Patient information

Advice when having heart surgery

Bart’s Heart Centre
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Introduction

On behalf of all the staff at Bart’s Heart Centre (BHC), we would like to welcome you to the Cardiac Surgery Unit at BHC, St Bartholomew’s hospital, London.

Bart’s Heart Centre (BHC) is the largest cardiac surgery centre in the UK. We have 16 different cardiac surgeons who each have their own specialities.

Your care before and after surgery will be in our purpose built facilities in King George V building at St Bartholomew’s Hospital. Pre assessment clinic will be in the East Wing on 2nd floor (Clinic 8). We have ten dedicated theatres, a 43 bed specialist cardiac intensive care unit, high dependency unit and two cardiac surgery wards.

Whilst you are under our care, we aim for your stay to be pleasant and rewarding and if this is not the case, please do not hesitate to inform a member of staff. We hope that you do not have any cause for complaint and we welcome any suggestions you may have, through the ‘I want great care’ feedback questionnaire you will receive at the end of your stay. Details of the Patient Liaison Service (PALS) are also detailed at the back of this booklet.

St Bartholomew’s hospital patient forum

The patient forum is open to all patients, families and carers and offers an opportunity to hear about what is going on across the hospital, get involved in research, projects or staff events or just pop along once a month to meet the senior hospital management and share a cup of tea. We also celebrate twice yearly events with external speakers, food and refreshment and a celebration of the hospital. Please get involved by emailing us on sbh.ptforum@bartshealth.nhs.uk. There is no expectation and no time requirement, just a chance to have greater access to your hospital.

This booklet has been written to advise you and your family on what you need to know before your surgery, after your surgery and when you go home. It aims to provide you with general information about what to expect when having heart surgery.

Always remember that everyone will respond to surgery very differently so remember not to compare yourself to the person in the next bed
Getting ready to come into hospital

Details of your admission will be detailed in the letter you receive from the hospital informing you of your operation date.

Unfortunately, due to a variety of reasons, cancellations to surgery can occur. If your operation has to be cancelled the reason will be explained to you. We appreciate that this is a stressful time for you and your family and we will endeavour to provide you with an alternative date for surgery as soon as possible.

If you have a cold/flu/chest infection or have been ‘generally unwell’, please inform the Single Point of Contact (SPOC) office on 020 3465 5655 as soon as possible.

Preparing for surgery
Once you have been referred for heart surgery you can use the waiting time to raise your level of fitness and reduce the risks associated with heart surgery.

1. Stop smoking – if you stop smoking before your surgery you will reduce your risk of developing a chest infection, help your wounds heal more quickly and improve your long-term recovery. The benefits of stopping smoking occur 3 months after you stop, therefore it is important to stop as soon as possible. Your GP can refer you, or you can phone your local stop smoking service to make an appointment with an adviser. Contact details for help can also be found at the back of this booklet.

2. Lose weight and have a healthy balanced diet – excess weight puts extra strain on your heart. Losing weight will also make your recovery quicker. If you need help to lose weight, please discuss with your GP or practice nurse.

Plan for going home
You may think it is too early to start thinking about going home when you haven’t even had your operation but preparation is key.

The average length of stay in hospital after heart surgery is 5 days. Some people will recover more quickly and some will take longer, but the more you engage in the recovery process the quicker you will recover and be ready for discharge. Our ultimate aim is always to get you home but occasionally there may be a medical need to go to your local hospital for on-going care.

When you leave hospital you will need to have some support at home. Although it is not necessary for someone to stay with you 24 hours a day, we advise that you have a family member or friend that can check on you and stay overnight for the first few days. Unfortunately the NHS cannot provide convalescence but you can arrange this privately if needed.
Social housing issues

Unfortunately we are unable to influence local councils or apply for any change in your housing situation on your behalf. Prior to surgery we suggest that you discuss any concerns you have about housing with your local council.

It is your responsibility to organise any problems you may have prior to admission.

Are you a carer?
If you look after someone else, you will need to consider and organise who will care for them whilst you are in hospital and whilst you recover. You can ask your GP for additional help from social services. This will need to be arranged prior to your admission to hospital.

What to bring into hospital

There are some locker and drawer units on the wards for your belongings, but space is very restricted. We have the provision to lock your belongings away whilst you undergo your surgery, however it is strongly recommended that you do not bring in a large amount of belongings or valuables. Whilst we do our best to ensure they are looked after there are occasions when items go missing and unfortunately we cannot accept liability for their loss.

Suggested Items:

- Basic toiletries and wash bag
- Current medication (including creams, lotions and insulin)
- Slippers (with ankle support) or footwear
- Night clothes and dressing gown
- Day clothes for when you are up and about and to wear when you go home
- 2x Supportive bras for all female patients (preferably non wired), to worn day 1 after surgery
Sternal Precautions

The sternum, also called the breastbone is at the front of your chest. A sternotomy is a cut through the sternum made to access your heart; following the operation your breast bone is held together firmly by stainless steel wires. These stay in place for the rest of your life. It takes six to eight weeks for the bone to heal fully after your operation. Please discuss any concerns you may have about returning to work with your consultant at your follow up appointment.

For six weeks after having a heart surgery you must avoid:

- Lifting anything heavier than six to ten pounds (about the weight of a kettle of water).
- Pushing heavily through your arms to get in and out of bed or chairs.
- Pushing hoovers, lawnmowers, trolleys or wheelbarrows.
- Pulling or pushing on heavy doors.
- Play sports or do hobbies that involve swinging your arms (golf, badminton, squash, darts, fishing, swimming, or raking the garden).
- Avoid sexual positions that put any undue stress on your breastbone.

Do:

- Keep moving. Walking is great for your recovery.
- Hug your wound when you cough or sneeze for the first 6 weeks after surgery to avoid straining your breastbone as it heals.
- Monitor your posture. Straighten your back up standing tall.

It is advisable to prepare for how having a sternotomy may affect your life early after surgery.

Have you got a suitable armchair at home that you sit in at home? Practice getting on/off a chair and in and out of bed without using your arms prior to coming into hospital. It may be useful to get some extra pillows to make it easier.

Most toilets are quite low in height and difficult to get off without using your arms. You can get equipment such as raised toilet seats on loan from a local Red Cross store. Contact details at the back of this booklet.
Your Journey when having Heart Surgery

**Elective**
(Admitted from home)

- Seen by Consultant in Clinic
- Operation date set by scheduling Team (SPOC office)
- Invited to see ANP (Advanced Nurse Practitioner) in the Pre-admission clinic for pre-operative assessment/further investigations
- Admitted to the Bart's Heart Centre at 4pm the day before your operation or morning of operation
- Settled onto ward and seen by surgical team + Anaesthetic team.
- You can eat and drink normally all day, the day before your surgery
- Your nurse will advise you when you should stop eating and drinking on the day of your surgery- (Usually stop eating 6 hours prior and you may drink water only up until 2 hours before surgery)
- Informed of the planned time of your operation

**Non - elective**
(Emergency or transferred from Hospital)

- Accepted as direct transfer from local hospital or Barts Heart Centre
- Operation date set by scheduling Team (SPOC office)
- Transferred to Barts Heart Centre and assessed by a Doctor on the ward
- Settled onto ward and seen by surgical team + Anaesthetic team.
- Informed of the planned time of your operation
- Your nurse will advise you when to stop eating and drinking prior to your operation
Coming into hospital

You will be admitted to either 4A or 4B ward on the 4th floor of the KGV building as detailed in your letter.

Your bed may not be ready straight away so may need to sit in the day room whilst your bed is being prepared. During this time we will keep you informed regarding the status of your bed. Once your bed is available, the nursing staff will start completing your paperwork and checks, give you a name band and advise you about what you can eat and drink. If you have any concerns about going home after surgery, please highlight them to the nursing staff straight away.

Prior to your operation you will be seen by the anaesthetist who will talk to you about the operation and may prescribe you a tablet to take before your operation (pre-medication).

A member of the cardiac surgical team will also see you to discuss the operation and consent you for your surgery.

You will be informed of your place on the operating list/theatre schedule prior to surgery however this may change due to emergencies. You will not be able to have anything to eat for 6 hours before your operation but can drink water up to 2 hours before your surgery.

We recommend you should have a shower / bath daily for at least 5 days prior to your admission.

It is necessary for most patients to remove any chest hair prior to surgery, if you are having bypass surgery you will also need to remove hair from your legs or arms depending on where the vein graft is being taken from.

Please do not do this yourself before admission. The nurses will advise you on this and will use clippers to do this on the ward on the day of surgery.

You will be asked to have a supervised/assisted shower the night before surgery and another shower on the day of surgery. An antibacterial soap ‘Octenisan’ will be supplied for these two showers that will help reduce your chance of developing infections.

Who’s who?

There are a lot of different professionals you may see during your journey throughout the hospital. All staff should introduce themselves and role; please ask if you are unsure. Each profession has different uniforms or coloured scrubs. All staff should wear a badge with their name, role and photograph.
Surgeon / medical team – on the wards the medical team are either in their own clothes or in light green scrubs.  
Anaesthetist – based in theatres and on intensive care are either in their own clothes or in light green theatre scrubs.  
Senior Nurse – on the wards and on intensive care wear navy blue scrub.  
Nurse – on the wards and on intensive care wear light blue scrub uniform.  
Health Care Assistant (HCA) – work on the wards and help give majority of your personal care (e.g washing, dressing and doing your vital observations). They wear green scrub uniform scrubs. Physiotherapist – if you are required to see a physiotherapist on the wards or intensive care you will note that they wear maroon/red scrub uniform.  
Occupational Therapist – if you are required to see an occupational therapist on the wards or intensive care you will note that they wear maroon/red scrub uniform.  

You will encounter a variety of other allied health professionals (AHPs) who will all be identified by their name badges. If you have any doubts, do ask that person directly who is addressing you.

Day of operation - advice for the patient

You will need to shower on the morning of your operation so that you are clean for surgery, remove any dentures, spectacles, jewellery and put on a theatre gown.  

You will be escorted to the anaesthetic room prior to your operation. Here, the anaesthetist will place a needle in the vein in your hand through which you will receive your anaesthetic and fall asleep.  

Family members will be asked to leave as you go to theatres. It will be at least 6 hours before they can come and see you in the Intensive Care Unit (ICU). This gives the nursing staff time so they can complete all their essential duties. Family members can ring ICU 1C about 4 hours after you go into surgery to confirm which bed you will be recovering in. Tel: 0203 765 8002

After your operation you will be in the Intensive Care Unit (ICU) on the first floor; either unit 1C, 1D or 1E. The nursing staff on the unit will advise you through each step of your recovery.  

When you wake up you will be connected to the ventilator (breathing machine) via a breathing tube in your mouth. The tube will be removed when you are fully awake and able to breathe for yourself. Along with the breathing tube you will also have a
large line in the vein in your neck, smaller lines (cannula) in your arms for medication access, two or three drains exiting from the bottom of your chest, a catheter to measure the urine you pass. These are all present to assist your nurse to monitor you closely and provide you with all the medications you require. As you begin to improve and stabilise these tubes and lines will be removed.

**Advice for your visitors**

**ICU visiting hours: between 2.30pm until 8pm**

We only permit two visitors per patient bedside at any one time. Visitors are asked to use the intercom at the entrances of the ICU. Always speak to the receptionist or a nurse prior to entering the ward to make sure it is okay for you to visit. Patients may move wards or beds occasionally therefore please check where your relative is. At times visitors may be asked to wait whilst the nursing, medical and therapy staff are busy at the bedside and during doctors ward rounds.

If children would like to visit it is recommended that this is discussed with the nurse in charge first but families should be aware that the ICU environment is not suitable for some children who would be better waiting to their family members are transferred back to the surgical ward.

**Surgical Wards (4A / 4B) visiting hours: between 10am - 12pm & 2.30pm - 8pm**

There may be times when visitors are asked to wait whilst the nursing, medical and therapy staff are busy at the bedside and during doctors ward rounds. Between 12pm and 2.30pm is patient protected mealtime and rest period when we ask visitors to leave.

Visiting on the ward is usually confined to two per bed space.

Young children visiting is allowed at the discretion of the Ward Manager/Nurse in charge, who should be contacted before children come to the ward.
First day after your operation
Following your surgery you may remain in ITU/HDU for 1-2 days, however in some instances due to the complexity of your surgery you may spend an extra few days on ITU/HDU. You may have many lines and drains but this should not restrict your ability to start moving. On the first day after your surgery you will be expected to sit in a chair by the bed and start to march on the spot with the nursing staff as you are able. You will be encouraged to complete your breathing exercises independently by the nursing staff. By starting the following exercises as soon as possible you can help prevent a chest infection and any clots in your legs. Ladies, you should put your supportive bra on to help support your chest wound, the nurses will assist with helping you put a bra on.

Managing pain
Whilst in hospital you will be given painkillers regularly, there are many different types and methods of painkillers including a PCA (patient controlled) pump, oral tablets and oral liquid medication. If you continue to experience a lot of pain on coughing, deep breathing or mobilising please request more painkillers from your nurse and inform the doctors if your pain is poorly controlled. Unfortunately painkillers can cause constipation so you will also be given laxatives as required. Try and begin eating and drinking as soon as you can as this will help relieve your constipation.

Confusion
Some patients may become confused and disorientated after surgery, on ITU or the ward. It can be difficult for the patients and their family/friends as it may be out of character for that patient, however this confusion usually resolves over time while you are recovering. The doctors and nurses on ITU/wards will explain and reassure both you and your family if this happens.

Exercise while in hospital:

Breathing Exercises:
• Sit up straight, keep your shoulders relaxed.
• Take a long slow deep breath in through your nose.
• Hold your breath for a count of 2 then slowly breathe out through your mouth.

Supported cough:
Cross your arms over your chest, hold tightly and produce a strong cough

Complete your breathing exercises 6-8 times a day.

Nursing staff will support you to walk initially but when you are safe they will advise you to walk independently or with family members. If there are concerns with your mobility you will be referred to the Physiotherapists.
Seated exercises
Seated exercises are exercises you can do independently sat in the chair or on the edge of the bed. They will help promote good circulation, avoid blood clots. They will also help to prevent your ankles from becoming too swollen, your muscles too weak and joints stiff.

1) Ankle pumps and heel lifts
In bed or sitting on a chair, point your toes down then pull your toes up as far as you can. Alternatively keep the ball of the foot on the floor and raise alternate heels. Do 3 sets of 10 repetitions with both feet

2) Seated marching
Sitting on a chair, march your legs up and down lifting your knees to the ceiling to a count of up to 30, repeat 3 times

3) Knee extension
Sitting on a chair, straighten your leg as much as possible, hold it straight aiming for 5 seconds. Do three sets of five on each leg.
### Daily Activity and exercise

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<th>Activity Details</th>
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| **Day 1** | You will be monitored closely on ICU but you will be expected to participate in activity, to help aid your recovery.  
- Sitting out in chair for minimum 2 hours morning and afternoon  
- Breathing exercises hourly whilst awake  
- Seated Exercises: Ankle pumps, Heel lifts, seated marching & knee extension |
| **Day 2** | You will be continued to be monitored appropriately and may move to a High Dependency or Ward environment. Here you will continue your activities with supervision as needed  
- Sitting out for all meals  
- Breathing exercises & seated exercises hourly  
- Walking out to toilet and further, minimum 3 times a day (with assistance if needed)  
- Washing and dressing (with assistance as needed) |
| **Day 3** | You will be continued to be monitored appropriately and will usually move to a Ward environment. You will be encouraged to become more independent in all your activities  
- Walking to toilet independently and have a shower  
- Washing and dressing in own clothes (If you wish to do so with assistance if needed)  
- Walking 50m (length of corridor) minimum 4 times daily |
| **Day 4** | Most of your lines and attachments will no longer be required and will be removed on the ward. You will have all your routine checks; including ECG and Chest X-rays. You will be encouraged to become more independent in all your activities and plans for discharge home will be discussed  
- Walking to toilet independently  
- Showering and dressing independently  
- Walking 100m independently minimum 4 times daily |
| **Day 5** | This is the day we will aim for most patients to be discharged – ensure you understand your plans for discharge and let the doctors or nurses know in good time if you have any concerns  
- Before discharge you will be seen by the rehabilitation nurse who will answer any questions you may have on going home, and give you advice about cardiac rehabilitation groups in your area  
- Continue to increase your exercise every day independently  
- You do not need to routinely practice completing a flight of stairs prior to going home however if you have any concerns the nursing staff can practice them with you. |
Diabetes Management

People with diabetes undergoing surgery need to have a clear care plan from the time of initial surgery referral through to after their operation and before they go home to ensure their glucose levels are managed properly. To help achieve this, the Diabetes Team at St. Bartholomew’s has produced guidance based on the best available evidence, best practice, and patient experience.

You should receive this in your pre-assessment clinic pack from the nurse or from the ward nurses, if you haven’t received this information please ask your nurse.

Dietary Advice

Some changes in what you eat can be a good idea following heart surgery. A heart-healthy diet may lower blood pressure, help reduce cholesterol levels and prevent excessive blood clotting.

### Top tips for a healthy heart

- Aim for at least five portions of fruit and vegetables every day
- Eat one portion of oily fish per week or include vegetarian sources of omega-3 regularly in your diet
- Eat more peas, beans, lentils and vegetables
- Choose plant based spreads such as olive, rapeseed or sunflower oil and limit high fat dairy foods (butter and cream, full fat milk, cheese and yoghurts)
- Use more whole grains – high fibre bread, oats, brown rice and pasta
- Snack on fruit, crumpets, nuts, low fat yoghurt, high fibre cereals and biscuits
- Limit processed foods e.g. pastries and fast food
- Cut down on fatty meat products (sausages, pies, sausage rolls, streaky bacon)
- Keep salt intake low by eating less processed, takeaway foods and salty snacks
- Stick to the recommended alcohol limits (no more than 2-3 units/day for women, no more than 3-4 units/day men)

Healthy weight

If you can achieve a healthier weight you can improve your blood lipid levels. Start by watching your portion sizes.

There is an ‘Eat well chart/diagram’ that is available as a reference guide, you should receive this in your pre assessment pack or from the ward staff. Please ask a member of staff if you would like a copy
Reduced appetite Post-Surgery
You may find you lose your appetite or notice taste changes but it is important to keep hydrated and eat to keep your energy levels up. You need energy to help your body heal.

Regular meals and drinks are provided on all wards and it is hospital policy not to allow brought in food to be reheated on any wards due to risk of infection.

At your request certain items of food may be brought in by relatives/friends, this should be cleared by the nurse in charge first.

Good high energy snack options include:
- Crackers and cheese
- Cereal bars
- Yogurts
- Biscuits
- Milky puddings

Supplement drinks may also be advised after a nutritional assessment with a Dietitian if you are struggling to meet your nutritional requirements post-surgery.

Taking care of your surgical wounds
While in hospital follow the nursing staff’s instructions. Your nurse will advise you when you can take your first shower but it's usually 2 or 3 days after your operation. On discharge, if your wounds require dressing, the nurses will organise this with your district nurses, GP practice or arrange an appointment to attend the Wound Clinic at Bart’s Heart centre.

When you are at home;
- Shower / Wash your wound with warm water and pat dry with a clean towel. Avoid vigorous scrubbing.
- Do not directly rub soap over the wound, if you get soap caught on your incision; just thoroughly rinse away the soap with warm water.
- Do not put a dressing on your wound unless advised by a healthcare professional. Fresh air will keep your wound dry and help with the healing process.
- Wait for 6 weeks after your surgery before applying any moisturiser to your scar. Protect the site from sun exposure for 6 months.
Check your incision regularly for any signs of infection. Notify your GP and our SCP Wound Clinic Team if you notice any of the following:

- Increased tenderness, redness or swelling along the incision line.
- Any fluid drainage; blood stained, yellow or unpleasant smelling from the incision line.
- A recurring temperature or fever.

If your surgery involved taking a bypass graft from your leg or arm, follow these guidelines:

- As your knee and ankle are always moving, this part of the incision might be tender and slower to heal.
- Avoid crossing your legs as this can impair circulation; elevate your leg when sitting.
- Check your leg daily for swelling. This should decrease when you elevate your leg, but it might recur when standing. Notify our Wound Clinic if the swelling continues or becomes worse.

**Wound Clinic Surgical Care Practitioner Tel:** Mon-Fri 020 376 58914 for any wound care advice that would you need at home or for wound clinic appointments

**We would be grateful if you would complete the SSI audit form given to you whilst in hospital and post it back using the envelope provided**

**TED Stockings**
All patients post-surgery will be required to wear TED stockings for the prevention of Deep vein thrombosis (DVT), once you are back to the same level of mobility as pre surgery you will no longer be required to wear the TED stockings unless your consultant tells you otherwise. Your nurse will help you put these stockings on while you are in hospital.

**Discharge from hospital**
Please note the hospital do not normally provide you with transport home. You should arrange transport yourself. When you are being collected you must please remember we are in the congestion charging payment zone. There are a few parking spaces at varying locations near the hospital and the nearest/cheapest car park is the underground NCP Smithfield Market – between the hospital and West Smithfield meat market.
We aim for all patients to be **home for lunch**, on the day they leave hospital. A free phone taxi pod is available in reception for contacting a local taxi company who will be willing to transfer you home at competitive rates. You are permitted to travel on public transport as long as you are accompanied by a carer (although buses and the underground are not normally recommended).

If you require a medical certificate for work for the period you are in hospital please ask the nurses on the ward or GP when you return.

**Taking your Medicines**

You should be told during the pre-admission clinic what medication (if any) that you may need to stop or reduce before the operation, if you are unsure or forget, please contact the pre-admission clinic on 0203 465 57554 or the Pharmacy department on 0203 346 56354.

There are likely to be changes to your regular medication following your operation. These changes may be long term additions or may be short term such as taking pain relief, laxatives and diuretics (water tablets).

On discharge from hospital you will be given a minimum of two-week supply of drugs you will need. Further repeat prescriptions should be obtained through your GP. It is important to take the medication as it is prescribed, and to understand what medication you are on and what it is for. Do not take other medication without telling your GP first. If you are unsure, your nurse or pharmacist can provide additional information.

**Please do not stop taking your medications without discussing it with your GP or consultant.**

If you have any questions about your medication; either before or after your operation, please contact the Pharmacy department on 0203 346 56354.

**When at home you may still find you:**

- **You may find it difficult to fall asleep** at night, or find that you wake up during the night and have difficulty getting back to sleep. Disturbance of sleep patterns are very common after surgery. The best advice to re-establish a normal sleeping pattern is by not taking long naps during the daytime, not having large meals late at night and using night sedation If prescribed.

- **Have problems with constipation.** This may be due to the painkillers or after effects of the surgery. Keep taking the painkillers if you need them! You may use a laxative of your choice. Also adding more fruit, fibre, juice and clear fluids to your diet may help.
- **Changes in mood:** feel tearful, depressed or irritable. Your memory and/or concentration may not be as good as usual. This will improve with time.

- Have a **lump** at the top of your chest wound. This may be more pronounced in women. This will reduce in time (approximately 3 months).

- Notice an occasional **clicking noise** or **odd sensation in your chest** in the first few days after surgery. This should get less frequent within the first couple of weeks. Contact your GP or our Wound Clinic team if it does not.

- Experience **muscle pain or tightness** across your chest, and around your shoulders, ribs, shoulder blades and back. Your pain medication will help this.

- Experience **numbness and tingling** in your fingers/hands. This is normal, and should have started to improve by the time you go home.

- Feel **anxious** when you first get home. This is normal. It is important to find a period of time when you can relax. If you are anxious and have any concerns or queries do not hesitate to contact your local Cardiac Rehabilitation Team, the ward or your GP. All our numbers are at the back of this booklet.

- When you get home make an **appointment** to see your GP within two weeks. This gives your GP a chance to see you, ensure that he or she has the correct information and for you to get a repeat prescription of your medication.

- **Swollen ankles** may be present for a while after surgery, it is important to mobilise as much as you can and elevate your affected leg/legs if you are sitting down. It is vital you continue to wear your TEDs if advised to and continue taking diuretics (water tablets) if they have been prescribed.

- Contact your GP if swelling does not improve

**Balancing Physical Activity and Rest after heart surgery**

During the initial period of your recovery at home it is important that you have a balance of rest and activity to ensure your recovery. This can include:

- Taking a short nap or dedicated 30 minute rest time
- Limiting the number and duration of visits from friends/family

**Why is Physical Activity Important?**

- To improve your physical fitness and stamina.
• To increase muscle strength and balance.
• To give you a sense of wellbeing & decrease stress

Stop Exercising if ….

• Most pain patients feel after heart surgery is usually wound related. However if you feel worsening shortness of breath, notice any irregular heartbeats, feel faint or dizzy, or have angina type chest pain. Contact your GP for advice or call Ward 4A/ 4B at Bart’s heart centre to speak to a surgical registrar. If your symptoms have not significantly eased or gone within 20 minutes and if you consider it to be an emergency – dial 999

• If you feel the pain is related to the wound or the surgical site itself; then ensure you take your prescribed painkillers as instructed, if the medication does not help with pain relief then contact your GP for assessment

Dress: Wear comfortable loose fitting clothes that do not put undue pressure on your incisions. For women do ensure that you wear a well supportive and comfortable bra (i.e. a sports bra). This will prevent your breasts pulling at your sternal wound. You will need to wear this from the day after surgery.

Stairs: You can climb the stairs! Take them at a slow pace, stop and rest if you feel tired. When using a handrail, try to avoid pulling yourself up with your arms. Use your legs.

Sleeping: Unless you are advised otherwise, it is okay to sleep in whatever position you are comfortable in. It may be helpful to use pillows to support you to get comfortable.

Sex: You can resume sexual relations when you feel comfortable being mindful of your sternal wound and being compliant with sternal precautions. It is safe to do so once you can manage two flights of stairs, as a general guide this is about two to four weeks after your discharge. Please ask at your Consultant at follow up clinic for more detailed information, and advice on Viagra use, if needed.

Driving: You can ride as a passenger in a car anytime. It might be helpful to place a small folded towel across your chest to prevent the seatbelt rubbing against it. We suggest you can drive 4 -6 weeks post-surgery however this is dependent on your medication and recovery. Your consultant will advise you at your follow up appointment after surgery. We advise you contact the DVLA yourself to get advice and ensure it is safe for you to drive, and inform your insurance company that you have had major cardiac surgery

Work: Check with your consultant before returning to work. Depending on their job, most people take 3 months off work, during this time they undergo outpatient cardiac rehab at their local hospital.
Recovery will vary from patient to patient. A date for return to work will be discussed at your outpatient follow up with your consultant.

**Walking**

Keeping active is very important after heart surgery. Walking is one of the best forms of exercise that you can do once you are home, because it increases the circulation throughout the whole of your body, including heart and lungs. It will also improve the strength of your legs.

Once at home, increase your walking gradually. Once you are at home start your daily walks; start with short walks (e.g. 200 to 300 metres and gradually increase). *Always remembering that wherever you walk to, you must walk back from*

If after the first two or three walks you feel okay then you can walk normally aiming to gradually increase the distance, frequency and pace of your walking.

By your six weeks after surgery, you should be walking approximately between one - two miles daily at a steady pace.

**When walking remember:**
- It is fine to walk on hills, but you must remember your body is recovering from heart surgery so be sensible with the target you give yourself
- Always observe the ‘walk and talk’ rule, if you are too breathless to talk, you need to slow down or stop.
- Regular short walks are more effective than one long one.

**Sport**

When you feel comfortable with a daily walk of one to two miles, you can begin to think about returning to sport. This should not be before your six week outpatient appointment with your consultant and will usually be after your cardiac rehabilitation course.

Remember to begin gently and build up gradually as you did with the walking.

There are a few sports, which may take longer to return to.
These include: -

**Golf:** usually begin 12 weeks after surgery. Begin with playing a few holes before playing a full round.

**Squash / Tennis:** A high level of fitness is required, therefore it should be avoided for six months.

**Contact Sports:** Best to void for six months to allow your chest wound to heal.

**Swimming:** Swimming should be avoided for two months until your chest bone (sternum) and wound are completely healed. Try to avoid very cold water.
Cardiac rehabilitation (Cardiac Rehab) aims to help you recover and get back to as full a life as possible after your cardiac surgery. It is as much a part of your treatment as your medicines are. It also aims to help promote your health and keep you well after you go home, reducing your cardiac risk of further events.

The Cardiac rehab team can include a doctor, nurses, a physiotherapist and an exercise specialist, who will help you recover by leading you through a programme of education, exercises and relaxation designed to meet your individual needs.

These sessions will help you increase your knowledge of heart disease, make changes in lifestyle and increase your confidence and fitness.

It is important to continue with some form of physical activity or exercise for life.

We recommend (as a minimum) exercising three times a week, for at least 20 minutes.

Following discharge from hospital you will be referred for cardiac rehabilitation at your local hospital.

They will contact you to arrange an appointment.

A list of local cardiac rehabilitation teams and their telephone numbers can be found at the end of booklet. If you have not heard from your local rehab within 2-4 weeks please contact them as some departments have a waiting list.
Discharge Checklist – For you to complete in your own time (Patient use only)

<table>
<thead>
<tr>
<th>Comments / Questions</th>
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**Predicted discharge date**
Ask your doctors when you might be discharged home?

**Actual discharge date**
Is your next of kin aware of your discharge plans and/or your discharge date?

**Access to home –**
Do you have house Keys?
You need to arrange your own transport home!
Do you have food at home?
You must have a registered GP prior to discharge

**Documented discharge summary**
1 copy for patient
1 copy for GP

**Take home medications for 14 days**
All drugs will be explained to you before you leave by a pharmacist or nurse

**IF you have been seen by a Physiotherapist or an occupational therapist have they discharged you? and given you discharge information?**
(Note: This will not apply to all patients)

**IF you are on a drug called Warfarin**
You will need Warfarin counselling by a pharmacist
You will receive a personal yellow booklet
You will need an anti-coagulation clinic appointment prior to discharge
(Note: this will not apply to all patients)

**Information –**
Do you know about sternal precautions?
Be sure and ask the doctors any questions on the ward round
Ask your nurse if you are unsure or have any concerns about discharge
<table>
<thead>
<tr>
<th>SSI AUDIT – 1 to 1 discussion with Audit clerk</th>
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<tbody>
<tr>
<td>Have you been given a feedback form from the ward for the “I Want Great Care“ Once completed please hand it back to the ward staff</td>
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</table>

<table>
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<tr>
<th>You will get an outpatient appointment to see your consultant in 6 – 8 weeks post operation The time and date will be given before you are discharged home</th>
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<tbody>
<tr>
<td>Any other follow up appointments will be arranged prior to discharge</td>
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<tr>
<th>Anything else you need? Please ask us .....!</th>
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</table>
Useful Contacts:

Pre-Assessment Clinic: 020 346 57554

Intensive care: 1C - 020 376 58344 / 58341, 1D - 020 376 58327 / 58028

1E - 020 376 58013 / 58320

Wards: 4A 020 376 58106 / 58107, 4B 020 376 56364 / 56366

Wound Clinic Surgical Care Practitioner Team (SCP) – 020 376 58914
Email: scp@bartshealth.nhs.uk
There is also a wound clinic; (appointment only) located in Clinic 1, the outpatient department, KGV building, St Bartholomew’s Hospital
Opening hours – Tuesday 1pm-4pm and Friday 10am – 1pm

Pharmacy Department: 0203 346 56354

British Heart Foundation (BHF): www.bhf.org.uk

Like to talk to someone about Heart Health? Call Heart Helpline on 0300 330 3311 to speak to BHF Cardiac Nurses and Information Support Officers. The Heart Helpline is open Monday to Friday 9am to 5pm.

Stop Smoking: call the free Smokefree National Helpline on 0300 123 1044

Red Cross: 0344 871 1111 http://www.redcross.org.uk

Physio Advice – http://www.physiotherapyexercises.com

Cinnamon Trust National charity for the Elderly, the terminally ill and their pets http://www.cinnamon.org.uk 01736797500

Cardiac Rehab Team at St Bartholomews Hospital: 020 3465 6593
Cardiac Rehab Team at Royal London Hospital: 020 7377 7344
Community Cardiac Rehabilitation Nurse for Tower Hamlets: 020 7377 7344
<table>
<thead>
<tr>
<th>Local Cardiac Rehabilitation Teams</th>
<th>Phone Number</th>
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<tbody>
<tr>
<td>Barts heart centre</td>
<td>020 3465 6593</td>
</tr>
<tr>
<td>Basildon</td>
<td>01268 394076</td>
</tr>
<tr>
<td>Barnet</td>
<td>020 8216 4824</td>
</tr>
<tr>
<td>Broomfield</td>
<td>01245 516376</td>
</tr>
<tr>
<td>Chase Farm</td>
<td>020 8375 1887</td>
</tr>
<tr>
<td>Colchester</td>
<td>01206 588018</td>
</tr>
<tr>
<td>Homerton</td>
<td>020 8510 7642</td>
</tr>
<tr>
<td>King George’s</td>
<td>020 8970 8460</td>
</tr>
<tr>
<td>Newham General</td>
<td>020 8553 7485</td>
</tr>
<tr>
<td>North Middlesex</td>
<td>020 8887 3618</td>
</tr>
<tr>
<td>Queens</td>
<td>01708 435000 Ext: 3223</td>
</tr>
<tr>
<td>Princess Alexandra</td>
<td>01279 621925</td>
</tr>
<tr>
<td>Royal Free</td>
<td>020 7830 2871</td>
</tr>
<tr>
<td>Royal London</td>
<td>Tel: 020 7377 7344</td>
</tr>
<tr>
<td>Southend General</td>
<td>01702 385028</td>
</tr>
<tr>
<td>UCLH</td>
<td>020 3447 9951</td>
</tr>
<tr>
<td>Whipps Cross</td>
<td>020 8535 6705</td>
</tr>
<tr>
<td>Whittington</td>
<td>020 7288 5649</td>
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</tbody>
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Patient Advice and Liaison Service (PALS)
Please contact us if you need general information or advice about Trust services. www.bartshealth.nhs.uk/pals

Large print and other languages
For this leaflet in large print, please speak to your clinical team.
For help interpreting this leaflet in other languages, please ring 020 8223 8934.

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Leave feedback on NHS Choices www.nhs.uk

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