



Oxford University Hospitals
NHS Foundation Trust

The Oxford Heart Centre
Cardiac Surgery

Information for patients



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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 has been written to answer your questions and give you 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 welcome any suggestions you may have. Please help us to improve by filling out a patient satisfaction survey or by speaking to a member of the senior nursing team. A survey will be given to you on the day you are discharged from the Cardiothoracic Ward.

This booklet is designed to complement the many other publications available to you. You may find further useful information from the British Heart Foundation:

Heart Helpline: **0300 330 3311**

Email: **hearthelpline@bhf.org.uk**

Website: **www.bhf.org.uk**

The Oxford University Hospitals website also has further information about the Heart Centre:

Website: **www.ouh.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 you are discharged, please 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 220 274**

(Monday to Friday, 9.00am to 4.00pm)

Ward clerks

For help with claim forms and other paperwork, please speak to one of the ward clerks.

Tel: **01865 572 635** or **01865 572 663**

(Monday to Friday, 9.00am to 3.00pm)

Senior Nursing Team

The Senior Nursing Team includes a matron and ward sister, both of whom can be contacted by calling the Cardiothoracic Ward.

Tel: **01865 572 662** or **01865 572 661**

(8.00am to 4.00pm)

Information about your outpatient appointment

When you are referred for cardiac (heart) surgery, we will send you an outpatient appointment. At this 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. They may be able to write down the information discussed, so you can read it again at home.

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

Please note, there is limited parking on all hospital sites, so please allow an hour to park for your Pre-admission appointment.

There is further information about parking and other ways to get to the hospital sites included in the 'Information for patients – John Radcliffe Hospital' leaflet. Please ask us for a copy or visit: www.ouh.nhs.uk/hospitals/jr/documents/jr-patient-booklet.pdf

It is also available on the Trust's website at:

www.ouh.nhs.uk/hospitals/jr/find-us/default.aspx

Pre-admission Clinic

You will need to come to the Pre-admission Clinic (PAC) before you come in for your operation. You will be sent an appointment for this a few weeks after you have been added to the waiting list by your surgeon.

At the PAC you will:

- be seen by the Pre-admission and Discharge Liaison Nurse, a doctor, and the anaesthetist (if required)
- receive information about your surgery
- have some medical check-ups and other tests, if required
- discuss plans for your discharge after surgery.

You will also have a chest X-ray, an ECG (electrocardiograph), which is a paper tracing of the electrical activity of your heart, and some blood samples taken.

A Pre-admission Clinic appointment usually takes three to five hours in total, so it is a good idea to bring someone with you to keep you company. The tests you will have at the PAC will not affect your ability to drive home afterwards.

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. This is important, because any dental infection present will increase the risk of bacteria entering your bloodstream and infecting the valve.

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, as soon as possible.

If you are unable to provide confirmation that you have no active dental infection, your operation may have to be postponed.

Preparing for surgery

Smoking

Stopping smoking is the single best thing you can do for your heart health. Smoking is also an important cause of chest complications after cardiac surgery. You can get help and advice on how to quit from your GP, practice nurse or pharmacist. Sources of advice and information can also be found from:

NHS Smokefree

www.nhs.uk/smokefree

Tel: 0300 123 1044

British Heart Foundation

www.bhf.org.uk/heart-health/risk-factors/smoking

NHS Choices

www.nhs.uk/Livewell/smoking/Pages/NHS-stop-smoking-adviser.aspx

The right food

Healthy eating is an important part of your preparation for your operation. Being well-nourished and at a good weight for your height will:

- help your wounds to heal
- give you strength to make a speedy recovery.

When you come for 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 overweight, losing a few pounds before the operation will be helpful. If you are underweight, we will discuss this at your Pre-admission Clinic appointment.

If you have diabetes, getting good control of your blood glucose before surgery will help your recovery and healing afterwards.

Losing weight

If you are overweight, aim to lose a maximum of 900g (2lbs) per week for healthy weight loss. Crash diets may cause rapid weight loss, but do not provide the vitamins and nutrients you need to be in the best state of health for your operation.

Preparing for surgery is often a good time to look at your overall health. Many people use this opportunity to think about their diet and to make plans for keeping healthy in the future.

You can find out further information about healthy eating and weight loss from:

NHS Choices

www.nhs.uk/livewell/loseweight/pages/loseweighthome.aspx

You can also speak to our in-house advisors at the **Here for Health – Health Improvement Advice Centre**, at the John Radcliffe Hospital.

They can offer you information on ways to lose weight, as well as a referral to a free 12 week slimming scheme.

Tel: 01865 221 429

(Monday to Friday, 9.00am to 5.00pm)

Email: hereforhealth@ouh.nhs.uk

Website: www.ouh.nhs.uk/HereforHealth

Eating for a healthy heart

What matters the most?

- Choose food options that are lower in salt, sugar and fat.
- Try to eat at least five portions of fruit and vegetables each day.
- Reduce your intake of fat, particularly saturated fat.
- Reduce the amount of salt you eat.

Oily fish

Eat at least two portions of oily fish per week (one portion is 140g of cooked fish). Women of childbearing age are advised to limit their intake to one to two portions per week, due to the level of certain chemicals they may contain, such as dioxins.

Oily fish is a good source of omega 3 fatty acids. These can lower blood pressure and reduce fat build-up in the arteries. Examples of oily fish include herring, kippers, mackerel, pilchards, sardines, sild, salmon, trout and fresh tuna (not tinned).

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

Fruit and vegetables

These provide important vitamins and fibre and can be fresh, tinned, frozen, dried or as juice, but only count juice and mushrooms as 1 portion daily.

Rough guide to portion sizes

Vegetables raw, cooked, frozen or canned (in unsalted water)	3 heaped tablespoons
Salad	1 dessert bowl
Dried fruit	1 tablespoon
Grapefruit/avocado	½ fruit
Apples, bananas, oranges and other citrus fruit	1 fruit or 80g
Plums and similar sized fruit	2 fruits or 80g
Grapes, cherries and berries	1 handful
Fresh stewed or canned fruit salad (in natural juice)	3 heaped tablespoons
Fruit or vegetable juice	1 small glass (150ml)

Reduce your fat intake

Whichever fat you use, use it sparingly.

Some fat, like that in oily fish, is good for your heart, but high intakes of total fat and saturated fat may contribute to health problems. Saturated 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, ghee and cream. Choose low fat varieties.
- fat in cakes, biscuits, pies and confectionery.

Choose spreads and cooking oils high in monounsaturated fat (e.g. olive/rape seed) or polyunsaturated fats (e.g. sunflower).

Avoid those high in saturated fat (such as butter or lard) or trans-fatty acids (such as hydrogenated vegetable oil).

Sugars

Reduce your intake of products containing sugar. These are not needed in your diet and so should only be included occasionally (e.g. cakes, biscuits and sugary drinks).

Carbohydrates

Include some carbohydrate (starchy) foods in your diet, as these will help you feel fuller for longer. Examples of these are rice, pasta, potatoes, chapattis and noodles.

Eat less salt

Try to reduce your intake of convenience and very salty foods, such as cook-in sauces, processed meats, packet mixes, salty snacks, etc.

Avoid adding salt to food where possible. Better alternatives include pepper, garlic, herbs, spices and lemon.

Limit your alcohol consumption

Men and women are advised not to drink more than 14 units a week on a regular basis.

Spread your drinking over three or more days if you regularly drink as much as 14 units a week.

Try to have several drink-free days each week. This can also help if you are trying to cut down.

Getting drunk or binge drinking is dangerous while taking warfarin. It may increase the effect of the drug, which can increase the risk of bleeding.

Other useful resources

British Heart Foundation

Website: www.bhf.org.uk

Department of Health

Website: www.gov.uk/government/publications/the-eatwell-guide

British Dietetic Association

Website: www.bda.uk.com

Here for Health – Health Improvement Advice Centre

Oxford University Hospital drop-in centre for advice and support on healthy living, including physical activity, diet, smoking, alcohol and emotional wellbeing.

Tel: 01865 221 429

(Monday to Friday, 9.00am to 5.00pm)

Email: hereforhealth@ouh.nhs.uk

Website: www.ouh.nhs.uk/HereforHealth

Coming into hospital

Belongings and valuables

The Oxford University Hospitals NHS Foundation Trust accepts no responsibility for the damage or theft of personal items, cash or credit cards, unless they have been handed over for safekeeping and you have a receipt. Please do not bring in a lot of cash and try to avoid bringing other valuables with you to hospital.

You can leave your wedding band on, if you have one, and it will be taped over during the surgery.

Benefits

If you have to stay in hospital longer than expected, and are receiving Income Support or a Social Security pension or benefit, you will need to tell the relevant Government department. Some benefits may have to be reduced during your stay.

If you contribute to an insurance or pension scheme, which allows claims to be made when you are a patient in hospital, the John Radcliffe will charge you an administrative fee 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 572 663

What to bring with you

You will need to pack a bag for your stay in hospital. Please bring loose fitting night clothes, a dressing gown and slippers, your normal washing items, a towel, reading material and pens.

We ask that ladies bring in a non-wired, front fastening supportive bra, with hooks or poppers, to wear after their surgery (not a zipped front fastening bra). This will provide comfort and support for your chest wound.

Please remember to bring the cleansing pack, which will be given to you at the Pre-admission Clinic.

Current medications

Please follow the instructions about taking your medicines, which is shown on the green leaflet given to you at the Pre-admission Clinic and in your hospital admission letter. Bring in all of your medication (in the original containers) in the green bag.

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 when you leave hospital, and for someone to stay with you for 1 week after you go home. If you have any concerns about this we can talk about them at the Pre-admission Clinic.

Please encourage your carer to read this booklet before you come for your operation. We will gladly answer any questions from you both may have. Please contact the Pre-admission and Discharge Liaison Nurses if you need any advice (see page 4 for contact numbers).

Travel arrangements

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

You should not go home alone on public transport when you leave hospital. You should travel home by car, with someone accompanying you. This will be more comfortable for you and also quicker for you to return to the hospital if you need to.

Information on travel to the hospital and parking can be found on the hospital website:

www.ouh.nhs.uk/hospitals/jr/find-us/default.aspx

Consenting to treatment

Before you have surgery, you will be asked by the doctor to sign a consent form. Before you do this, you should have a good understanding of the proposed procedure and the risk of complications, which will be explained to you by your doctor.

If you have any questions or concerns, either before or after signing the consent form, please feel free to raise these with your medical team.

You can change your mind at any point, even after signing the consent form. This does not affect your right to alternative forms of treatment.

Helping staff to learn – clinical teaching

The Oxford University Hospitals NHS Foundation Trust is a teaching trust, which means there may be students present when you see the doctor. If you would prefer students not to be present, please feel free to tell the nurse or doctor.

Settling into the ward

Being admitted to hospital can be a strange or new experience. We understand this and are here to help you with any worries or problems, or 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 people 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 or if you take longer to recover.

Privacy and dignity

During your stay on the Cardiothoracic Ward you will have your own room with en-suite facilities.

The Cardiothoracic Critical Care Unit (CTCCU) is a 21 bedded, open plan intensive care unit, but your privacy and dignity will still be maintained at all times.

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.

To protect your confidentiality and remain 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 tell your nurse when you arrive or as soon as possible afterwards.

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 used if you need a blood transfusion.

Your healthcare team

The people you may meet during your stay:

Doctors

The surgical team is led by a consultant surgeon. The other members of the team include specialist registrars and junior doctors. Doctors carry out ward rounds throughout the day.

Anaesthetists

The anaesthetist is the doctor who gives you your anaesthetic, which will send you to sleep during your surgery. The anaesthetist looks after you during your operation and afterwards on the Critical Care Unit.

The anaesthetist will visit you before the surgery, to explain the anaesthetic and monitoring that you will be having.

Nurses and nursing assistants

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

Physiotherapists

If you are at risk of developing lung complications after your operation (such as a chest infection), you will be seen by the physiotherapist after your surgery to help you get moving to reduce this risk.

Dietitians

A dietitian is available to provide specific dietary advice and to care for your individual dietary needs, if required.

Pharmacist

The pharmacists visit the ward daily, to 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 image when necessary, either on the ward or in the X-ray department.

Ward clerks

Ward clerks provide useful advice and information about administrative details, such as work related medical certificates (sick notes).

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 when you are in hospital. Although we encourage people to visit, you will probably find that you are very tired immediately after your operation.

Preferred visiting hours: Cardiothoracic Ward

This is where you will rehabilitate after your surgery, after having spent 24-48 hours in the Cardiothoracic Critical Care Unit (CTCCU) immediately after surgery.

- 8.00am to 8.00pm every day.
- Rest period: 1.00pm to 3.00pm – all visiting is discouraged during this time.

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

Preferred visiting hours: Cardiothoracic Critical Care Unit (CTCCU)

- CTCCU visiting hours are 'open visiting' but closed during the rest period between 1.00pm to 3.00pm.
- Rest period: 1.00pm - 3.00pm – all visiting is discouraged during this time.

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

We are not able to keep plants or flowers on the wards or in the units, due to the risk of bacteria and infection.

Telephone numbers for the ward and CTCCU will be given to you at your Pre-admission Clinic appointment, or when you come into hospital for your surgery. To reduce the number of incoming phone calls to the ward or unit, please nominate one member of your family to phone in to ask after your progress. All other family and friends can then contact that person for updates.

Before the operation

Fasting before your operation

We will give you clear instructions about when you need to stop eating and drinking before your operation. These instructions will only apply to the day of your surgery. You can eat and drink normally the day before your surgery.

Please follow the fasting instructions carefully, as this may affect whether your operation can go ahead.

On the day of admission

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

We ask that you have a shower the night before the surgery and on the day of the surgery, using the cleansing pack given to you at the Pre-admission Clinic.

Do not shave the hair from your chest, arms, leg or groin. This will be done in hospital on the day of your operation.

Please bring with you the items listed on page 13 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 you may have. The anaesthetist will prescribe some medication which relaxes you before you go to the operating theatre.

Further information about your anaesthetic is contained in the leaflet 'Anaesthesia explained', which you will be given at the Pre-admission Clinic or on the ward.

Occasionally it may be necessary to postpone your operation because of an emergency and you may need to go home to return for surgery at a later date. Your operation should be rescheduled within the next 28 days.

Your stay in the Cardiothoracic Critical Care Unit (CTCCU)

After your operation, you will be transferred into the Cardiothoracic Critical Care Unit (CTCCU). This unit is designed to provide intensive medical and nursing care after your operation.

To begin with, you will be nursed on a one to one basis. This may change as your condition improves.

Breathing

During your anaesthetic, when you are in a deep sleep, the anaesthetist will insert a plastic tube through your mouth and into your windpipe. This tube keeps your airway open and allows a machine to breathe for you, as you will not breathe for yourself under the deep anaesthetic that is needed for cardiac surgery.

As you begin to wake up you may be aware of this tube, although you will still be very sleepy at this point. Try to relax and listen to the nurse's advice to take deep breaths.

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 to communicate by asking you short questions requiring only a nod or shake of your head to answer.

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

After the breathing 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.

Eating and drinking

All of your fluids and medications will be given through narrow tubes in your veins, called drips, but you are likely to be able to drink after the breathing tube is removed.

You may feel sick at times; 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 whenever you need them, to help with this.

Chest drains

Tubes called drains are used to remove excess blood, fluid or air remaining in your chest after surgery. You will have one or two going through your skin into your chest. You may be encouraged to sit out of bed before your drains are removed, which is quite normal.

The drains are usually removed within 24 hours of the operation. Removal of chest drains can be uncomfortable, but you will be given pain relief before they are taken out.

Heart monitor

You will be connected to a heart monitor, which will 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 inserted in an artery on your wrist. This is called an arterial line and will measure your blood pressure very accurately, every second. This line will be removed before you leave CTCCU to return to the ward.

You may have a small wire through your skin, which can be attached to a temporary pacemaker to control your heart rate, 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. This will remain in place after the operation, 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. Please let your nurse know if this happens.

Sleeping

If you have problems sleeping after your surgery, please let your nurse know, as the doctor can often prescribe medicines to help.

You may 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 will usually get better 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, please let the nurses know so they can give you more painkillers.

When you have had your operation you will have a morphine pump attached to a vein in your arm. This is connected to a handheld button. This button can be pressed when you are in pain and a set dose of morphine will then be given directly into your vein. The pump will only allow medication to be given every five minutes, so you cannot give yourself too much.

Sometimes morphine can cause nausea, but we can give you anti-sickness medication to reduce this.

It is very important that you have minimal pain, so you can carry out 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, possibly for longer.

Mobility

Once you are well enough, you will be able to get out of bed. This is usually possible the day after your surgery. The nurses and/or the physiotherapists will encourage you to move around as soon as you are able to, to help with your recovery. Your ability to move around will very quickly improve and you will soon gain confidence as you recover.

Recovery after the operation

When your vital signs (such as blood pressure and heart rate) are stable and the doctors are happy with your condition, you will be transferred from CTCCU to the Cardiothoracic Ward (CTW), 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 during the day or night will come and introduce themselves to you.

Washing

The nurses will help you wash, look at your wounds every day and give you any painkillers you need. As soon as you are ready, they will help you to have a shower.

Eating again

You are not likely to have a problem eating after surgery, but it is perfectly normal to lose your appetite for a while. Your sense of smell and taste can also change for a short time.

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 you longer to regain your appetite than others.

Meals in hospital

You will receive three meals a day while you are in hospital: breakfast, lunch and an evening meal. Drinks are also served with meals and you can help yourself to a drink from the drinks trolley at any time. Meals are served on CTW and CTCCU between the following times:

- Breakfast – 7.30am to 8.00am
- Lunch – 12 noon to 12.30pm
- Supper – 6.00pm to 6.30pm

You can choose from a selection of meals, which are brought to the ward and served by a member of the nursing/catering team. You will be given a menu to make your choices for the next day – these are usually handed out at breakfast time.

If you have particular dietary requirements, for either medical, ethical or religious reasons, please tell your nurse, so that appropriate arrangements can be made. You may be referred to the dietitian for advice about specific dietary problems or if your appetite is poor for a long period of time after the operation.

Please remember that, although we recommend a low-fat, high-fibre diet in the long term, after major surgery the 'healthy eating' guidelines can be relaxed during your hospital stay, as it is common to have a reduced appetite. Try to enjoy your food and eat what you fancy while you are in hospital. You can return to normal healthy eating habits when you are fully recovered.

Improve your breathing

After your operation you may be a bit worried about taking deep breaths and coughing. The physiotherapist or nursing staff will guide you through the breathing exercises, which will help with this.

You should repeat these exercises frequently throughout the day and cough to clear phlegm from your chest. Although this may be uncomfortable, it is very important to do to prevent a chest infection from developing.

The physiotherapy or nursing staff will help you to get out of bed for a short walk, as soon as possible after your surgery.

It is important that you are active; walking around the ward several times a day to make sure you remain fit and strong. We no longer routinely carry out a stairs assessment, but if you feel concerned about managing the stairs at home please let the ward staff know. They can arrange for an assessment to be completed by the physiotherapist.

Going home from hospital

The length of your stay in hospital will normally be about 5 to 7 days after the operation. Do not worry if you are sent home before or after this time; everyone takes a different amount of time 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 you have been in hospital. If there is no one to look after you, please discuss this with your GP or the Pre-admission nurse before you come in to hospital.

You will need to arrange your own transport to and from hospital. If this is not possible for you, please discuss this with your GP or Pre-admission nurse before you come into hospital.

Your recovery

Your return home marks the start of a return to fitness and a life as normal as possible. It is usual to feel anxious and insecure about leaving hospital. It will take a few days for you to settle down at home.

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

Some of the emotions you may experience include:

- irritability
- mild depression/mood swings
- tearfulness
- loss of concentration
- vivid dreams/sleep disturbances.

Physical symptoms

Some of the physical symptoms you may experience are:

- tiredness
- changes to your eyesight
- sweating (especially at night)
- palpitations (thudding heartbeats)
- loss of appetite and sense of taste
- a heightened sense of smell.

All these symptoms will pass, but if they continue and you feel unwell you should contact your GP, especially if you have a temperature or on-going palpitations.

You should avoid having your eyes tested for 8 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.

You can take paracetamol 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 methods that may help control pain

- We will make you a 'cushion' to provide support for your chest wound when you cough, such as a folded towel. You may want to make your own at home after surgery.
- 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 make it easier for you to get up from sitting down. This will be more comfortable than trying to get up from a low-lying unsupported settee or sofa.
- Have a daily bath or shower, as this will help reduce muscle stiffness.
- Look up information about relaxation techniques from your local library or the internet.
- Gently massage any aching muscles.

Activity and sleep

During your 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 4 to 6 weeks after your surgery you are able to walk two to three miles a 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 then not sleep at night. It is often a good idea not to have too many visitors in the early days at home, as this may make you more tired.

Don't lift anything heavier than 10 pounds in weight for the first six weeks following surgery, such as bags of shopping or small children, as this puts strain on your breastbone. After 6 to 8 weeks the bone should be healing well and you should be able to do light housework and gentle gardening.

You can normally return to driving 6 weeks after your operation, but you will need to discuss this with your doctor first.

Any heavy lifting or manual work, and anything involving large arm movements, should be avoided for 12 weeks to allow your breast bone to get back to full strength. The table on pages 36 and 37 outlines these restrictions in more detail.

Diet

Remember that during your recuperation period (the first 6 weeks or so after discharge) you should eat what you feel like and not restrict yourself.

Healthy eating guidelines which recommend less fat, sugar and salt and starchier foods and fruit/vegetables can be restarted 6 to 8 weeks after your cardiac surgery.

Wounds

Your chest and 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 may experience pins and needles in your arms and hands. You may also have some ankle swelling, which should reduce in time.

You should check your wounds at home, looking for:

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

These are all signs of infection. If you are worried, tell your GP or telephone the Cardiothoracic Pre-admission Clinic.

Tel: **01865 220 274**

(Monday to Friday, 8.00am to 4.00pm)

(please leave a message, if necessary)

Any tenderness can be reduced by wearing loose clothing.

Women are advised to wear a non-wired front fastening supportive bra for six weeks, night and day, after cardiac surgery.

Stitches

Usually we use stitches that dissolve. If your stitches need to be removed, we will arrange an appointment for your GP's practice nurse to remove them for you.

Home activity programme

The physiotherapists have developed this programme to help you to continue to recover once you are back at home. The programme has been designed to help you to return to your normal activities safely and regain your full strength after surgery.

The information below 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 activities you do which are not included in the guide, ask your physiotherapist when you can start doing these.

Walking

- At first, walk twice daily for five to ten minutes.
- Try to increase your walking by 1 to 2 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.
- If you have a dog, do not take it 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 and rest if you experience:

- unusual shortness of breath
- chest pain
- nausea
- headache
- excessive tiredness
- muscle cramps
- dizziness
- persistent palpitations.

If these symptoms come back the next time you try, consult your GP.

Posture

You should be aware of your posture at all times – whether lying down, sitting or walking. You need to try to keep your head upright and your back straight. If you are working at a desk or computer, pay particular attention to your posture.

After surgery you may experience back, neck or shoulder pain. If this continues, please speak to your GP, as physiotherapy may be helpful.

Tips

- Do not ignore any type of severe pain, anywhere on your body.
- 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 – keep trying and you will continue to feel better day by day.
- Walking is an important form of exercise – it will help you to recover from 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.
- Carry out 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 but not heavy pans
- 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.

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 packages or shopping bags 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.

Stage 5 (*fifth week after leaving hospital*)

- Most routine household chores, except any that involve spending a long time stooping and bending.

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

This is a guide to when you may be able to start different activities after your surgery. The timing will vary, depending on your progress.

The timings are from the date of your surgery. To start with, it is a good idea to break up larger tasks into two to three smaller ones.

Note: These tables are only a guide. Your doctor may give you different advice that fits your situation.

Activity	Number of weeks after surgery
Sexual intercourse Avoid weight bearing positions or pressure on your wound	3 - 4
Domestic tasks:	
Lifting (nothing over 10lbs, e.g. kettle full of water)	0 - 6
Ironing	4
Washing (light)	4
Raking leaves	10 - 12
Lawn mowing	10 - 12
Vacuuming	10 - 12
Heavy pushing or pulling	After 12
Heavy digging in the garden	After 12
Heavy lifting	After 12
Work:	
Light work	6 - 8
Manual work	12

Activity	Number of weeks after surgery
Sport:	
Fishing	12
Swimming	12
Golf	12
Darts and similar games using your arms	6
Lawn bowls	12
Cycling: Stationary	4 - 6
Moving	12
Car driving You must tell your car insurers that you have had cardiac surgery.	6 (DVLA legal requirement is at least a month)

Twelve weeks after surgery

After 12 weeks you may be ready to try the activities below, but before you start please discuss this with your GP, surgeon or Cardiac Rehabilitation Nurse. Remember to include a warm up/cooling down period.

- jogging
- swimming
- tennis
- badminton
- circuit work/aerobics
- rowing
- canoeing
- hiking
- golf
- fishing.

Before and after you exercise

In any exercise session a warm up and cool down are essential. A warm up lasting 15 minutes can include walking, gentle step movements and muscle stretches. These allow your heart rate to gradually increase. This will make sure your heart is ready to meet the demands of exercise.

When you finish exercising, a 10 minute cool down including stretching and walking is also important. This allows your heart to relax slowly and maintain a normal rhythm.

Medicines

The medicines you take may change after your surgery. The nurse and/or pharmacist will make sure that you understand any new medicines you have been given before you leave hospital. We will give you a 'Medication record' to remind you what you need and how to take them.

When you leave hospital, we will give you a two week supply of medicines. It's important to make sure you have repeat prescriptions before the two weeks are finished which you can get from your GP.

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

Please remember to ask the doctor on the ward if you need a (medical certificate) sick note for your employer before you are sent home.

Follow-up

You will have a follow-up appointment approximately 6 to 8 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 220 274.

Dental advice if you have had valve surgery

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

- 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 or any other blood thinning medication.

Aftercare and rehabilitation

After your cardiac surgery you may be invited to join a Cardiac Rehabilitation Programme.

Cardiac rehabilitation is a service which can support and guide you to make any necessary changes to your lifestyle to help you continue to recover and become or remain healthier. Our aim is to help you to return to the quality of life you had before surgery.

What is the Cardiac Rehabilitation Programme?

The Cardiac Rehabilitation Programme:

- will provide you with advice and support
- will help you to avoid further problems and get back on your feet again
- will help you to look at your lifestyle and make any necessary changes
- is there to support you both physically and emotionally as you adapt to your new life.

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 4 weeks of your discharge from hospital, either by telephone or by letter. If you do not hear from them after this time, please contact them on the number shown on page 46.

If a local team is not listed, you can contact the Cardiac Rehabilitation Department at the John Radcliffe Hospital:

Tel: **01865 220 251**

They will be able to give you the telephone number of your local Cardiac Rehabilitation team.

If you have any further queries connected with your operation, contact the Cardiothoracic Pre-admission nurses.

Tel: **01865 220 274**

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, GP's practice nurse or local smoking cessation service. There are many ways to help you to do this, so please do not be afraid to ask. This is the most significant change you can make in preventing further heart disease.
- Eat a well-balanced, low-fat diet, with plenty of fruit, vegetables and oily fish.
- Take regular physical activity. Start by following the guidelines provided by the physiotherapist at the John Radcliffe Hospital (see page 32).
- Try to reduce situations which cause you stress.
- Keep your alcohol intake within recommended guidelines. (see page 11 for further information).
- Visit your GP for regular checks of your blood pressure and cholesterol levels.
- If you are diabetic, make sure that your blood glucose is well controlled.

Driving

The DVLA guidelines advise that you should not return to driving for at least 1 month after your operation. However, it is best to wait and discuss this with your surgeon 6 weeks after your surgery, when you have your outpatient appointment, or with your GP if this appointment is later than 6 weeks.

If you hold an LGV/PCV licence you must tell the DVLA that you have had cardiac surgery. You cannot drive these vehicles for 3 months after the operation. 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 or fill in a form online.

Tel: **0300 790 6806**

Website: **www.dvla.gov.uk**

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

For all vehicles, to make sure your vehicle insurance policy remains valid, you must tell your insurance company that you have had cardiac surgery.

Seat belts must always be worn as a matter of law, but you may find a pad or cushion between your chest and the seat belt makes it more comfortable whilst you are a passenger in a car for the first 6 weeks after your surgery.

Sexual relations

After cardiac surgery you may worry that the exertion of sexual intercourse may place added strain on your heart, or cause the wound to come apart.

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

Choose a position which is comfortable and does not place a strain on your chest. It is also sensible to wait a few hours following a meal, to allow for digestion of food.

If you experience problems when you have recovered from your surgery, please speak to your Cardiac Rehabilitation Nurse or GP's practice nurse. Do not worry – there is help available. You can visit the Sexual Advice Association website for more information.

Website: **www.sexualadviceassociation.co.uk**

Local organisations are also available. Your Cardiac Rehabilitation Nurse will be able to give you the contact details for these.

Returning to work

Discuss when you might be able to return to work with your GP or surgeon. This will depend on the work you do.

If you do a less physically demanding or less stressful job, you may be able to return to work within 6 to 8 weeks. If you have a heavy manual or higher stress job, you may need to wait for around 12 weeks.

How family and friends can help

After your surgery, you may experience many anxieties and your emotions may be up and down. You might ask yourself questions such as 'Will I get over the operation?' or 'Will I get back to normal?'. These feelings and worries will pass as you recover and begin to return to your normal daily activities.

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

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

Further information about cardiac surgery, cardiac rehabilitation and lifestyle changes is available from the British Heart Foundation. They also run local heart support groups.

Heart Helpline: **0300 330 3311**

Email: **hearthelpline@bhf.org.uk**

Website: **www.bhf.org.uk**

PLEASE WRITE ANY QUESTIONS YOU HAVE IN THE BOX BELOW

A large, empty rectangular box with rounded corners, intended for the user to write any questions they have. The box is outlined in black and occupies most of the page's vertical space.

Contact numbers for the Cardiac Rehabilitation teams

John Radcliffe Hospital, Oxford	01865 220 251
Horton General Hospital, Banbury	01295 229 753
Gloucester, including Cheltenham	0300 421 1212
High Wycombe, including Stoke Mandeville	01494 425 272
Luton and Dunstable	01582 497 469
Milton Keynes	01908 996 408
Northampton	01604 545 345
Reading, West Berks	0118 322 6638
Reading, East Berks	01189 822 899
Swindon	01793 646 221
Warwick	01926 495 321 – Extension 4927
Wexham Park	01753 634 684

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALS@ouh.nhs.uk**

Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)



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