referred for cardiac surgery we will send you an outpatient appointment. At that appointment you will see a doctor who will explain:
• what the operation involves
• any associated risks.

Tips
• Make a list of the questions you have and bring them along to the appointment.
• Bring a relative or friend along to support you.

Appointments
If you and the surgeon agree to go ahead with surgery, you will be given a place on a waiting list. We will tell you when to expect to receive an admission date.

Pre-admission Clinic
You will need to attend the Pre-admission Clinic (PAC) before you are admitted for your operation. If your outpatient appointment is in the morning, you may be offered the opportunity to stay and attend the PAC on the same day. Alternatively, you will be sent an appointment to attend the PAC a few weeks after you have been added to the waiting list.

At the PAC you will:
• see the Pre-admission and Discharge Liaison Nurse, a doctor and the physiotherapist

page 4
• receive information about your surgery
• have some medical check-ups
• discuss plans for your discharge after surgery.

You will also have a chest X-ray and an ECG tracing of your heart, and blood samples will be taken. It is a good idea to bring someone with you. None of the tests you will need to take at the PAC will affect your ability to drive home afterwards. A Pre-admission Clinic appointment usually takes three to four hours in total.

If you are having heart valve surgery you will be given a letter for your dentist to sign to say your mouth is free from signs of infection. If you are having heart valve surgery and do not have a dentist, we recommend you contact your GP surgery for advice on how to find an NHS dentist in your area as soon as possible. If you are unable to provide confirmation that there is no active infection in your gums, your operation may have to be postponed.
Get ready for surgery

The right food
One of the best ways to prepare for your operation is to get your diet right. Being well-nourished and at a good weight for your height will:

• promote wound healing
• give you strength to make a speedy recovery.

When you attend your Pre-admission Clinic appointment the nurse will be able to tell you if you are underweight, at a healthy weight for your height or overweight. If you are underweight, the nurse will give you advice and may refer you to the dietitian. If you are overweight, losing a few pounds before the operation will be helpful.

Losing weight
Aim to lose a maximum of 2lbs per week. Crash diets may cause rapid weight loss but don’t provide the vitamins and nutrients you need to be in the best state of health for your operation. Preparing for heart surgery is often a time to take stock. Many people use this chance to think about their diet, and to make plans for keeping healthy in future.

Eating for a healthy heart

What matters the most?
• Eat a good intake of oily fish each week.
• Eat at least five portions of fruit and vegetables each day.
• Reduce your intake of fat, particularly saturated fat.
• Reduce the salt you eat.
Oily fish
Eat two to three portions of oily fish each week. If you have diabetes, or are a woman of childbearing age, keep to one to two portions of oily fish a week.
• One portion is 140g of cooked fish.

Oily fish is a good source of omega 3 fatty acids. They can make the blood less likely to clot and promote a regular heart rhythm. Examples of oily fish include herring, kippers, mackerel, pilchards, sardines, sild, salmon, trout and fresh tuna.

Warning
• Smoked fish is quite salty so keep it for treats.
• Tinned tuna doesn’t count, unfortunately, as the omega 3 oils are lost in processing (fresh tuna is fine).

White fish
White fish is still a healthy choice but contains only small amounts of omega 3 compared with oily fish.

How to increase oily fish intake easily
• Put tinned fish (in tomato sauce if preferred) on toast as a quick snack.
• Chop up some mackerel or salmon and add to a salad or pizza.
• Grill or barbecue whole trout, mackerel, herring, kippers or sardines.
• Have poached kippers for breakfast.
• Try rollmops (pickled herring) as a light snack.
• Try mackerel / salmon pâté (buy or make your own).

Fruit and vegetables
These can be fresh, tinned, frozen, dried or as juice, but only count juice and mushrooms as one portion daily.
Rough guide to portion sizes

<table>
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<tr>
<th>Item</th>
<th>Portion Size</th>
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<tbody>
<tr>
<td>Vegetables raw, cooked, frozen or canned</td>
<td>2 full tablespoons</td>
</tr>
<tr>
<td>Salad</td>
<td>1 dessert bowl</td>
</tr>
<tr>
<td>Dried fruit</td>
<td>½ - 1 tablespoon</td>
</tr>
<tr>
<td>Grapefruit / avocado pear</td>
<td>½ fruit</td>
</tr>
<tr>
<td>Apples, bananas, oranges and other citrus fruit</td>
<td>1 fruit</td>
</tr>
<tr>
<td>Plums and similar sized fruit</td>
<td>2 fruits</td>
</tr>
<tr>
<td>Grapes, cherries and berries</td>
<td>1 cupful</td>
</tr>
<tr>
<td>Fresh fruit salad, stewed or canned</td>
<td>2-3 tablespoons</td>
</tr>
<tr>
<td>Fruit juice</td>
<td>1 small glass (150ml)</td>
</tr>
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Easy ways to eat five fruits and vegetables in a day

Breakfast
- Have grilled or canned tomatoes or mushrooms on toast.
- Add sliced banana, strawberries or dried fruit to cereal.
- Have a piece of fruit or carton of juice with a roll.

Lunch
- Dip fingers of raw vegetables e.g. carrots, celery, cucumber and sweet peppers into low-fat soft cheese, salsa or natural yoghurt.
- Add fresh, dried or tinned fruit to packed lunches.
- Fill sandwiches, pitta bread or baguettes full of salad e.g. sliced tomato, grated carrot, lettuce, cucumber, sweetcorn, coleslaw.
- Add cooked or tinned vegetables to canned soups or make your own.

Dinner
- Add mixed vegetables, sweetcorn or peas to cooked pasta or rice.
- Cook potatoes with carrot, sweetcorn, swede or cabbage and mash together.
• Quickly stir fry fresh or frozen vegetables with chicken, meat or quorn and spices.
• Add extra vegetables to bought sauces, curries, pizza etc.
• Stuff an apple or stoned peach with currants or dates, bake it in the oven or microwave and serve with custard or yoghurt.

**Tip:** all types of fruit make an ideal snack at any time of day.

**Reduce your fat intake**
Whichever fat you use, use it sparingly.

Some fat, like that in oily fish, is good for your heart. Other fat, like the harder saturated fats, can cause health problems. These fats are found in:
• animal fat such as butter / lard / dripping
• fat in meat and meat products e.g. pâté, pies, sausages etc.
• fat in dairy products including cheese, milk and cream: choose low fat varieties
• fat in cakes, biscuits, pies and confectionery.

Choose spreads and cooking oils high in monounsaturated fatty acids (e.g. olive, rapeseed) or polyunsaturated fatty acids (e.g. sunflower). Avoid those high in saturated fat (e.g. butter, lard) or trans-fatty acids (e.g. hydrogenated vegetable oil).

**Eat less salt**
• Try to reduce your intake of convenience and very salty foods e.g. cook-in sauces, processed meats, packet mixes etc.
• Avoid adding salt to food where possible. Better alternatives include pepper, garlic, herbs, spices and lemon.

**Keep your alcohol consumption low**
• Men should not drink more than 21 units per week.
• Women and anyone taking warfarin should not drink more than 14 units per week.

If you would like more specific advice about food and your
heart, or would like a little more support, please call the Dietetic Department.

Dietetic Department: 01865 221702/3

**Other useful resources**

British Heart Foundation  
14 Fitzhardinge Street  
London  
W1H 6DH  
www.bhf.org.uk

Food Standards Agency  
www.eatwell.gov.uk

British Dietetic Association  
www.bda.uk.com

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**Preparing to leave home**

**Belongings**

The Oxford Radcliffe Hospitals NHS Trust accepts no responsibility for the damage or theft of personal items unless they have been handed over for safekeeping.

**Benefits**

If your stay is prolonged you will need to tell the Department of Social Security, listed in Yellow Pages, if you are receiving Income Support or a Social Security pension or benefit. Some benefits may have to be reduced during your stay.

If you contribute to an insurance / pension scheme, which allows claims to be made when you are a patient in hospital, the Trust will make an administrative charge to complete the relevant forms.
Give somebody your contact details
Let your next of kin or close friend know your telephone number and address while you are in hospital:

Cardiothoracic Ward
Level 2
John Radcliffe Hospital
Oxford OX3 9DU

Tel: 01865 572663

What to bring with you
Pack a bag for your stay. Please bring comfortable clothes to wear during the day e.g. tracksuit; loose fitting night clothes; dressing gown and slippers; toiletry bag; towel; reading material and stationery. We ask that ladies bring in a non-wired supportive bra to wear after their surgery.

Current medications
Please follow the instructions on the green leaflet given to you at the Pre-admission Clinic and bring in all of your medication, in the original containers, in the green bag.

Valuables
Please do not bring in a lot of money or credit cards. We also ask that you don’t bring any other valuables with you unless you absolutely need them. The Trust cannot accept liability for any loss or damage to anything you bring with you, unless it has been handed over for safekeeping and you have a receipt.

Going home
Plan your return home. You will be given information about how long you can expect to stay in hospital at your pre-admission appointment, or when you are transferred back to the ward. You will need to make arrangements for someone to take you home on discharge and for someone to stay with you for one week after you go home. We will aim to get you home in time for lunch.
Please encourage your carer to read this booklet before you are admitted. We will gladly answer any questions from both patients and carers. Please contact the Pre-admission and Discharge Liaison Nurses if you need any advice.

**Travel arrangements**
Please make your own arrangements for coming into hospital and going home.

Information on travel to the hospital and parking can be found on the hospital website www.oxfordradcliffe.nhs.uk in the ‘Find us / contact us’ section and in patient information booklets.

**Personal problems**
Social workers form part of the caring team and are available to help you or your relatives with problems that arise as a result of your illness and stay in hospital. Your nurse will help you contact them.
Consenting to treatment

Before you have surgery a doctor will ask you to sign a consent form. You should have a good understanding of the proposed procedure and the risk of complications, as explained to you by your doctor. If you have any questions or concerns, before or after signing the consent form, then please feel free to raise these with your medical team.

Have you read the Patient Consent Leaflet? If not please ask your nurse for a copy.

You can always refuse treatment. If you have signed a consent form, but afterwards change your mind, you can still withdraw your consent. This does not affect your right to alternative forms of treatment.

If you are unhappy about your treatment and wish to leave, tell a nurse or a doctor. You can usually leave whenever you want but the doctor may ask you to sign a form taking responsibility for leaving if he or she does not think you should go.

All members of staff are required to wear identification badges. If you are unsure about someone, please ask to see their badge.

Resuscitation policy

Rarely a patient may unexpectedly collapse if their heart stops beating (cardiac arrest). It is our normal policy to attempt to revive (resuscitate) patients in such situations. If you are in any way unsure about this, or wish to discuss this policy, please feel free to do so with your nurse or doctor.

Helping staff to learn – clinical teaching

The Oxford Radcliffe Hospitals is a teaching trust, therefore students may be present when you see the doctor: if you would prefer students not to be present, please tell the nurse or doctor.
Settling into the ward

The thought of an admission may to some people seem rather frightening. We are all here to help you with any worries or problems and will answer any questions you may have during your stay.

Don’t compare yourself to other people!
It is tempting to compare your own progress and recovery to other patients on the ward, but this can cause worry if your treatment is not the same. Everybody is different; you will have the treatment that has been planned specifically for you, so do not worry if it is different from your neighbour’s.

Privacy and dignity
We are proud to confirm that during your stay on the Cardiothoracic Ward you will have your own bedroom with en-suite facilities.

Your details
While you are staying on the ward, your name will be displayed on a whiteboard (notice board) for the medical and nursing staff. The board will not detail your medical information but will be visible to staff, patients and visitors. In order to protect your confidentiality and in line with data protection legislation, we would like to ask for your consent to your name being shown in this way. If you have any questions about this or would prefer that your name is not shown, please inform your nurse on admission or as soon as possible.

We will ask you to wear an identity bracelet at all times while you are a patient in the hospital. This identifies you and also contains a barcode with information used to identify you if you need a blood transfusion.
Your healthcare team

The people you may meet during your stay:

**Doctors**
The surgical team is lead by a consultant surgeon. The rest of the team includes specialist registrars and senior house officers (SHOs). Doctors come to the ward to see patients first thing in the morning and/or the evening.

**Nurses and healthcare assistants**
During your stay you will be looked after by specialist nurses and healthcare assistants. Student nurses also train on the unit and may care for you with supervision from a trained nurse.

**Physiotherapists**
The physiotherapist will meet with you before your surgery and get you on the move again afterwards.

**Dietitians**
A dietitian is available if necessary to provide specific dietary advice and to care for your individual dietary needs.

**Pharmacist**
The pharmacists visit the ward daily and give advice about your medication as well as making sure you have the correct drugs to take home.

**Radiographers**
Radiographers may take an X-ray picture when necessary, either on the ward or in the X-ray Department.

**Ward clerks**
Ward clerks provide useful advice and information about administrative details, e.g. work related medical certificates.

**Phlebotomists**
Phlebotomists are trained professionals who visit the ward to carry out blood tests as requested by your doctors.
**Housekeeper**
The housekeeper makes sure the ward is kept clean, oversees the catering needs of patients and helps with non-nursing tasks.

**Porters**
Porters transfer you from the ward to theatre or other departments within the hospital.

### Family, friends and visiting hours
Family and friends are important to you when you are in hospital. While we encourage people to visit, you will probably find that you are very tired immediately after your operation.

**Preferred visiting hours: Cardiothoracic Ward**
- 3.00pm - 8.00pm every day.
- Rest period 1.00pm - 3.00pm – all visiting is discouraged during this time.

If this is difficult for your relatives, then please speak to the nursing staff to discuss alternative arrangements.

**Preferred visiting hours: Cardiothoracic Critical Care (CTCC)**
- Open.
- Rest period 1.00pm - 3.00pm – all visiting is discouraged during this time.

Two people are allowed at the bedside at any one time. It is not an appropriate environment for young children but special arrangements can be made. Visitors may be asked to wait in the waiting room if the unit is particularly busy.

We are not able to accommodate flowers or plants.

On admission you will be given telephone numbers for the ward and CTCC. Please nominate one member of your family to phone in to ask after your progress and tell all other family and friends to contact that person for updates.
Before the operation

**On the day of admission**

Before setting out on the morning of your admission please remember to telephone the ward to confirm that there is a bed available for you and ask what time you should arrive. If there is not a bed available, we will reschedule your admission as soon as possible.

Please bring with you items listed on page 11 and all your current medication. When you arrive on the ward, you may be asked to take a seat in the waiting area while we prepare your bed.

An anaesthetist will see you before your operation to discuss your anaesthetic, and will be happy to answer any questions that you may have. He or she will prescribe some medication that relaxes you before going to the operating theatre. More information about your anaesthetic is contained in the leaflet ‘You and your anaesthetic’ which you will be given at Pre-admission Clinic or on transfer to Cardiothoracic Ward.

If you did not see the physiotherapist at pre-admission they will see you before the operation to explain some of the exercises that will help you breathe more easily after your surgery.

Your operation will normally be scheduled to take place within 48 hours of your admission. Occasionally it may be necessary to postpone your operation because of an emergency. Your operation will then be rescheduled for the next available operating slot.
Your stay in Cardiothoracic Critical Care (CTCC)

After your operation, you will be transferred into the Cardiothoracic Critical Care Unit (CTCC). This unit is designed to provide intensive medical and nursing care after your operation. On admission to the unit you will have a nurse caring only for you on a one-to-one basis. As your condition improves you will be moved to the high dependency area where one nurse cares for two or three patients.

Breathing
Due to the anaesthetic you will be unable to breathe unaided straight away, so you will need some help for a short time. When you are asleep in the anaesthetic room, a small tube will be passed through your mouth into your airway. This allows the anaesthetist to use a machine that will do your breathing for you. As you begin to wake up you may be aware of this tube. Try to relax and listen to the nurse’s advice to take deep breaths.

The tube will be removed as soon as you are awake enough to breathe on your own. However, you will need to wear an oxygen mask for about 24 hours.

After the tube is removed, your throat may be a little sore, and your voice a little hoarse, but this will get better. Remember this is only temporary and is part of your recovery.

When the breathing tube is in place you will be unable to talk. There will be a nurse with you the whole time who will help you communicate by asking you short questions requiring a nod or shake of your head.

Eating and drinking
All of your fluids and medications will be given through narrow tubes in your veins, called drips, but you can normally drink after the breathing tube is removed. You may feel sick at times and if this happens your nurse will give you some medication to relieve
the feeling. While you are not drinking or eating you may feel thirsty. Mouth washes and ice cubes are available as often as you like to help with this.

**Chest drains**
Tubes called drains are used to remove any excess blood, fluid or air remaining in your chest after surgery. You will have one or two going through your skin into your chest. These are normally removed within 24 hours of your operation.

Removal of chest drains can cause pain, but you will be given pain relief before the procedure.

**Heart monitor**
You will be connected to a heart monitor to continuously assess your heart rate and rhythm. This may continue after you are transferred to the Cardiothoracic Ward.

You will also have a small plastic tube put into an artery on your wrist. This is called an arterial line and it will measure your blood pressure very accurately, every second. This line will be removed before you leave CTCC to return to the ward.

You may also have a small wire through your skin, which can be attached to a pacemaker if required. This will be removed before you leave hospital.

**Toilet facilities**
When you are asleep for the operation, a catheter (fine tube) will be passed into your bladder to drain urine while you are too drowsy to go to the toilet. It may feel a little strange but it is usually removed the day after your operation. This does not hurt. You may also be constipated after your operation. You should let your nurse know if this happens.

**Sleeping**
Immediately after your operation you may find it difficult to sleep. If you do have problems sleeping please let your nurse know as the doctor can often prescribe medicines to help.
Occasionally some patients experience very vivid dreams; these can be distressing but are perfectly normal and will pass. If you do experience these, let your doctor or nurse know so that they can reassure you. Your sleep pattern may be disturbed for a few weeks but it usually resolves without medication.

**Pain relief**

When you wake up you should not be in a lot of pain, as you will have been given a very strong painkiller. If you do suffer any pain at all please let the nurses know and they can then give you more painkillers.

**Patient-controlled analgesia (PCA)**

A PCA pump allows you to maintain a constant level of pain relief by delivering a prescribed dose of pain medication as and when you need it.

The PCA pump, containing morphine, is connected to a drip that is placed in a vein. You are given a button to press when you are in pain and morphine is then given directly into the vein. Sometimes morphine can cause nausea but we can give you anti-sickness medication to reduce this.

As a safety precaution, the PCA pump will only allow medication to be delivered every five minutes. You can get another dose of medication when the green button is illuminated. If you have any questions regarding patient-controlled analgesia please speak to a member of staff.

It is very important that you have minimal pain so that you can perform your deep breathing and coughing exercises effectively. This is best done by having small but regular amounts of pain relief.

It is easier to keep pain away than to get rid of it once you have it. Do not try to go without painkillers. You will probably need them regularly for at least two to three weeks after your operation, and some people will require them for longer. Everyone is different.
Recovery after the operation

When you are stable and the doctors are happy with your condition you will be transferred from CTCC to the Cardiothoracic Ward to complete your recovery. This is a positive move towards recovery and discharge home. On this ward one nurse cares for a group of five or six patients. At staff changeover times the nurse who will care for you for the morning / afternoon / night will come and introduce themselves to you.

Mobility / washing

Once you are well enough you will be able to get out of bed, sit in the chair and in due course take a short walk. Very quickly your mobility will improve and you will gain confidence. The nurses will look at your wounds every day and give you any painkillers you need. As soon as you are ready we will help you to have a shower.

Eating again

Most people have no problem eating after surgery, but it is perfectly normal to lose your appetite for a while. You will usually have your first meal (even if it is only soup or ice cream) within a day of your operation. Your appetite should improve gradually so that by the time you leave hospital it is close to normal. However everybody is different and it may take some people longer to regain their appetite than others.

Meals in hospital

Most patients receive three meals a day while they are in hospital: breakfast, lunch and an evening meal. Drinks are served then, and at other times during the day; a hot drink is available before bedtime to help you settle down. Meals are served in the wards at about the following times:

- Breakfast 7.30am - 8.00am
- Lunch 12 noon - 12.30pm
- Supper 6.00pm - 6.30pm
You may choose from a selection of meals brought to the ward and served by a member of the catering team. You will be given a menu to make your choices – these are usually handed out at breakfast time. If you would like to raise any points about the catering service at any time during your stay with us, please ask to speak to the ward housekeeper who will pass on your comments.

If you have particular dietary requirements, for either medical or religious reasons, please tell your nurse so that appropriate arrangements can be made. Some people may be individually referred to the dietitian for advice regarding specific dietary problems or if their appetite is poor for a prolonged period.

Please remember that although we recommend a low-fat, high-fibre diet in the long term, you will be undergoing major surgery so ‘healthy eating’ guidelines are not really applicable during your hospital stay. If you find the food in hospital is not as low in fat and high in fibre as your normal diet please do not worry. Try to enjoy your food while you are in hospital and resume your normal healthy eating habits when you are fully recovered.

**Improve your breathing**

Soon after your operation you may be a bit worried about taking deep breaths and coughing. The physiotherapist will take you through breathing exercises. It will be important to repeat these exercises frequently throughout the day. It will also be necessary for you to cough in order to clear phlegm from your chest. Although this may be uncomfortable it is vital to do this to prevent a chest infection.

The physiotherapist will guide you through these exercises and assist you with a short walk as soon as possible. Before you go home we would expect you to be well enough to climb two flights of stairs with the physiotherapist.

We are always keen to ensure that all aspects of the care you receive meet your expectations. If you have any concerns or suggestions about the care you have received please speak to your nurse or the ward sister.
Going home from hospital

The length of your stay in hospital will normally be about five to seven days after the operation. Do not worry if you are sent home before or after this time; people take varying periods to recover from surgery.

We advise that there is someone at home, or you stay with someone who can look after you, for the first week after your stay in hospital. If there is no one to look after you, then please discuss this with your GP or the pre-admission nurse before admission.

You will need to arrange your own transport into and out of hospital. If this is impossible for you please discuss this with your GP or pre-admission nurse before admission. It is better if friends or relatives can take you home.

Your return home marks the start of a return to fitness and life as normal as possible. It is usual to feel apprehensive and insecure about leaving hospital. It will take a few days to settle down at home. Many patients have an enormous build up to their surgery, and when it is over they may feel a sense of anticlimax. To reach full recovery you should begin with a small amount of physical activity and increase it gradually.

During your recovery you may experience good and bad days, and a range of emotions and physical symptoms.

**Emotions**
Irritability, mild depression / mood swings, tearfulness, loss of concentration, vivid dreams / sleep disturbances.

**Physical symptoms**
Tiredness, visual disturbances, sweats (especially at night), palpitations, loss of appetite and sense of taste and a heightened sense of smell.

All these symptoms will pass, but if they persist and you feel
unwell you should not hesitate to contact your GP, especially if you have a temperature or prolonged palpitations. You should avoid having your eyes tested for eight weeks after surgery to allow any visual disturbances to settle.

**Pain control**

In hospital you will be given regular painkillers. When you go home you will need to continue taking these regularly – they will help with your recovery and prevent pain from building up and becoming uncontrollable. Paracetamol tablets can be taken once your prescribed painkillers from hospital have finished. If you have any questions, or if your pain is not controlled, please speak to your GP.

**Other ways that may help control pain**

- Make yourself a cough cushion or use a folded towel to support your wound when you cough.
- Use several pillows in bed. These will act as a lever to help you sit up. Roll onto your side when getting out of bed.
- Use a high backed armchair with armrests to minimise the effort needed to pull yourself from a low-lying unsupported settee or sofa.
- A daily bath or shower will help reduce muscle stiffness.
- Information on relaxation techniques can be obtained from your local library or the internet.
- Gentle massage of aching muscles.

**Activity and sleep**

During the first week at home, continue with the routine and level of exercise you followed in hospital. Aim to gradually increase the distance that you walk daily, so that by four to six weeks after your surgery you are able to walk two to three miles per day. If you have difficulties with walking due to other health concerns your physiotherapist can advise you on alternative forms of exercise.
You will feel tired at first and a rest after lunch is a good idea, but do not sleep too much during the day as you may not sleep at night. It is often a good idea not to have too many visitors in the early days at home.

Don’t lift anything heavier than ten pounds in weight for the first six weeks following surgery, for example bags of shopping or small children, as this puts strain on your breastbone. After six to eight weeks the bone should be healing well and you should be able to do housework and light gardening. You can normally resume driving six weeks after your operation but you should discuss this with your doctor first. Any heavy lifting or manual work and anything involving large arm movements should be avoided for 12 weeks. The table on pages 31 and 32 outlines these restrictions in more detail.
Home activity programme

The physiotherapists have developed this programme to help you. They will discuss it with you before you leave hospital to go home. This programme is to help you to return to your normal activities safely and regain your full strength after surgery.

It is a guide to how much activity to do. However, take notice of how you are feeling and adjust your activity accordingly.

If there are some activities you do, which are not included in the guide, ask your physiotherapist when you may start doing these.

Walking

• At first, walk twice daily for five to ten minutes.
• Try to increase your walking by one to two minutes each day.
• Walk at a comfortable pace. You should be able to keep up a conversation while you walk. If you cannot, slow down a little.
• Walk under comfortable conditions.
• Keep yourself warm.
• Do not take the dog with you in the first few weeks.
• Do not walk if you are unwell.
• Do not walk immediately after meals; wait approximately 45 minutes before exercising.
• Try to walk on level ground – avoid hills (if hills are unavoidable, pace yourself more slowly).
• Build up to at least 20 - 30 minutes daily.
• If possible walk with someone (at your pace) until you feel confident to walk alone.
Stop walking if you experience:
• undue shortness of breath
• chest pain
• nausea
• headache
• inappropriate tiredness
• muscle cramps
• dizziness
• persistent palpitations.

Rest, and if symptoms reoccur consult your doctor.

**Posture**
You should be aware of your posture at all times – whether lying down, sitting or walking. You need to try and keep your head upright and your back straight. If working at a desk or computer, be particularly vigilant about your posture.

After surgery you may experience back, neck or shoulder pain. If this persists consult your doctor, as physiotherapy may be helpful.

**Tips**
• Do not neglect any type of severe pain.
• In the first week or two at home you may feel very tired and find it hard to keep up with the suggested exercise level. Do not become discouraged as this is common – persevere and you will continue to feel better day by day.
• Walking is an important form of exercise – it will help you to make the most of your operation.
Exercise schedule

Make sure you space your activities throughout the day. It’s important to change your activity levels according to how you feel. Here are some examples of the kinds of activities you can do week by week after your operation.

**Stage 1 (the week after your operation)**
- Continue with the same exercise level you have been doing in hospital.
- Re-establish your normal routine e.g. getting dressed, meal times.
- Rest for an hour in the afternoon.
- Restrict visitors to family members.
- Climb stairs slowly.
- Light activities e.g. making cups of tea / coffee and light snacks.
- Avoid wide or energetic arm movements, stooping and bending.
- Keep it gentle! For example reading, music, TV, cards, chess, painting pictures, pottering around the house.

**Stage 2 (second week after leaving hospital)**
- Light activities e.g. preparing light meals, tidying the house, tidying up the bedroom (not changing the sheets).
- Washing dishes.
- Putting laundry into the washing machine (not carrying the load or hanging it out on the line).
- Light garden activities e.g. hand watering with the hose or looking after indoor plants.
- Stooping and bending occasionally.
- Short drives as a passenger.
Stage 3 (third week after leaving hospital)
• Light activities in the garden e.g. watering with a small watering can (weighing less than 10lbs when full of water).
• Half-day outings to visit friends.
• Shopping – for short periods only, avoid busy times and don’t carry parcels or push trolleys.

Stage 4 (fourth week after leaving hospital)
• Household activities e.g. light ironing, hanging out washing (ask someone to help you with sheets and towels), making beds (with help to change them), light sweeping.
• Light weeding, digging with a trowel, pruning.
• Indoor bowls.
• Watching films and sports.

Stage 5 (fifth week after leaving hospital)
• Most routine household chores (except any that involve prolonged stooping and bending), cleaning the bathroom, mopping floors.

Stage 6 (sixth week after leaving hospital)
• By this time you may be able to carry out most household activities as normal unless they involve large or energetic arm movements e.g. vacuuming, heavy gardening or heavy lifting.
• It’s a good idea to break up larger tasks into two or three smaller tasks at first.
Activities guide

Here is a guide suggesting when you may be able to start different activities after your surgery. The timing will vary from one person to another depending on each person’s progress. The timings are from the date of your surgery.

Initially it’s a good idea to break up larger tasks into two to three smaller ones.

**Note:** these tables are only a guide and your doctor may give you different advice that fits your situation.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Number of weeks after surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sexual intercourse</strong></td>
<td></td>
</tr>
<tr>
<td>Avoid weight bearing positions</td>
<td>3 - 4</td>
</tr>
<tr>
<td>or pressure on your wound</td>
<td></td>
</tr>
<tr>
<td><strong>Domestic tasks:</strong></td>
<td></td>
</tr>
<tr>
<td>• Lifting (nothing over 10lbs</td>
<td>0 - 6</td>
</tr>
<tr>
<td>e.g. kettle full of water)</td>
<td></td>
</tr>
<tr>
<td>• Ironing</td>
<td>4</td>
</tr>
<tr>
<td>• Washing (light)</td>
<td>4</td>
</tr>
<tr>
<td>• Raking leaves</td>
<td>10 - 12</td>
</tr>
<tr>
<td>• Lawn mowing</td>
<td>10 - 12</td>
</tr>
<tr>
<td>• Vacuuming</td>
<td>10 - 12</td>
</tr>
<tr>
<td>• Heavy pushing or pulling</td>
<td>After 12</td>
</tr>
<tr>
<td>• Heavy digging in the garden</td>
<td>After 12</td>
</tr>
<tr>
<td>• Heavy lifting</td>
<td>After 12</td>
</tr>
<tr>
<td><strong>Work:</strong></td>
<td></td>
</tr>
<tr>
<td>• Light work</td>
<td>6 - 8</td>
</tr>
<tr>
<td>• Manual work</td>
<td>12</td>
</tr>
<tr>
<td>Activity</td>
<td>Number of weeks after surgery</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td><strong>Sport:</strong></td>
<td></td>
</tr>
<tr>
<td>• Fishing</td>
<td>12</td>
</tr>
<tr>
<td>• Swimming</td>
<td></td>
</tr>
<tr>
<td>Paddling</td>
<td>6</td>
</tr>
<tr>
<td>Breast stroke</td>
<td>10</td>
</tr>
<tr>
<td>Freestyle</td>
<td>12</td>
</tr>
<tr>
<td>• Golf</td>
<td></td>
</tr>
<tr>
<td>Putting</td>
<td>2</td>
</tr>
<tr>
<td>Driving</td>
<td>12</td>
</tr>
<tr>
<td>• Darts and similar games using your arms</td>
<td>6</td>
</tr>
<tr>
<td>• Lawn bowls</td>
<td>6 - 7</td>
</tr>
<tr>
<td>• Cycling</td>
<td></td>
</tr>
<tr>
<td>Stationary</td>
<td>4 - 6</td>
</tr>
<tr>
<td>Moving</td>
<td>12</td>
</tr>
<tr>
<td><strong>Car driving</strong></td>
<td>6</td>
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</tbody>
</table>

**Twelve weeks after surgery**

After 12 weeks discuss the activities below with your GP, Surgeon or Cardiac Rehabilitation Nurse before starting. Remember to include a warm up / cooling down period.

- Jogging
- Squash
- Tennis
- Badminton
- Circuit work / aerobics
- Rowing
- Canoeing
- Hiking
**Food**

If your appetite for food has not completely returned to normal by the time you leave hospital, it will almost certainly recover quickly when you get home. However, if your appetite continues to be poor for more than one week after you have left hospital, you can contact the dietitian for further advice and information.

Tel: 01865 221702 / 221703.

Remember that during your recuperation period (the first six weeks or so after discharge) you should eat what you feel like and not restrict yourself.

**Be kind to yourself!**

Healthy eating guidelines which recommend less fat, sugar and salt and more starchy foods and fruit / vegetables are very sensible recommendations for healthy people. They are not ideal following major surgery. You need to continue to eat a varied diet after your operation, but ‘a little of what you fancy’ may do you good in the short term.

Start following healthy eating guidelines once you are recovered from your operation (probably about six weeks after your operation).

Most cardiac rehabilitation programmes include sessions on eating for a healthy heart; these are a good opportunity to get more detailed information about this topic.

**Wounds**

Your chest and possibly leg or arm wounds may take several weeks to heal. The wounds will feel tender and you may feel bruised, numb or ‘tight’ in different areas. You should check your wounds at home, looking for:

- increased redness around the wound
- oozing from the wound
- swelling or warmth.

If you are worried, tell your GP. Any tenderness can be reduced
by wearing loose clothing. Women are advised to wear a non-wired supportive bra. Boxer shorts may be helpful for men who have had a vein removed from their thigh.

**Stitches**

Usually we use stitches that just dissolve. If your stitches need to be removed we will arrange an appointment for your district nurse to remove them for you.

**Dental and medical care**

If you have had valve surgery, or if you have congenital heart disease, proper dental care will be very important following surgery. Bacteria from teeth and gums can enter the bloodstream and infect the heart.

- Tell your dentist what type of surgery you have had. You will need to take antibiotics before any dental treatment.
- Tell your dentist, doctor or pharmacist if you are taking warfarin.

The medications you take may change after your surgery. The nurse and/or pharmacist will make sure that you understand about any new medications before you leave hospital. We will give you a ‘medication record’ to remind you what you need.

When you leave hospital, we will give you a one month supply of medicines. It’s important to make sure you have repeat prescriptions before the one month supply is finished.

We will send a discharge letter to your GP, explaining the reason for your hospital stay, and giving details of your medication. If you have any detailed questions about your medication please ask your pharmacist or GP.

**Follow-up visits**

You will have a follow-up appointment approximately six to eight weeks after your surgery. This may be at the John Radcliffe or back at your local hospital. We will tell you about the plans for your follow-up before you go home. At this appointment you
can ask for advice about medication, work or any other matters that concern you. If you have a problem before then, it can be discussed with your GP or you can contact the Pre-admission and Discharge Liaison Nurses on 01865 220274.

Aftercare and rehabilitation

After your cardiac surgery you may be invited to attend a cardiac rehabilitation programme.

Cardiac rehabilitation is a service that supports and guides patients to make any necessary changes to their lifestyle. Our aim is to help people return to the quality of life they had before surgery. In many cases this can mean a much improved quality of life.

**What is cardiac rehabilitation?**

Cardiac rehabilitation:
• provides advice and support to patients
• helps people avoid further problems and get back on their feet again
• helps patients to look at their lifestyle and make any necessary changes
• is there to support people both physically and emotionally as they adapt to their new life.

You can have cardiac rehabilitation either in hospital as an outpatient or in the community setting such as a leisure centre. Cardiac rehabilitation in Oxfordshire is supplied by nurses and exercise physiologists, with further support from psychologists and dietitians if needed.

When you are discharged from hospital you will be referred to your local cardiac rehabilitation team. The cardiac rehabilitation team will usually contact you within two to four weeks, either by telephone or by letter. They will ask you various questions about
how you are feeling and how your recovery is progressing. If you do not hear from them please contact them on the number listed on page 39: if it is not listed you can contact the Cardiac Rehabilitation Department at the John Radcliffe Hospital on 01865 220251 and they will be able to give you the telephone number of your local cardiac rehabilitation team.

If you live in Oxfordshire a Cardiac Rehabilitation Nurse will come and see you on the ward and introduce the local service to you. They will then contact you within two weeks of discharge, and give you information, advice and the opportunity to take part in our programme of supervised exercise at a local leisure centre or hospital.

**Steps towards a healthier life**

You may already be doing some or all of these.

- Consider stopping smoking with the support of your Cardiac Rehabilitation Nurse, practice nurse or local smoking cessation service. There are many ways to help you with this, so please do not be afraid to ask. This is the most significant change you can make in preventing heart disease.
- Eat a well-balanced low-fat diet with plenty of fruit and vegetables and oily fish (see page 7).
- Take regular physical activity. Start by following the guidelines provided by the physiotherapist at the John Radcliffe Hospital.
- Try to reduce circumstances that cause you stress.
- Keep your alcohol intake within recommended guidelines. Men should not drink more than 21 units per week and women and people on warfarin should not drink more than 14 units per week.
- Visit your GP for regular check-ups of your blood pressure and cholesterol levels. We suggest you have your blood pressure checked two to three weeks after you have been discharged and again at three to six months.
- If you are diabetic make sure that your blood sugars are well controlled.
Driving

The DVLA guidelines advise that you should not resume driving until four to six weeks after your operation. However, it is advisable to discuss this with your surgeon six weeks after surgery, when you have your outpatient appointment, or with your GP if this appointment is later than six weeks.

If you hold a LGV/PCV licence you cannot drive for three months. The DVLA may ask you to take an exercise test before returning your licence to you. You will need to contact the DVLA to discuss this.

- 0870 241 1879
- www.dvla.gov.uk.

Contact the DVLA within the first couple of weeks after discharge from hospital, as it can take a while to arrange the test.

To ensure your policy remains valid, you must inform your insurance company that you have had cardiac surgery.

Seat belts must always be worn but you may find a pad or cushion between your chest and the seat belt more comfortable.

Sexual relations

After cardiac surgery sometimes people fear that the exertion of sexual intercourse may place added strain on their hearts or cause the wound to come apart. This will not happen, although the wound may be sore for a few weeks.

The exertion of intercourse is similar to climbing two flights of stairs. So, providing you can cope with this amount of activity it is unlikely you will experience problems.

Talk things over with your partner; keep it simple until your confidence returns.
If you experience problems once you have recovered from your surgery, please discuss them with your cardiac rehabilitation or practice nurse. Do not worry – there is help available. An organisation which can help you is:

- Sexual Advice Association: 0870 774 3571
- www.sda.uk.net

Local organisations are also available – your Cardiac Rehabilitation Nurse will be able to give you contact details.

### How family and friends can help

Cardiac surgery can have an enormous knock-on effect for family, friends and carers as well.

You may experience many anxieties and your emotions may be variable (e.g. ‘Will I get over the operation?’; ‘Will I get back to normal?’). These feelings will pass as you recover and you begin to return to your normal daily activities. However, if negative feelings don’t go away and you feel they are getting in the way of your recovery, please talk to your Cardiac Rehabilitation Nurse, practice nurse or GP.

Your family and friends will also be concerned and feel anxious. It may help to show them this booklet. Cardiac rehabilitation can also offer information and support to your family, friends and carer if required.

Further information on cardiac surgery, cardiac rehabilitation and lifestyle changes are available from:

- British Heart Foundation
- www.bhf.org.uk
# Contact numbers for cardiac rehabilitation

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Radcliffe Hospital, Oxford</td>
<td>01865 220251</td>
</tr>
<tr>
<td>The Horton General Hospital, Banbury</td>
<td>01295 229753</td>
</tr>
<tr>
<td><em>(Part of the Oxford Radcliffe Hospitals NHS Trust)</em></td>
<td></td>
</tr>
<tr>
<td>Cheltenham</td>
<td>08454 223535</td>
</tr>
<tr>
<td>Gloucester</td>
<td>08454 223535</td>
</tr>
<tr>
<td>High Wycombe/ Aylesbury</td>
<td>01494 526161 Ext 2025</td>
</tr>
<tr>
<td>Luton &amp; Dunstable</td>
<td>01582 497469</td>
</tr>
<tr>
<td>Milton Keynes</td>
<td>01908 243966</td>
</tr>
<tr>
<td>Northampton</td>
<td>01604 545345</td>
</tr>
<tr>
<td>Reading</td>
<td>0118 3226638</td>
</tr>
<tr>
<td>Swindon</td>
<td>01793 646221</td>
</tr>
<tr>
<td>Warwick</td>
<td>01926 495321 Ext 4927</td>
</tr>
</tbody>
</table>
If you need an interpreter or need a document in another language, large print, Braille or audio version, please call 01865 221473 or email PALSJR@orh.nhs.uk