

Cardiology Department, John Radcliffe Hospital

Coming into hospital for a coronary angiogram or percutaneous coronary intervention (PCI)

Information for patients



This booklet gives you information about your cardiac procedure and general information to help you during your stay in the John Radcliffe.

Please read through this booklet carefully when you receive it and again shortly before you come into hospital. It contains information that you may need to act upon before your admission.

Please encourage your family, friends or carers to read this booklet before you are admitted as some of the information will also be useful to them.

If you have any questions or concerns about any of the information in this booklet, please contact the appropriate ward using the telephone number listed on your admission letter, or speak to a member of staff at your current hospital.

Contents

1.	Welcome to the Cardiology Department	5
2.	Preparing for your admission	6
	• Before you come to our hospital	6
	• Travel arrangements	7
3.	What has gone wrong with my heart?	8
	• Coronary Artery Disease	8
	• Heart Valve disease	10
4.	Diagnostic coronary angiogram	12
	• Benefits	12
	• Risks	12
	• Alternatives	13
	• What's involved	14
	• What happens afterwards	14
5.	Possible treatment plans	15
	• Medical therapy	15
	• PCI	15
	• CABG	15
6.	PCI	16
	• Benefits	17
	• Risks	17
	• Possible problems	18
7.	Admission process to the Oxford Heart Centre	20
	• Planned admission from home after pre-admission clinic	20
	• Direct admission from home	21
	• Admission from another hospital	21
	• Consent	23
8.	What happens when you arrive	24
	• Settling into the ward	24
	• Positive identification	24
	• What happens before your procedure	25

9.	After your procedure	26
	• Discharge information	26
	• Phone numbers and visiting hours	27
10.	Let us know your views	28
11.	Patient Advice and Liaison Service (PALS)	29
12.	Contact numbers and further information	30

For general information about the hospital please refer to our booklet "Information for inpatients – John Radcliffe Hospital".

1. Welcome to the Cardiology Department

Welcome to the Cardiology Department at the John Radcliffe Hospital. The information in this booklet tells you about your cardiac procedure and what to expect during your stay. Other publications and helpful contacts are listed at the end of this booklet.

Our aim is to provide you with care that is safe, effective and timely. Our specialist facilities, and the expertise and experience of our staff, are at the forefront of cardiac care. Our department has an international reputation in cardiac research.

We always welcome your views. You will find a list of contact numbers of page 30 of the booklet

While you are a patient here you may be invited to take part in a clinical trial or research project, which may benefit you and other future patients. It is important to understand that whether or not you agree to take part in a trial or research project will not affect your treatment or care.

Choosing where to have your cardiac treatment

From 1st April 2005 patients having non-urgent PCI (angioplasty), or non-urgent cardiac surgery which is not performed on the same day as their angiogram, became entitled to choose where to have their treatment. If you wish to discuss this please contact our elective access team on 01865 221542.

Observers

The cardiac angiography/pacing unit where you will have your procedure occasionally has observers. The majority of these observers are healthcare professionals, either qualified or in training, or specialist company representatives. If you do not wish observers to be present during your procedure please tell a member of the staff.

2. Preparing for your admission

Before you come to our hospital there are a number of things you need to know and do. A checklist is shown below:

Let your next of kin or a close friend know your telephone number while in hospital.	The John Radcliffe Hospital Headington, Oxford, OX3 9DU Tel: (01865) 741166 Or ward telephone numbers on admission letter or page 27	<input type="checkbox"/>
Pack a bag for your stay	Suggested contents: 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.	<input type="checkbox"/>
Drugs	Please check and follow the medication advice on your admission letter. Bring with you all the drugs you have been taking recently, in their original containers, and place them in the green pharmacy bag (if you were given one)	<input type="checkbox"/>
Valuables	Please DO NOT bring in money, credit cards or any other valuables – unless you absolutely need them. As a guide, bedside TV/phone costs approx. £3.50 per day (not available in some areas), plus money for newspapers etc. Please note that the Trust cannot accept liability for any loss or damage to anything you bring with you, unless it has been handed over for safe-keeping and you have a receipt.	<input type="checkbox"/>
Plan your return home	Please see travel arrangements page 7	<input type="checkbox"/>

Travel arrangements and preparing for your return home

One of the most important things to do before coming to hospital is to make sure you have your travel arrangements in place.

- If you are a day case patient you will need to make sure that a relative or friend is able to collect you and drive you home from the hospital and that someone is able to be with you overnight for your first night at home after your procedure.
- If you are coming from home you will need to provide your own transport home when you leave hospital. (Information about 'Getting to the John Radcliffe Hospital' is available on page 8 of the hospital inpatient booklet. See page 11 for an explanation of who is entitled to hospital transport.)
- If you are transferred as an emergency from another hospital we would expect friends or family to collect you and take you home. If you are entitled to hospital transport this will be arranged for you.

You are not allowed to drive after these procedures

Up to date travel information is available on the hospital web site: www.oxfordradcliffe.nhs.uk or call the JR hospital on 01865 741166

3. What has gone wrong with my heart?

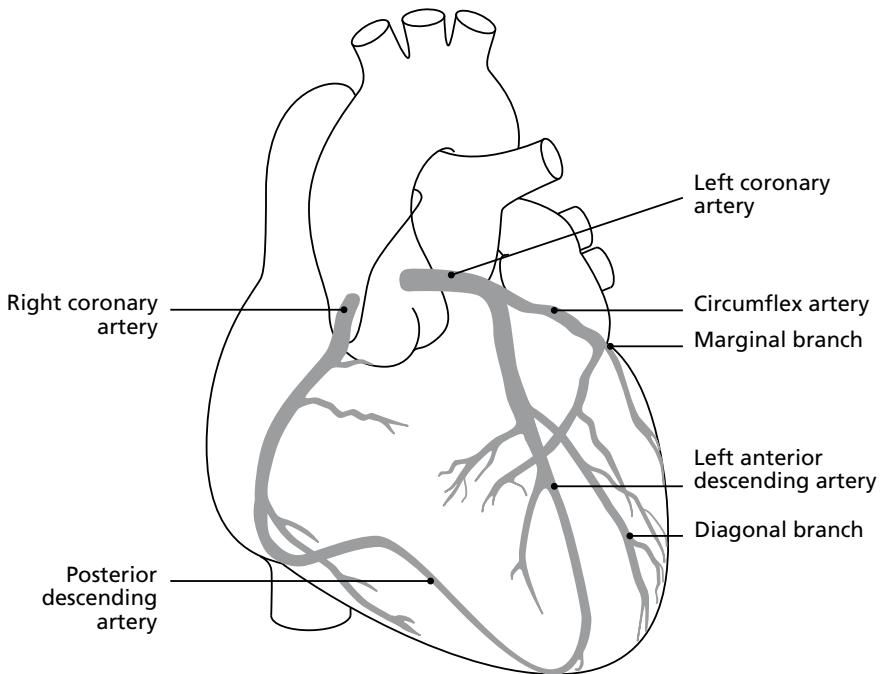
If you are coming into hospital for a cardiac procedure this means that you may have heart disease or need to be assessed to confirm you do not have heart disease.

The most common heart diseases are coronary (heart) artery disease or heart valve disease.

You may be coming to the John Radcliffe Hospital for one or more of the following procedures:

- A coronary angiogram to assess your coronary arteries and / or heart valves
- A percutaneous coronary intervention (PCI). (Also known as angioplasty or stenting.)
- An angiogram with the potential to proceed to percutaneous coronary intervention (PCI)

Coronary Artery Disease



The coronary arteries supply blood to the heart. There are two main arteries, the left and the right, which in turn divide into a number of branches. Usually in coronary artery disease one or more of these arteries becomes narrowed or blocked with fatty deposits called atheroma. If the narrowing in the artery is so severe that not enough blood gets to the heart muscles (particularly during exercise or emotional stress), you will get a cramp like feeling in the chest. This pain or discomfort is called angina. In some people the pain, discomfort or tightness may only affect the arm, neck or jaw or it may travel to the arms or fingers.

A heart attack or myocardial infarction (MI) happens when a narrowed coronary artery becomes blocked by a blood clot.

Either angina or a suspected MI can be so severe that you have to go to hospital. This is often called an 'acute coronary syndrome' or ACS for short.

A coronary angiogram assesses your coronary arteries to see what atheroma is present and is used to decide on the most appropriate treatment for you.

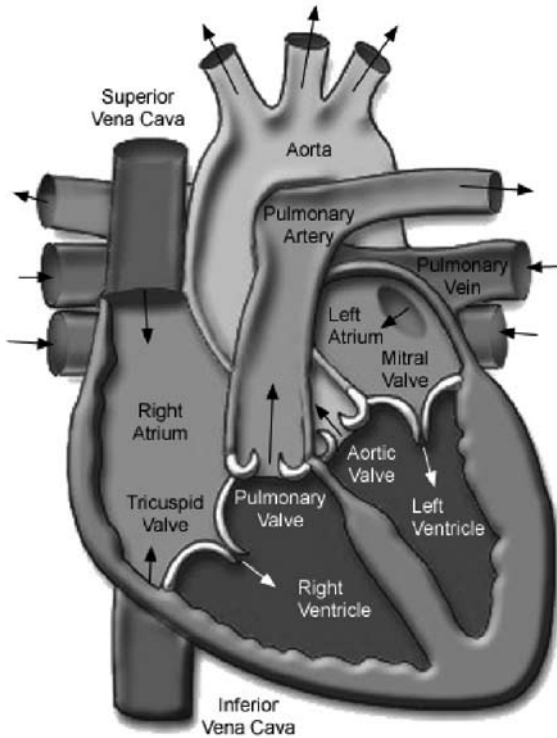
The most common factors that are known to contribute to the formation of coronary artery disease are:

- Smoking
- Family history of coronary heart disease
- Obesity
- High blood pressure
- Diabetes
- High levels of cholesterol
- Low levels of physical activity

Many people with angina respond to prescribed medication. However, it is sometimes necessary to carry out a procedure called percutaneous coronary intervention (sometimes called PCI, angioplasty or stenting) to increase the blood flow to the heart muscle. (See page 16)

Heart Valve Disease

Your heart contains four valves which make sure that when the chambers of the heart contract, the blood flows in the right direction. These valves can be damaged, for example by a heart attack or illness. Heart valves may also be abnormal from birth. A defective valve can affect the flow of blood through the heart.



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'healthinformation1@4arabs.com'
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There are two main types of valve problem:

- The valve opening may be narrowed, which reduces the flow of blood through the valve – this is called stenosis.
- The valve may leak, allowing some blood to flow back in the wrong direction – called regurgitation.

Any of the four heart valves can be affected by these problems but it is usually the Mitral (Inlet) or the Aortic (Outlet) valve that have problems. Both of these valves are located on the left side of the heart.

Heart valve disease can put an extra strain on the heart. It may also affect the drainage of blood from the lungs to the heart, causing a build up of fluid in the lungs, which in turn causes you to feel breathless.

These conditions may also affect the drainage of blood from the rest of the body to the heart, causing swollen ankles. Occasionally patients with heart valve problems may suffer from chest pain, palpitations, dizziness or blackouts.

Surgical treatment may be required to repair or replace the valve and an angiogram is performed before surgery.

4. Diagnostic coronary angiogram (cardiac catheterization)

Diagnostic coronary angiogram is a special investigation which uses x-rays to examine the structure and function of the heart. It is sometimes called a cardiac catheterization.

A very narrow, flexible, plastic tube, called a catheter, is guided into the heart to examine the chambers of the heart and the coronary arteries. A special contrast dye which shows up on x-rays is injected into the arteries and allows the doctor to see any blockages or narrowings that may be responsible for your symptoms.

What are the benefits?

A coronary angiogram is not a treatment and you will not notice any improvement afterwards. The aim of coronary angiogram is to provide important information about your heart and its blood supply, which will allow you and your doctors to decide on the best course of treatment for you.

What are the risks?

Coronary angiography is an important investigation that is performed in large numbers throughout the developed world. The test is very safe and the risk of serious complications is less than 0.2% (1 in every 500 patients).

These risks are greater under certain circumstances, for example, when the procedure is done as an emergency or when a patient is very unwell (e.g. during a heart attack). For patients with advanced heart disease or other significant medical problems, complications can occasionally occur even when the most experienced and skilled specialist performs the procedure.

The risk of complications does vary from patient to patient depending on the details of their condition. Figures quoted here represent average values for the John Radcliffe Hospital, which performs over 3000 procedures each year.

- Damage to the artery in the leg or arm where the catheters

are inserted. Although a bruise commonly occurs, there is less than a 0.1% (less than 1 in every 1000 patients) chance of a major problem. This could be excessive bleeding or blockage of the artery, which would require a blood transfusion or surgical treatment.

- Development of an abnormal heart rhythm occurs in less than 0.2% (less than 1 in every 500 patients). In rare circumstances this may lead to loss of consciousness and treatment may be necessary with drugs or electric shock.
- Reduction in kidney function. The contrast dye used can in rare circumstances cause kidney function to deteriorate (get worse). This is slightly more likely in patients who have abnormal kidney function before the procedure. It is usually a reversible problem that will resolve with time.
- An allergic reaction to the contrast dye – this may cause you to feel sick or develop a skin rash but symptoms usually resolve without further action.
- Damage to a major coronary artery, causing it to suddenly narrow or block – less than 0.2% (less than 1 in every 500 patients). This could cause a heart attack and may require treatment with PCI (angioplasty) or an emergency coronary artery bypass operation.
- Stroke – less than 0.2% (less than 1 in every 500 patients).
- Death – less than 0.1% (less than 1 in every 1000 patients) during a routine diagnostic coronary angiogram.

The figures quoted above are average figures for all cases. Before the procedure your Cardiologist will discuss with you any specific further risks for you.

Are there any alternatives?

Your doctor will have already discussed any alternative treatments with you. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.

What's involved?

We will ask you to lie on an x-ray table in the angiography suite. The catheter is inserted through a blood vessel in your groin or arm. The doctor will inject local anaesthetic into the area so it should not hurt when the catheter is passed into the blood vessel. The doctor gently pushes the catheter up the blood vessel towards the heart. Low dose x-rays are used to guide the catheter into the correct position.

Once the catheter is in position some contrast dye is then injected down the catheter into the coronary arteries and x-ray pictures are taken. Any narrowings or blockages will show up on the x-ray film. During the investigation we will monitor your heartbeat using electrodes and an ECG machine.

When the test is over, the catheter is gently pulled out. If it was inserted in your wrist a special pressure pad is applied which is slowly released by ward staff on your return to the ward. If the catheter was inserted in the leg a special stitch or closure device called an angioseal may be used. If it was inserted in the crook of your arm you will normally need a few stitches which will be removed a week later at your local GP surgery.

The procedure usually takes about 30 mins to one hour.

What happens afterwards?

After the procedure you return to the ward where staff will monitor your blood pressure and pulse. They will also check the wound and circulation of blood in the limb that was used. After a few hours of resting in bed you will be allowed to get up. Your nurse will keep you informed of your progress.

The doctor will come to see you when all patients have had their procedures done. S(he) will explain the results of the angiogram and tell you about further treatment if necessary.

Before you go home you will be given a discharge booklet which will explain what to do when you get home.

Do not hesitate to ask questions at this time.

5. Possible treatment plans

The doctor may decide that you do not need any further treatment. If you do require further treatment, this may involve one or more of the following treatment plans.

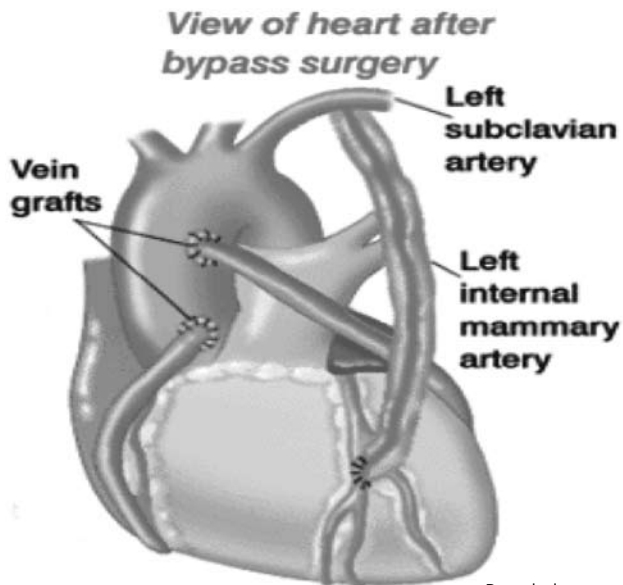
Medical therapy

Medicines (tablets) are used to manage your coronary artery or valve disease. This is a well-accepted and a normal part of the treatment. Not all types of coronary artery narrowings will be suitable for percutaneous coronary intervention (PCI). The nursing staff will explain the medicines before you go home.

Percutaneous Coronary Intervention (PCI) See page 16

Coronary Artery Bypass Graft Surgery (CABG) or Heart Valve Surgery

If this is a necessary part of your treatment your doctor will discuss this with you in more detail after your angiogram. If you would like further information please ask a member of the ward staff for a copy of the British Heart Foundation booklet on coronary artery bypass surgery.



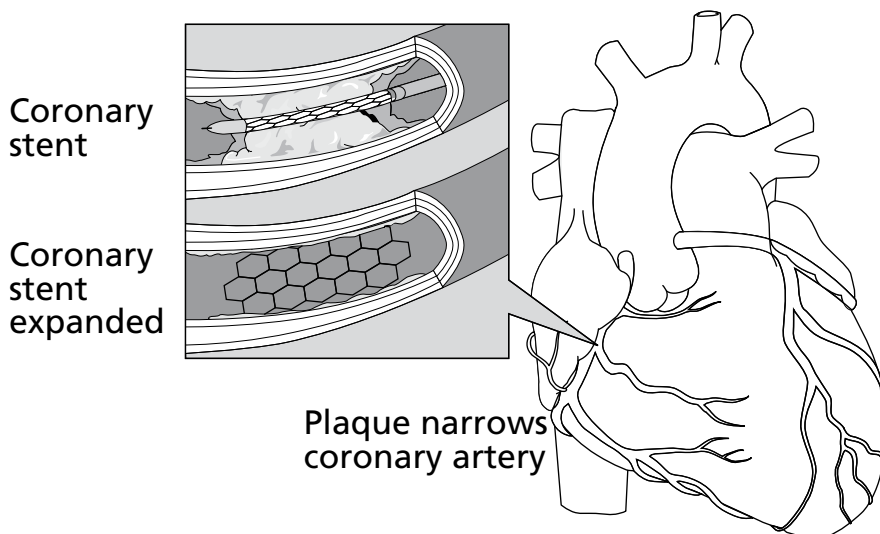
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6. Percutaneous coronary intervention (PCI)

The term percutaneous coronary intervention (sometimes called PCI, angioplasty or stenting) describes a range of procedures that treat narrowing or blockages in the coronary arteries which supply blood to the heart.

A small inflatable balloon on the tip of a narrow tube (called a catheter) is passed through the artery in either your groin or arm until its tip reaches the narrowed section in the coronary artery. The balloon is gently inflated so that it squashes the fatty tissues responsible for narrowing the artery.

A stent, a short tube made of stainless-steel mesh, may also be inserted. As the balloon is inflated, the stent expands so that it holds open the narrowed artery. The balloon is then let down and removed, leaving the stent in place.



The procedure usually takes about 45 - 90 minutes depending on how many narrowings need to be treated. During the procedure you may experience chest pain or symptoms similar to those that brought you into hospital. Please tell one of the team if you have any symptoms and they will do what they can to relieve it. They may give you some medicine to take. Do ask if you are at all concerned about this – all the staff are there to help you.

PCI is an important treatment option for patients with coronary artery disease and is performed in large numbers around the developed world. In the John Radcliffe over 1000 PCIs are performed each year. Some patients undergoing this procedure will have previously had a coronary angiogram (sometimes called cardiac catheterization) to examine the condition of the coronary blood vessels. In many patients a PCI may be undertaken immediately after the diagnostic coronary angiogram.

Benefits of PCI

- Most procedures are successful. Current success rates at the John Radcliffe Hospital are greater than 98% (more than 98 in every 100 patients). However, if an artery is totally blocked before the procedure, success rates are less: 50-70% (50-70 in every 100 patients) depending on the precise nature of the blockage. In cases where the procedure is unsuccessful, usually no harm is done and the patient's symptoms are no worse than before.
- After a successful procedure most patients begin to feel a benefit in terms of improved symptom relief and this will continue for the coming months.

Risks of PCI

The procedure is safe and the risk of serious complications is less than 2% (less than 2 in every 100 patients). The chances of success and the risks associated with any procedure vary for each person. Important factors include:

- Age, degree of heart disease, and other medical conditions – for example diabetes or kidney failure.
- Your current situation: for example, procedures have greater risks in emergency cases, after recent heart attacks or when angina is unstable and occurring without exercise.
- The details of the proposed procedure: for example, whether more than one narrowing or blockage is being treated during the same procedure; whether the arteries are totally blocked (rather than just narrowed) and narrowings located at a point where the artery divides (forks).

Possible problems are:

- For some patients symptoms will return and this may mean the artery has narrowed again. This problem can occur early but is more likely to occur over a period of three to six months. This process is called restenosis and it is related to the healing of the artery. It can affect up to 10% (1 in every 10 patients). This is a chance event and it is not a reflection of the quality of the original procedure. It can usually be treated with a repeat procedure.
- Damage to the artery in the leg or arm where the tubes are inserted – less than 1% (less than 1 in every 100 patients). This could lead to excessive bleeding or blockage and may require an operation to correct it. Usually local bruising is the main risk and occasionally blood transfusion is all that is required.
- Damage to the heart muscle supplied by the artery being treated. This can be caused by closure of small branch vessels or the release of blood clot or debris (pieces of atheroma). This may occur to some extent in many cases but it only causes a problem in 2-3% of cases (2-3 in every 100 patients). Usually there are no long term consequences.
- Damage to a major coronary artery, causing it to suddenly narrow or block – less than 1% (less than 1 in every 100 patients). This could cause a heart attack and may require treatment with an emergency coronary artery bypass operation.
- Development of an abnormal heart rhythm – less than 0.5% (less than 1 in every 200 patients). In rare circumstances this may lead to loss of consciousness and treatment maybe necessary with drugs or electric shock.
- Perforation (making a hole) in one of the heart chambers or heart arteries leading to a collection of blood around the heart – less than 0.1% (less than 1 in every 1000 patients). This may require drainage via a tube placed below the breastbone, or an operation.

- Reduction in kidney function. In rare circumstances the contrast dye used causes kidney function to deteriorate. This is somewhat more likely in patients who have abnormal kidney function before the procedure. It is usually a reversible problem that will resolve with time.
- An allergic reaction to the contrast dye used to take x-ray pictures of the heart chambers and coronary arteries. This may cause you to feel sick or develop a skin rash but symptoms usually resolve without further action.
- Death – less than 0.25% (less than 1 in every 400 patients) although this is more likely in an emergency than a planned procedure.
- Stroke – less than 0.25% (less than 1 in every 400 patients).

The figures quoted in this document are average figures for all cases. Before the procedure your Cardiologist will discuss with you any specific further risks for your procedure.

7. The admission process to the Oxford Heart Centre

You will be admitted to the Oxford Heart Centre via one of the following routes:

- a) After a pre-admission clinic visit
- b) Direct admission to the ward
- c) Transfer from another hospital

a) Planned admission to the Cardiology Ward or Cardiac Day Case Unit after pre-admission clinic

Your letter will tell you the date of your procedure and ask you to call to arrange an appointment to attend a pre-admission clinic.

Pre-admission clinic

At this clinic we will carry out some tests and investigations and give you more information about your procedure and your admission. You will be seen by a doctor or a nurse from the ward, have blood samples taken, an ECG (electrocardiogram) and occasionally a chest x-ray. Please feel free to ask any questions you may have.

We will ask you to fill in some paperwork which we use as part of your medical record. Please bring with you to this appointment a list of all the medicines you are currently taking.

Your visit will last approximately 2 hours and you will need to provide your own transport to and from the pre-admission clinic.

On the day of admission

Please follow any instructions you were given at the pre-admission clinic about taking your medicines. Please bring with you the items listed in your letter and any medicines you are currently taking. You will not be able to drive after your procedure and if you are a Day Case patient,

you will need someone to take you home and stay with you for the first night at home.

Before your procedure you will be asked to stop eating from midnight the night before. You may drink water until 7am on the morning of your procedure as directed in your letter – unless we tell you otherwise at the pre-admission clinic.

If you have any queries please contact us using the telephone number on the top right hand corner of your letter.

b) Direct admission from home

You will be sent a letter with a date for you to come to hospital to have your procedure.

On the day of admission

Please follow the instructions on the letter. **Patients who are being admitted to the Cardiology Ward need to telephone before leaving home (01865) 220420 to confirm that a bed is available.** If a bed is not available, due to pressure on beds because of emergency admissions, your appointment will be rearranged for a date as soon as possible. We realise that such delays are worrying and frustrating, but they are rare and we do everything we can to avoid them.

Patients being admitted to the Cardiac Day Case Unit need to arrive at the time stated on the letter and do not need to telephone beforehand.

Please bring with you all medicines you are currently taking. These will be used for you while you are in hospital. Medicines that you still need to take after your procedure will be returned to you when you go home. Please also bring with you comfortable clothes to wear during the day, e.g. a tracksuit; loose fitting night clothes; dressing gown and slippers; toiletry bag; towel; reading material and stationery.

c) Admission from another hospital

You may be a patient in another hospital who needs

treatment at the John Radcliffe Hospital. According to your clinical condition you will be assessed for treatment either as:

- a day case patient on the **Cardiac Day Case Unit**, in which case you will return to your local hospital in the evening
or
- as an inpatient on the **Cardiology Ward or Coronary Care Unit** – in which case you will most likely be discharged home from the John Radcliffe Hospital.

Admission to the Cardiac Day Case Unit

If you are to be treated in the Cardiac Day Case Unit, your local hospital will arrange transport to and from the John Radcliffe Hospital on the day of your procedure. (Your discharge home from your local hospital will be decided by your own local consultant). You will be collected early in the morning to ensure your arrival at the John Radcliffe Hospital before 9am. If your procedure is in the morning you will be asked to stop eating from midnight. You may drink water until 7am unless your nurse tells you otherwise.

Admission to the Cardiology Ward or Coronary Care Unit

If you are transferred urgently your local hospital will arrange transport to the John Radcliffe Hospital. You will usually be discharged home from the John Radcliffe Hospital and we would expect friends or family to collect you and take you home. If you are eligible for hospital transport (page 11 of the Information for Inpatients booklet) this will be arranged.

The medical team will assess you and allocate a time on the procedure list as soon as possible. We try to make sure this is the next day, but it can be delayed due to emergencies or weekends. Your nurse will be able to tell you when your procedure will be once the doctor has seen you.

Please feel free to ask any questions you may have.

Consent for investigation or treatments

Before a health professional examines or treats you they need your consent. You will need to sign a consent form before your procedure. This may be done at the pre-admission clinic or when you arrive on the ward.

The doctor or nurse will explain the procedure and identify the risks and benefits of undergoing the procedure. These risks and benefits have been included in this booklet. You will be given the opportunity to ask questions during the consent process to make sure that you understand everything.

The consent process is clearly explained in the Department of Health Patient information leaflet – 'About the consent form'. Please ask to see a copy if you have not already been given one.

8. What happens when you arrive

Settling into the ward

When you arrive at your ward you will be shown to your bed and introduced to your nurse. The nurse will explain the ward layout and facilities. They will check your details and assess you for any particular needs that you may have, before explaining what will happen during your stay.

If your bed is not ready the nurse will explain the delay and you may be asked to sit in the dayroom for a short while.

You may have concerns about coming into hospital for your procedure. We are all here to help you and will answer any questions or address any concerns you may have during your stay with us. It may be 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.

You will be allocated a bed according to your needs. This may not be with patients of the same sex, though we do try to group men and women together as much as possible. There are separate washing and toilet facilities for men and women on the Cardiology Ward, but not on the Coronary Care or Day Care Unit.

We will respect your privacy and dignity at all times and the curtains around your bed can be drawn when necessary. If you have any particular concerns about this, please let one of the nurses on the ward know as soon as possible.

Positive Identification

To make sure that you receive the safest possible care while you are being treated in this hospital, it is important that we identify you correctly at all times. Therefore, before you have any test, treatment or procedure, and before you are given any medicines, we will ask you to identify yourself. Although it can be annoying

to be asked the same question many times, please support our staff members to ensure these important checks take place.

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

What happens before your procedure (patients undergoing an angiogram or PCI)

Your nurse will be able to tell you the approximate time of your procedure. The time may vary because of emergencies, or if another patient's procedure takes longer than expected.

Your nurse will ask you some questions before your procedure. You will be asked these same questions again in the angiography suite – this checking system is designed for your safety. The nurse will then go with you to the angiography suite, the special room where your procedure will take place. The angiography suite contains a lot of equipment and lights. A team of nurses, doctors, cardiac physiologist and radiographer will be with you throughout the procedure.

You will need to lie flat on your back during the procedure and you will be able to slowly sit up on your return to the ward. The length of time you remain in bed varies according to which procedure you've had and when the catheter is removed.

9. After your procedure

When you return to the ward your nurse will explain what will happen over the next few hours as you recover.

Once you have settled back on the ward and your nurse is satisfied with your condition you will be helped to have something to eat. Your nurse will regularly check the puncture site where the catheter was inserted for signs of bleeding and monitor your blood pressure. At the end of your bed rest period, the nurse will help you to get up and sit in a chair and after this you will be able to do a little gentle walking.

If at any time you experience chest pain or you feel unwell, please tell your nurse immediately.

Usually the doctor who carried out the procedure will visit you before your discharge to discuss the results. If you have any questions we recommend you write them down so that you don't forget them when the doctor arrives. Your discharge time or date will be discussed with you – this will depend on the results of your procedure.

Discharge information

Once you have recovered from your procedure your nurse will give you a booklet about the results of your procedure, future treatment plans and healthy lifestyle information.

Do not hesitate to ask questions during this time.

Phone numbers and visiting hours

Cardiac day case unit (CDCU) 01865 220221

Open visiting; only two people at a time at the bedside.

Cardiac investigations annexe (CIA) 01865 740421

Open visiting

Cardiology ward 01865 220420 or 220421

Open visiting, only two people at a time at the bedside.

Protected meal times: visiting is discouraged
between 12 and 1pm

Coronary Care Unit 01865 220629

Open visiting **except** between 1pm – 3pm when patients are resting and no visitors are allowed. Please limit visitors to two people at a time at the bedside.

For all other wards please ask a member of staff for visiting times.

10. Let us know your views

If you are pleased with the care you have received, or have any suggestions about how we can improve our services, please let us know. We welcome your comments. Listening and responding to your views is an important way of ensuring that our services meet your needs.

If you are unhappy about any aspect of your care or treatment, please talk to the member of staff caring for you, who may be able to solve the problem straight away.

11. Patient Advice and Liaison Service (PALS)

PALS is available for patients, relatives, carers and families at the John Radcliffe. They offer independent, confidential, on-the-spot help, advice and support. Information about PALS is in the John Radcliffe Inpatient hospital booklet

12. Contact numbers and further information

Ward Numbers

Cardiac Day Case Unit 01865 221920
Level 2 – Cardiac Block (8am-8pm)
(Next to League of Friends Café)

Cardiology Ward 01865 220420
Level 2 – Cardiac Block (24hrs)
(Next to League of Friends Café)

Cardiac Investigations Annexe 01865 740425 /740421
Level 1 – Cardiac Block (8am-5pm)
(Off the corridor to Cardio-Thoracic
Critical Care Unit)

Coronary Care Unit 01865 220629
Level 1 – main Hospital (24hrs)
(Near the Emergency Department)

Elective Access Team 01865 221542
Appointments and admissions (9am-4pm)

John Radcliffe Hospital 01865 741166
Headley Way
Oxford OX3 9DU Website: www.oxfordradcliffe.nhs.uk

Further Information and support

After a Myocardial Infarction (heart attack) or Percutaneous Coronary Angiogram (PCI) further support and advice about lifestyle changes and exercise is available from the local cardiac rehabilitation team.

Oxford 01865 220251 Banbury 01869 229753

Or ask for the number of your local cardiac rehabilitation team.

Further Information

British Heart Foundation
14 Fitzhardinge St
London W1H 6DH

020 7935 0185
Website: www.bhf.org.uk

Heart Information Line
(Supported by BHF)

08450 70 80 70

NHS Direct

0845 4647
Website: www.nhsdirect.nhs.uk
www.healthtalkonline.org

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473**. When we receive your call we may transfer you to an interpreter. This can take some time, so please be patient.

Edited by R. Siefers
Practice Development Nurse
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Review July 2012
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