



University Hospitals Bristol **NHS**

NHS Foundation Trust

Patient information service
Bristol Heart Institute

My heart surgery plan



Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.


Above + Beyond 
For Patients. For Health. For Bristol.

About me

I like to be called:

My surgeon:

My cardiologist:

My planned surgery:

My planned date of surgery:

My anticipated discharge date:

To help us plan for your discharge, it would be useful if you could fill in the following information:

I live with:

.....

I care for:

.....

My job is:

.....

I live in a: house bungalow flat

other

I have steps to my house or stairs inside: yes

no

I walk independently: yes

no

If no, what do you use?

My cooking, shopping
and cleaning is done by:

Some people require equipment when they first return home. It would be useful if you could take the following measurements before your admission.

My toilet seat height:

My chair height (when sat on):

My bed height (when sat on):

If you are supported at home by a carer, have complex home arrangements or are worried that you may struggle on discharge home, please fill in the form on pages 44 to 46 at the back of this booklet.

My admission weight: Height:

Telephone numbers

BHI outpatient clinic	C503	0117 342 6501 0117 342 5905
BHI pre-operative assessment nurses		0117 342 6505 0117 342 7535 0117 342 6513
Adult congenital heart disease nurses		0117 342 6599
Learning disability clinical nurse specialists		0117 342 1707
Cardiac surgery ward	C708	0117 342 6552 0117 342 6652
Cardiac surgery ward	C705	0117 342 6551 0117 342 6651
Cardiac intensive care unit (CICU)	C604	0117 342 5941 0117 342 5942
Cardiac high dependency unit (CHDU)	A607	0117 342 0330 0117 342 0329
Cardiac surgical dependency unit	A607	0117 342 0326 0117 342 0327
Discharge lounge	A516	0117 342 1881 0117 342 1882
Switchboard		0117 923 0000
Waiting list coordinators		0117 342 6550 0117 342 6557 0117 342 6558 0117 342 6559

The Bristol Heart Institute (BHI)
University Hospitals Bristol NHS Foundation Trust
Bristol Royal Infirmary
Bristol
BS2 8HW

Drop off and parking

There are a limited number of pay and display parking spaces on the hospital site, which can be accessed from Horfield Road. These include drop off spaces and disabled parking outside the level 5 entrance to the Bristol Heart Institute (BHI).

Alternative pay and display parking can be found at Trenchard Street (BS1 5AN), a large multi-storey car park 200 metres from the Bristol Royal Infirmary (BRI).

Visiting hours: 8am until 9pm

We discourage visiting by children under 12 years of age due to infection risks and the risk of disturbing other unwell patients. Exceptions can be discussed with the nurse in charge.

Visiting on the cardiac intensive care unit (CICU) is limited to two people at any time.

For any special visiting requirements please discuss with the nurse in charge.

Things to do before you come to hospital

Please discuss your surgery and recovery with your family.

Who will:

- bring you into hospital?

.....

- take you home afterwards?

.....

- support you when you go home?

.....

Please list any concerns you have about your anticipated discharge or recovery and discuss with your nurse at the earliest opportunity.

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If you are going to a relative's home on discharge it is important that we know their GP details, as you will need to temporarily register with them.

Temporary GP practice name:

.....

Temporary GP address:

.....

.....

.....

Temporary GP telephone number:

.....

Preparing yourself physically for surgery

Eat healthily. Do not try to lose weight in the two weeks prior to your surgery.

Keep active unless you have been advised otherwise.

Stop smoking. Please discuss this with your nurse or doctor, who will be happy to guide and support you with this.

England: Smokefree National Helpline 0300 123 1044

Wales: Stop Smoking Wales Helpline 0800 085 2219

Ensure you have been to the dentist recently and your teeth are in good condition.

Continue to keep taking routine medication. Some medications may be stopped before surgery; this will be discussed at your pre-assessment appointment or by your cardiologist.

Medication to be stopped

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To stop on

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What to bring

Space is limited, so please only bring one small suitcase or holdall. A separate wash bag will be required with your usual toiletries. Please put an identification label on your bag, as it will be locked in central storage while you are having your surgery.

Please bring:

- front opening pyjamas or nightdress
- front opening and correctly fitted bra without underwiring. This is particularly important for use immediately once you are awake and can sit up after surgery, and for several weeks afterwards to assist with chest wound healing
- dressing gown
- well-fitting slippers with a non-slip sole
- current medication and up-to-date prescription for current medications
- glasses and hearing aids including their cases
- stick or walking frame if used normally
- this booklet.

It is a good idea to put your bra, glasses, dentures and this booklet in your wash bag, as this is the only thing you will have returned immediately after your surgery.

Please do not bring:

- valuables or sentimental belongings – you will need to remove all jewellery, including your wedding band, prior to surgery
- large amounts of money or credit cards
- perishable food.

Some items can be locked up with the cashiers during your stay. However, they are unable to look after laptops or tablet computers. It is a good idea to ask a relative to bring these in after your surgery. You will have access to hospital Wi-Fi.

Day of admission

You will be advised by the waiting list coordinator team that a bed will be available for you. For some people, that may be in a local hotel provided by the hospital. This will be discussed if appropriate.

If you are staying in the hotel, your relative will be able to stay with you and taxi transfers will be provided by the hospital.

All patients should arrive at 4pm to location C503, the BHI outpatient department, unless advised otherwise. If you are admitted on a Sunday, please go to area C602, the cardiology day case unit, on the 6th floor of the BHI, arriving at 2pm. Please note that this cannot be accessed via level 6 of the BRI. Please go to level 5 of the BRI and then up to level 6 in the BHI lifts.

When you arrive, your admitting nurse will check your details and take your heart rate, blood pressure and an up-to-date blood sample. You will be seen by a number of different members of the team and may need to wait in our waiting area for some of this time. It is advisable to bring something to read.

Your surgeon will explain the planned operation, potential risks and complications, and ask you to sign a consent form agreeing to surgery.

If you have any unanswered questions, this is a good time to ask your anaesthetist, surgeon or nurse. You can write them down below so that you do not forget.

.....

.....

.....

What next?

You will be told at this stage the approximate time of your surgery and when to have your last food and drink.

If you are scheduled for your surgery first in the morning, you will be asked to not eat or drink from midnight. It is usual to go for your surgery between 8am and 9am.

If you are scheduled to go for your surgery second on the list, you will have an early light breakfast at 5.30am and will be asked not to eat or drink after this time. It is usual to go for surgery any time between 11.30am to 2pm.

We know waiting for your surgery can be an anxious time for some people. It is a good idea to bring something to distract you – a book, music etc. You can have visitors to sit with you during this time.

Due to unplanned emergency admissions, unfortunately some cases may be cancelled on the day of surgery. Your surgeon will discuss this with you.

On the day of your surgery

You will be given special hospital clippers and asked to shave your chest and, depending on your surgery, the full length of your legs and arms. This will be confirmed by your nurse.

You will then need to shower thoroughly with an antibacterial solution. This is very important to reduce the risk of infection. Full instructions will be given by your nurse.

Do not take your usual regular daily medication; the nurse will advise you what you should take on the morning of surgery, as some drugs need to be withheld.

Your nurse will tell you when the team are ready for you to go for surgery. One of your nurses will escort you to the anaesthetic room.

What happens in the anaesthetic room?

You will be met by your anaesthetist and operating department assistant.

While you are still awake

You will be connected to a heart monitor via wires fixed to sticky pads on your chest.

You will have a peg put on your finger to measure the level of oxygen in your blood.

You will have a drip put into a vein in your arm so that you can be given fluids and medicines during your operation.

You will have a special drip put into an artery in your arm. This measures your blood pressure with every heartbeat, and remains in place during your operation and whilst you are recovering in the cardiac intensive care unit.

Once you are asleep

You will have a small tube put into the large vein in your neck. These tubes (sometimes known as 'necklines') are used to give you medication during and after your operation. They can also be used to take blood from you without using a needle.

You will have a urine catheter put into your bladder to allow the doctors and nurses to monitor your kidney function.

You will be put on a ventilator (breathing machine). When you are asleep under the anaesthetic you cannot breathe on your own, so a machine does it for you. You will have a tube put into your mouth that allows the machine to blow air into your lungs.

After your surgery

While you are still asleep, you will be moved from the operating theatre to the cardiac intensive care unit (CICU). You will stay in CICU for approximately 24 to 48 hours after your operation.

In CICU you will have one-to-one specialised nursing care, supervised by the intensive care consultant, at all times.

You will be attached to a machine that keeps a constant check on your blood pressure, heart rate, temperature and the oxygen levels in your blood.

You will have chest drains. These are plastic tubes coming out of your chest just below your rib cage. They prevent any blood collecting around your heart after the operation.

You will be kept asleep and on the breathing machine until you are warm and stable after the operation. The decision to wake you will be taken by the nurse in charge or the anaesthetist based on your clinical progress. Once the decision to wake you has been made, the nursing staff will stop the medicines that have been keeping you asleep and you will start to wake up.

When you wake up from your surgery

When you wake up, the first thing you will notice is the tube in your mouth – most people do not find this uncomfortable or even remember this. When the nurses are sure that you are fully awake and ready to breathe for yourself, they will ask you to cough as they pull the tube out. After the tube has been removed, you will be given oxygen through a clear plastic mask over your nose and mouth. You will be able to have a drink of water around half an hour after the tube has been removed.

All women will have a bra fitted soon after waking. To help with wound healing and comfort, it is important that women continue to wear a correctly fitted, front opening and non-underwired bra throughout the recovery phase.

You should be comfortable enough to undertake your breathing exercises, and we will work with you to manage any post-operative pain you experience.

You should start deep breathing exercises as soon as you wake up. This helps to speed up your recovery and reduce the risk of developing a chest infection. You should do at least five deep breaths every 30 minutes.

You should not experience any sickness or nausea, but if you do, please tell us so that we can help.

The following pages list the goals you should aim for to be ready to go home. This will be discussed with you daily.

Please keep track of your progress by ticking off your achievements and goals.

Day one after your surgery

You may not remember much about these first 24 hours after your operation, as you will either be asleep or drowsy. If your recovery is going well, you will be moved to the cardiac high dependency unit (CHDU) the following day. Some people remain in CICU for longer. This does not mean that you will not make a good recovery.

To help your chest wound heal properly, it is important that you do not lift anything heavier than 1kg for the first six weeks after your surgery.

Your nurse will work with you to manage any pain using patient-controlled analgesia (PCA). This machine allows you to control your pain relief. It is a pump connected to your neckline. When you press the button on your handset, a measured amount of morphine is given. The machine locks automatically for five minutes after you have a dose, so you cannot give yourself an overdose. We can also give you additional pain relieving tablets. Please let one of the nurses know if you are in pain so we can help you feel comfortable. People who still have pain are more likely to get chest infections after their operation, so it is really important that you are comfortable.

If required, we will continue to give you medication to manage any sickness or nausea. If you feel nauseous, please let one of the nurses know.

Your nurse will assist you to sit out into a chair for your breakfast.

It is likely that the drains in your chest will be removed today. After this you will have a chest X ray.

Day one after your surgery (continued)

Your catheter may be removed today so that you are able to pass urine in the toilet.

I have passed urine since my catheter was removed:

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Please let the nurses know if you pass wind or have your bowels open, as we need to monitor this following surgery.

Today we would like you to sit out of bed for at least six hours in total. This can be broken down into three smaller two hour periods if this is more comfortable.

I have sat out of bed for three periods of two hours each:

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
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To aid your recovery it is important to start moving as soon as possible. We would like you to walk on the spot for 30 seconds each time you get out of the chair.

I have walked on the spot for 30 seconds:

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
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Day two after your surgery

You may go to the ward today.

Please let one of the nurses know if you are in pain so we can help you feel comfortable.

If required, we will continue to give you medication to manage any sickness or nausea. If you feel nauseous, please let one of the nurses know.

Please let the nurses know if you pass wind or have your bowels open, as we need to monitor this following surgery. It is common to get constipation after surgery. If you have not had your bowels open, you may be prescribed laxatives.

Your necklines may be removed today.

We would like you to sit out of bed for at least six hours in total. This can be broken down into three smaller two hour periods if this is more comfortable.

I have sat out of bed for three periods of two hours each:

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
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To aid your recovery, it is important to start moving as soon as possible. We would like you to walk about 30 metres around the ward on four occasions. The nursing staff will help you.

I have walked 30 metres:

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
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Day three after your surgery

Please let one of the nurses know if you are in pain so we can help you feel comfortable.

Please let the nurses know if you pass wind or have your bowels open, as we need to monitor this following surgery. It is common to get constipation after surgery. If you have not had your bowels open, you may be prescribed laxatives.

Your dressings will be removed from your wounds today.

Today we would like you to get dressed into your normal clothes.

We would like you to sit out of bed for most of the day. It is common to feel more tired than normal and it is OK to have a nap after lunch.

I have sat out of bed for four periods of two hours each:

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>
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To add your recovery, it is important that you start to gently increase the distance you are walking. Your balance should be back to normal by now. If you still need help to walk, please ask to be seen by a physiotherapist.

I have walked 50 metres around the ward on two occasions in the morning:

1	<input type="checkbox"/>	2	<input type="checkbox"/>
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I have walked 100 metres around the ward in the afternoon:

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>
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Ticket to go

This sheet (see pages 22 to 23) lists the goals you should aim for to be ready to go home. This will be discussed with you daily.

Planned date of discharge (please discuss with your nurse):

If you have any concerns about your planned discharge, please highlight them to your nursing team urgently.

Day four after your surgery

Please let one of the nurses know if you are in pain so we can help you feel comfortable.

Please let the nurses know if you pass wind or have your bowels open, as we need to monitor this following surgery. It is common to get constipation after surgery. If you have not had your bowels open, you may be prescribed laxatives.

Today we would like you to get dressed into your normal clothes.

We would like you to sit out of bed for most of the day.

To add your recovery, it is important that you continue to gently increase the distance you are walking. Try to walk the length of the ward six times today.

**I have walked
100 metres:**

1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	6	<input type="checkbox"/>
---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------	---	--------------------------

You will have routine 'day four checks' today. This will include a chest X ray, electrocardiogram (ECG), a blood test and, for some patients, an echocardiogram.

Your pacing wires will be removed. Your chest drain sutures will be removed either today or tomorrow.

Ticket to go – don't forget to update your progress.

Planned date of discharge (please discuss with your nurse):

If you have any concerns about your planned discharge, please highlight them to your nursing team urgently.

Discharge home

After your surgery, we aim for people to routinely go home on the following timescales:

Coronary artery bypass grafts

Four to five days after surgery.

Valve replacements

Five to seven days after surgery.

Adult congenital heart disease surgery


Five to 10 days after surgery.


This will be discussed in more detail depending on your individual needs.


On the day of your discharge you will be moved to the discharge lounge (A516), where you can wait comfortably for your medications to be dispensed. Hot drinks and meals are served here. Your relatives are welcome to wait here with you.


My planned discharge date and time:


This 'ticket to go' enables the team to work with you to plan leaving hospital.


	<p>I have a summary for my own information.</p>	<p>N/A</p>	<p>Please tick when completed</p>
---	---	------------	-----------------------------------


	<p>I have my own tablets and any new medicines, and I'm happy with the instructions for taking them.</p>		
--	--	--	--







	<p>I have no cannulas (plastic tubes) left in my arms and my pacing wires and sutures have all been removed.</p>		
---	--	--	--

	<p>Today I am able to walk around the ward independently.</p>		
---	---	--	--

	<p>Today I am able to eat and drink.</p>		
--	--	--	--

	<p>Today I am able to pass urine freely and my bowels are working.</p>		
---	--	--	--

	<p>Today I am comfortable and my pain is controlled.</p>		
---	--	--	--

	<p>I have arranged my own transport home.</p>		
	<p>I have my house keys.</p>		
	<p>I feel able to look after myself when I get home or I know that I have carers who will support me. My next of kin are aware of my discharge.</p>		
	<p>I understand that a referral to the following services has been made to support me at home:</p>		
	<p>I have been told if I need a follow-up outpatient appointment and I am aware this will be sent home to me in the post.</p>		
	<p>If I need a blood test I understand that this will take place: on at</p>		

Your journey home

It is OK to be a passenger in a car and to wear a seat belt.

If you have a long journey, it is advisable to stop regularly to have a short walk.

Your discharge day can feel quite busy; it is normal to feel tired by the time you get home.

I'm home – now what?

General advice

When you first return home, you may feel physically and emotionally drained. After heart surgery, your recovery may appear slow. It may be helpful to think of your progress week by week rather than on a daily basis. It takes time to re-establish normal routines and balance in your life. Sleep patterns, regaining appetite, pain control, bowel routines and confidence all take time.

Try to continue the activities and exercises you began in hospital. It is important to keep active.

Listen to your body and rest for a while if you:

- feel tired
- are in pain
- are short of breath.

Appointments

An outpatient appointment will be arranged for approximately four to six weeks after your discharge. The appointment will normally be at the Bristol Heart Institute and will be sent to you by post.

Adult congenital heart disease patients will be seen four weeks after surgery by the clinical nurse specialists.

Your wounds

Most stitches used in the operation are dissolvable. If stitches need to be removed, you will be advised by the ward staff and arrangements will be made for their removal.

All wounds may feel itchy, prickly, tingly or numb. This is a normal part of the healing process.

Sensation of these areas usually improves and can completely return over time. This can take up to 12 months.

Some redness and inflammation around wounds is the body's normal response to being cut. The redness should be reducing as you return home.

Please consult your GP if you are concerned because the inflammation persists, your wounds ooze fluid, become more red and painful, or if you experience high temperatures.

Wound care

Keep all wounds clean and dry.

Do not apply lotions, creams or powder.

Please be careful in the sun – wounds are prone to burning and you may not realise you are burning if areas are numb. Cover up or use a total sun block if you are out in the sun.

Your sternal bone takes about three months to heal fully. To help the bones heal, it is important that you avoid lifting, pulling or pushing anything heavier than 1kg for the first six weeks after surgery. This is similar to the weight of a kettle with enough water in for one cup of tea.

Do:

- light tasks around your home, for example washing up, drying up, light dusting, cooking a meal
- listen to your body if it tells you to stop and rest
- gently increase the weight of items that you are lifting after six weeks.

Avoid:

- lifting anything heavier than 1kg
- carrying heavy shopping
- walking your dog on a lead
- mowing the lawn
- vacuuming
- lifting children.

If you have any concerns regarding the progress of your wound and would like some advice, you can call the cardiac wound care specialist nurses on **0117 342 6606**. If there is no one in the office please leave your name, telephone number and a brief message about your concerns and they will get back to you as soon as they can.

If required, we may ask you to come back for an outpatient appointment at the cardiac nurse led wound clinic, which takes place in the outpatient department on Level 5 of the Bristol Heart Institute. This will allow us to review your wound and advise you on the best way to care for it. The clinic runs Monday to Friday and we will discuss a suitable time for you over the telephone.

Showering

It is OK to shower using your normal wash products.

Try to avoid putting wash products directly on your wound. Pat your wound dry afterwards.

Support stockings

You need to wear support stockings on both legs during the day and night for six weeks after discharge from hospital.

Walking

It is important that you keep active after your surgery.

Try to walk every day. Start off with the distance you were covering in hospital and gradually build up.

It is normal to feel a little short of breath when you are exercising. If you are too breathless to hold a conversation, slow down or stop until your breathing has recovered.

Your capability will vary daily, but over the weeks you will see a steady improvement in your ability to exercise.

Watch out for warning signs such as:

- pain
- feeling unwell
- excessive tiredness
- palpitations
- angina
- high temperature
- feeling dizzy or faint
- excessive breathlessness.

If you get any of these warning signs:

- rest immediately
- reduce your activity level until you feel better
- see your GP if you have angina, palpitations, dizziness, high temperature or if you are concerned.

Keeping active

The benefits of keeping yourself and your heart fit have been proven. Aim to build some form of exercise into your lifestyle. Try to choose an activity or sport that you can look forward to and can continue doing regularly for years to come. Maybe go with a friend or partner.

Here is a guide for when you can gradually return to various sports.

Eight weeks after your surgery

Keep fit

Jogging

Cycling

12 weeks after your surgery

Gardening

Golf

Tennis

Fishing

Football

Swimming

Horse riding

If you would like advice about returning to a particular activity or sport, please ask to speak to one of the physiotherapists.

Loss of appetite

During the recovery period after heart surgery, you may lose your appetite, sense of smell and taste. This should return to normal as you recover.

Initially, eat whatever you feel like until you have regained your strength. If you are suffering from a poor appetite, try eating little and often and having foods that are high in calories and protein to ensure your body is getting the nutrition that it needs to help you recover. If you are concerned about your eating after your operation, ask to speak to a dietitian.

When your appetite has returned to normal, you can begin to focus on following a healthy balanced diet. This has many long-term benefits to your health, including reducing the risk of heart disease.

Healthy eating

The benefits of long term healthy eating:

- it can help you to achieve and maintain a healthy weight, preventing strain on your heart
- it helps you feel and look better
- it can help to control your cholesterol and blood pressure
- healthy eating can contribute to reducing the risk of heart disease for you and your family.

Follow these steps for healthy eating

Eat **regular meals** throughout the day.

Eat plenty of **fruit and vegetables**. Aim for five portions of a variety of fruit and vegetables a day.

Replace saturated fats with unsaturated fats. If you are trying to lose weight use all fats sparingly, as they are all equally high in calories.

Cut down on **added sugars** and **sugary drinks**.

Include plenty of **high fibre foods** such as wholemeal breads and cereals, oats, rice, potatoes, beans and pulses.

Avoid too many **processed foods** as they are often high in fats, sugar and salt – too much of which may be harmful.

If you drink alcohol, **drink in moderation**. Men and women are advised not to regularly drink more than 14 units a week. Spread your drinking over three days or more if you drink as much as 14 units a week.

Stimulant drinks, for example Red Bull, should be avoided.

Eat less salt. Adults should aim for less than 6g salt per day (about one teaspoon). Be aware that a lot of the salt we eat is already within the foods we consumed, so try and eat less processed foods and get into the habit of reading labels.

It should be **enjoyable** and be **varied**.

It's OK to include all your favourite **treat foods** in moderation.

Tips:

- bake or grill your food – avoid frying it
- steam your vegetables
- remove skin from meat and trim all fat away before cooking
- eat less processed foods
- aim for at least one to two portions of fish per week, one of which should be oily, for example mackerel, salmon, pilchards or sardines (this may be beneficial for your heart)
- avoid adding salt at the table and try using different herbs and spices to flavour your foods
- use monounsaturated or polyunsaturated oils and spreads for cooking, such as olive and vegetable oil based products.

If you need to lose weight

Set yourself realistic goals.

Losing weight gradually by ½ to 1kg (1 to 2lbs) a week has been shown to be more sustainable than rapid weight loss.

The best way to lose weight is by gradually changing your diet and increasing physical activity. Eating more calories than you need over time is likely to cause weight gain, so try to focus on consuming an overall healthy balanced diet to achieve and maintain a healthy weight rather than cutting out one particular food group or focusing on one nutrient, such as fat or sugar.

Enlist the support of your family and friends.

Seek help from a health care professional. You can ask your GP to refer you to a dietitian.

Cooking oils labelled 'high in polyunsaturated fat' become saturated the more you heat them. Oil used for cooking should be discarded after three uses.

Medications

You will be given one month's supply of medications at discharge, after which you will need to go back to your GP for a repeat prescription for further supplies.

Make sure you read your discharge summary and the literature supplied with your medications. All medicines dispensed by the hospital pharmacy will be clearly labelled with your name and directions of how to take them.

It is important that you continue taking your medicines as prescribed when you leave hospital, unless you are advised otherwise by your GP or hospital team.

Any side effects you experience from any of your medications should be discussed with your GP.

A doctor or nurse practitioner will write your discharge summary and prescription for your medicines to go home with. A pharmacist will check this prescription when it has been decided that you are ready to go home, and the hospital pharmacy will dispense this. Please be aware that on the day of discharge it is common for some of your medications to change according to the latest ward round decisions. Your medicines will be ready two hours after the prescription is seen by a pharmacist, so please be patient with this process to ensure you are discharged with appropriate medications. Sometimes people have more supplies of their regular medicines that haven't changed at home, so this may be checked with you to help with the preparation of your prescription.

Please note that there may have been some changes to your medications from what you were taking before your surgery. The medication list on the discharge summary you are sent home with will state the up-to-date medicines and doses you are to continue with after your surgery. This is also sent to your GP

for their records. If you have anything different at home, please discard these or return to your local pharmacy.

It is advised to make an appointment with your GP one week after being discharged from hospital to review your medicines and take some routine blood tests. A district nurse may visit you at home if you are not able to get to your GP easily for this review.

Drug treatment following heart surgery

Some of your medicines will have been restarted after surgery as they have a protective effect on the heart and may reduce the need for any further operations. They may be restarted at a lower dose – for example, your blood pressure tablets – until you can tolerate your usual dose. Your GP will review when it is appropriate to make any dose changes, or to restart any medications that weren't restarted in hospital.

Aspirin

This makes your blood less likely to clot. You may have been taking a low dose (75mg daily) before surgery, which may be increased to 300mg after surgery if you have had bypass grafts. This allows the blood to flow freely through your new bypass grafts. Most people receive the 300mg dose for a certain period of time after surgery, such as one year, then the dose is reduced. Sometimes patients are on a different dose, or combination of anti-platelets; this will have been decided by your surgical team.

Beta blockers

For example – bisoprolol, atenolol, metoprolol, carvedilol (Cardicor, Monocor).

Beta blockers work by reducing the amount of work the heart muscle has to do. They do this by reducing the heart rate. This means the heart needs less blood flowing towards it.

They are used to help reduce the strain on the heart and reduce the likelihood of any chest pain.

Possible side effects include:

- cold hands and feet
- impotence / sexual dysfunction
- tiredness
- weight gain
- nightmares.

Not all beta blockers cause the same side effects, so you may be able to switch to a different beta blocker if you experience any problems. Please discuss with your GP.

It is important not to stop beta blockers suddenly, as this may cause an abrupt rise of blood pressure and increase in heart rate, which can lead to experiencing chest discomfort (angina). Please consult your GP first before stopping.

Beta blockers are not always suitable for all asthmatics. Alternative medication is available. Please discuss this with your doctor if you are not sure.

Patients prescribed insulin should be aware that, in some cases, beta blockers may mask the symptoms of a hypoglycaemic attack. Therefore, blood sugars should be monitored regularly. Please discuss any issues with your GP.

Statins

For example – atorvastatin (Lipitor), simvastatin (Zocor), rosuvastatin (Crestor).

If you have coronary heart disease, you will be prescribed a statin to try to lower the blood cholesterol level to below 4.0 millimoles per litre (mmol/l) and reduce the chance of your bypass graft becoming 'blocked'. A blood test should be taken before starting, then three months after starting, then every six to 12 months. You should wait for three months after surgery before having a cholesterol check.

Statins work by reducing the amount of cholesterol that the body manufactures from fatty foods, but are only effective when combined with a healthy, low-fat diet. Simvastatin should be taken at night for it to work best, but the other statins can be taken at any time of the day, such as in the morning.

Possible side effects include:

- sleep disturbance, for example insomnia – if this is a problem then please review with your GP to switch your statin to one that you can take in the morning
- liver impairment
- muscle aches / weakness – mild pain may stop after a short time. Consult your GP immediately if pain persists or is severe. Alternative medications can be prescribed.
- upset stomach (diarrhoea).

Amiodarone

This is prescribed to control the heart rhythm for people who have a fast, irregular heart rate (atrial fibrillation) after surgery. Around one third of people have this at some point in the first few days after their surgery. Usually this is just short-term and your heart will return to its normal rhythm. At your six week follow-up appointment, this medication will be reviewed to stop.

Possible side effects:

- skin sensitivity to sun – wear high factor sunscreen (protecting against UVA and UVB) and sunglasses in sunlight, and sit in the shade if you are planning on enjoying some sunshine
- can affect thyroid function – this can be measured by blood tests before treatment and then every six months. Please follow up for a thyroid function test if you are on medication for your thyroid, as amiodarone may affect this. Your thyroid medication might need to be altered
- can affect liver function – this can be measured by blood tests before treatment and then every six months
- deposits on cornea – this is rare and reversible, but may affect your vision whilst driving at night
- lung problems – consult your GP if you become increasingly short of breath or develop a long-term cough.

Warfarin

Patients who have a mechanical (prosthetic) heart valve will need to take warfarin for life. Patients who have a tissue valve sometimes need warfarin for a short period of time only. Warfarin thins the blood and so reduces the risk of a clot forming on your heart valve, hence protecting it.

You may have been started on warfarin if you have developed atrial fibrillation (AF) after your surgery which hasn't resolved prior to discharge. Warfarin is required in this instance to reduce the risk of a clot developing that could lead to a stroke. If you remain in AF then you will need to take warfarin long-term – this will be determined at your outpatients follow-up appointment.

Regular blood tests are needed to determine what dose of warfarin you need. It is important to attend your blood tests so you are managed on the correct dose of warfarin.

If you experience unexplained bleeding or bruising – for example blood in your urine or faeces, or a nosebleed that won't stop, or a bruise that appears out of the ordinary – your blood may be too thin, so please contact your GP immediately for advice.

We advise that you should take your warfarin at around 6pm every evening. This is so if you have had a blood test during the day, and you need to be informed to change your dose, there is enough time to make contact with you regarding this. It is fine to take your warfarin at any time in the evening, as long as it is around the same time every evening.

In hospital, if you are prescribed warfarin, this is given at 2pm in the afternoon. This is for hospital patient safety reasons.

Alcohol increases the effect of warfarin by thinning the blood further – we advise to abstain from alcohol as being the safest way of managing this interaction. It is safe to drink up to two units a day if you do drink alcohol, but try to keep your alcohol consumption constant. However, if you are teetotal, you do not have to start drinking alcohol.

Other drugs also affect warfarin – do not take any medication containing aspirin unless prescribed by your GP. Products such as ibuprofen (Brufen) and diclofenac (Voltarol) should also be avoided.

Check with your pharmacist or GP before taking any new medication, including herbal preparations. This is so interactions can be checked.

Inform staff that you are taking warfarin before any medical or dental treatment is started, as you may be more likely to bleed.

These are only some brief points – please also read your warfarin pack given to you at discharge, and you can call the number on your medication labels if you have any questions.

Pregnancy is not straightforward for women on warfarin. Please discuss with your cardiologist if you are thinking of starting a family.

Pain relief

You will be sent home with a supply of paracetamol to take for pain relief. Take this regularly if you are in pain. This will help your body heal and rest, which is important for recovery. Do not be worried about taking this regularly if you need to. You will not become dependent on it.

You may be given a small supply of some stronger pain relief to take at home, such as codeine phosphate or tramadol. Usually this is just for short-term use. Please note that side effects include drowsiness, hallucinations and constipation. If you do not tolerate these medications then we will not send you home with them.

Some patients take longer than others to recover from surgery, so do not expect to be completely out of pain when you are back at home. Please take regular pain relief if you need to.

Please be aware of the law on driving after taking certain prescription medications that can impair the ability to drive.

The medications included in this legislation are diazepam, temazepam and lorazepam used to treat anxiety (prescribed sometimes in preparation for surgery) and morphine-based pain relief (prescribed sometimes for post-operative pain, such as tramadol and codeine). These medications can all cause drowsiness, dizziness, impaired decision making and unclear vision. If you are taking these medicines in accordance of a healthcare professional, you will be within the law if you are fit to drive and not impaired in any way. If in doubt, you should not drive.

Lifestyle issues

This may be a time when couples need extra love and reassurance. Worrying about having sex after heart surgery may affect both partners. It is normal to feel anxious about your wound or tiredness and the effect sex may have on your heart. You can feel reassured that sex is in no way dangerous for your heart. If you are in a stable relationship, are relaxed and rested, then sex should be possible and as enjoyable after surgery as it was before.

Your love life (some helpful hints)

Treat sex like any other activity. If you are tired and tense, wait until you feel better.

Get to know each other again. The separation and distance caused by surgery may need to be overcome.

Allow yourselves plenty of time if you feel uneasy about resuming sex.

Find a comfortable position which restricts neither your breathing nor your wound.

It is said that walking up two flights of stairs equals the amount of energy needed during love making.

If your desire for sex does not return in the first few weeks, do not worry. Talk to your partner. You will probably both be feeling anxious about it.

Before starting or restarting the oral contraceptive pill, female patients should check with their GP or hospital consultant as there may be an increased risk of blood clots.

Beta blockers and other medication can affect sexual function. Speak to your GP or rehabilitation nurse if you are concerned.

Driving

The DVLA restricts driving for at least four weeks following heart surgery.

Your concentration and eyesight are affected by the surgery and need this time to recover to an acceptable level. Check with your hospital consultant or GP before you drive.

Following coronary artery bypass grafting (CABG) or valve surgery, you can retain your driver's licence. You do not need to inform the DVLA unless angina or specific complications occur or persist, or you have had a permanent pacemaker inserted.

If you require any further information, please phone the DVLA on 0870 240 0009 or look on their website in the 'medical standards of fitness to drive' section: <https://www.gov.uk/health-conditions-and-driving>).

Vocational driving licences e.g. LGV or PCV

There are special rules for these licences. You must inform the DVLA of your surgery. If you require any further information please talk to your hospital consultant, GP or cardiac rehabilitation nurse. More information can be found at www.dft.gov.uk/dvla.

Insurance

You must inform your insurance company or brokers of your heart surgery before you drive again. If you don't, your insurance may become invalid. Check your terms and conditions before you drive again.

Going back to work

The timing depends on the nature of your work. The majority of people return to their previous employment. Individual guidance will be given when you see your GP at your follow-up appointment.

Returning to work – as a general guide:

- eight weeks for light work
- 12 weeks for heavy manual work.

To avoid being overtired, it may be helpful to return initially on a part-time basis.

Holidays

Short breaks away can be beneficial and may help to build you and your family's confidence. Remember to wear thrombo-embolus deterrent (TED) stockings, take regular breaks, walk around and drink plenty of fluids on long journeys.

Following your operation it is advisable not to fly for at least six weeks for short haul flights and 12 weeks for long haul flights.

If you are going abroad in the future, ensure you take adequate medication supplies with you, and check with your GP regarding vaccinations and holiday insurance.

Cardiac rehabilitation

Cardiac rehabilitation is to help you recover and get back to as full a life as possible after coronary artery bypass surgery. The aim is to give information and support to promote your health and recovery.

The ward nurses will refer you on discharge to cardiac rehabilitation. Your local cardiac rehabilitation team will contact you via a phone call or letter a few weeks after you have been discharged.

If you have any queries about cardiac rehabilitation, please phone the Bristol Heart Institute cardiac rehab team on **0117 342 6601** or find out your local group at **<http://maps.cardiac-rehabilitation.net/>**.

Some areas also offer this service for people who have had heart valve surgery. Please contact the BHI cardiac rehab team if you would like more information regarding this.

If you are supported at home by a carer, have complex home arrangements or are worried that you may struggle on discharge home, please fill in this form by ticking the applicable boxes and adding in any extra information that you feel we should know. It is important that we know this information to ensure that we can support you to go home after your surgery in a safe and timely manner.

Accommodation

Is your accommodation:

owned by you rented warden controlled

other

If you have stairs, do you have:

one bannister two bannisters stair lift

Is your bathroom:

upstairs downstairs

What equipment do you have in your bathroom?

.....

none

Is your bedroom:

upstairs downstairs

What equipment do you have in your bedroom?

.....

none

About you

Who collects your medications?

I do my partner carers family

delivered

other

Who collects your pension?

I do direct to my bank account

my partner carers family

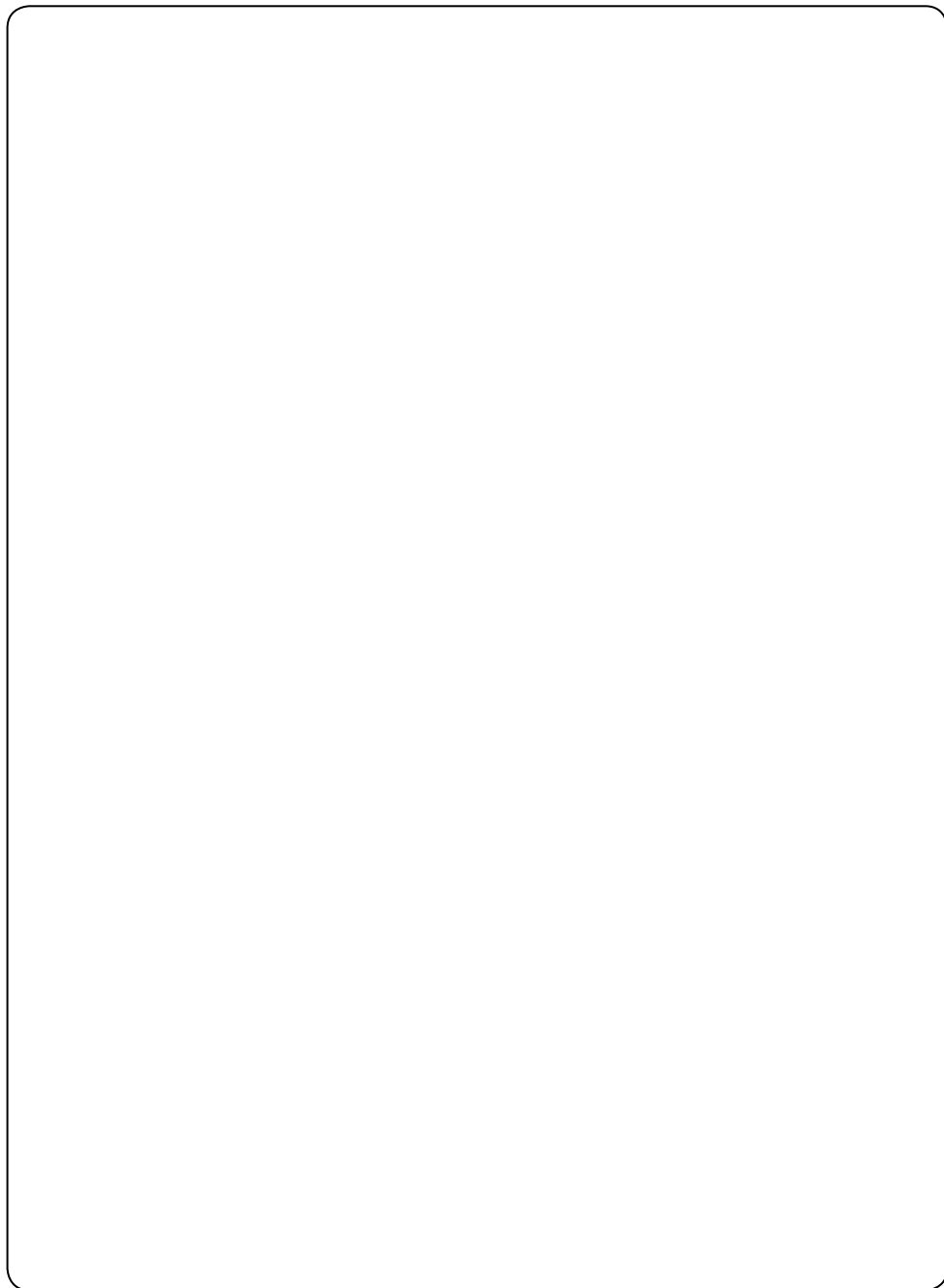
other

I get in and out of bed:

independently

with help

Please make a note of any questions you would like to ask your therapist prior to discharge.



Cardiac support groups

Ask your local cardiac rehabilitation nurse for information on local support groups in your area.

The British Heart Foundation also keeps a list of local affiliated support groups. Telephone: 020 7487 7125.

Useful contacts

University Hospitals Bristol patient support and complaints team
Telephone: 0117 342 1050

British Heart Foundation

Greater London House
180 Hampstead Road
London
NW1 7AW

Telephone: 0207 554 0000
www.bhf.org.uk

The Somerville Foundation (supporting young people and adults born with a heart condition)

Saracens House
25 St Margarets Green
Ipswich
IP4 2BN

Telephone: 0800 854759
www.thesf.org.uk

The Sexual Advice Association

Helpline: 0207 486 7262
www.sda.uk.net

Diabetes UK

Central Office
Macleod House
10 Parkway
London
NW1 7AA

Telephone: 0207 424 1000
www.diabetes.org.uk

Addiction Recovery Agency Alcohol Misuse Service

Telephone: 0117 929 3028

Drinkline Support

Telephone: 0300 123 1110
(weekdays 9am to 8pm, weekends 11am to 4pm)

Relate

Telephone: 0300 100 1234

Mind

Infoline: 0300 123 3393
Bristol: 0117 980 0370
www.mind.org.uk

Stroke Association

Telephone: 0207 566 0300
Helpline: 0303 303 3100
www.stroke.org.uk

NHS Smoking Helpline

Telephone: 0800 022 4332
www.smokefree.nhs.uk

Notes and queries

As well as providing clinical care, our Trust has an important role in research. This allows us to discover new and improved ways of treating patients.

While under our care, you may be invited to take part in research. To find out more please visit:
www.uhbristol.nhs.uk/research-innovation
or call the research and innovation team on
0117 342 0233.

For access to other patient leaflets and information please go to the following address:

www.uhbristol.nhs.uk/patients-and-visitors/information-for-patients/

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Hospital switchboard: 0117 923 0000



Minicom: 0117 934 9869



www.uhbristol.nhs.uk



For an interpreter or signer please contact the telephone number on your appointment letter.



For this leaflet in large print, audio or PDF format, please email patientleaflets@uhbristol.nhs.uk.

