



University Hospitals Bristol
NHS Foundation Trust

Patient information service
Bristol Heart Institute

Your guide to heart surgery at Bristol Heart Institute



Respecting everyone
Embracing change
Recognising success
Working together
Our hospitals.

**Above
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Fundraising for Bristol city centre hospitals

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Directions to the Bristol Heart Institute

If arriving via Bristol Royal Infirmary, take the lift to level five, then follow the signs to zone C Bristol Heart Institute (BHI).

The outpatients department is on the ground floor of the BHI, in the right hand corner of the atrium, with the trees at the other end from the cafe.

Directions to ward C708

From level five of Bristol Royal Infirmary, follow signs to zone C Bristol Heart Institute. When you reach the atrium with the trees, take the lift or stairs to the second floor and follow the signs for ward C708.

Parking

Parking is very limited at the BHI. We would advise you to use the park and ride services, the free hospital bus from Temple Meads railway station, or one of the local multi-storey car parks to travel to the hospital. There are a limited number of pay and display parking spaces on the hospital site, which are accessible from Horfield Road.

You have been accepted for cardiac surgery. What's next?

This booklet aims to help and advise you about having heart surgery at the Bristol Heart Institute (BHI) and your recovery afterwards. It will be helpful to you to read this information before you come in for your surgery to help prepare yourself and plan for your discharge from hospital.

You can also access three short films explaining your cardiac surgery journey on www.uhbristol.nhs.uk/cardiacsurgeryjourney

Please do not hesitate to ask questions at any time if you are unsure about anything. We understand that this is a big operation for you and we want to help address any concerns you may have at any stage.

You should receive this booklet at your appointment when your surgeon confirms that you will have surgery or when you attend your pre-operative appointment.

If you are in hospital waiting for your surgery

If you are already a patient in hospital, this booklet will be given to you as soon as the surgeon has accepted you for surgery and you have been added to the waiting list.

As an inpatient at the BHI or a local hospital, you will be added to the inpatient urgent waiting list. We will endeavour to allocate you an operation slot as soon as possible.

If you are at home awaiting your surgery

Once your surgeon has confirmed you need heart surgery, you will be placed on the admissions list. You will be invited to a pre-operative assessment appointment at the BHI.

You may also need to have further tests prior to your surgery. If these cannot all be completed on the day you attend your pre-assessment appointment, we will send you another appointment date. If you are unable to attend your pre-assessment appointment or tests please contact us immediately so that we can book you an alternative date.

Pre-operative assessments will take place in the outpatients department, C503, of the BHI, directions are at the front of this leaflet.

Your pre-operative assessment appointment

Your pre-operative assessment appointment is likely to be at least four hours, but it may take longer if you require further tests on the day. Please consider this when parking or arranging a lift to your appointment, so that you do not have to make alternative plans.

When you attend your pre-operative assessment, please bring your current medications in the original packaging and your most up-to-date prescription with you (if you have it).

As we are a research active Trust, one of the cardiac research nurses will also see you during this appointment (you may have already received research information through the post).

When will I know the date of surgery?

The admissions office will contact you to inform you of your proposed surgery date. If you have any questions or concerns about the date of your surgery, please contact the admissions office on: 0117 342 9444.

Change in symptoms while on wait list

If your symptoms worsen or change during this waiting period, please see your GP as the first point of contact, as it may be that you are becoming more unwell and need admitting to hospital to be monitored more closely prior to your surgery.

If you experience severe symptoms, such as continuous chest pain not settled by rest, becoming extremely breathless, or if you are unable to speak or are passing out, please call an ambulance by dialling 999.

Cancellation of surgery

We take patient referrals for heart surgery from across the South West region. We will try to ensure that you receive your surgery date as soon as possible. However, because we have emergency cases that present with life-threatening issues that cannot wait there will be occasions where planned operations are cancelled at short notice.

We apologise if this happens to you. If we cancel your procedure we promise to inform you as soon as possible and we will give you a new date for your surgery at the time of your cancellation.

What can I do to prepare physically for surgery?

Diet

Eat a healthy balanced diet that includes protein (meat, fish, eggs and/or non-animal sources such as nuts or tofu), vegetables and fruit.

Please do not go on a strict calorie controlled diet when you are waiting for surgery, especially in the two weeks before your surgery, unless this has been suggested and supervised by your GP or a qualified dietician. You need sufficient reserves on board to help you recover and heal after the surgery.

Taking a proprietary multivitamin would not be harmful but please do not take any herbal supplements other than those agreed with your GP. Some supplements can interact with heart medications, which can cause them to not be as effective.

Exercise

Please keep as active as you can, unless you have been specifically advised by your medical team to reduce activity.

Stop smoking

Please try to stop smoking; it is never too late to feel the benefits of stopping. It will help you be fit for the surgery and in the longer term reduce the likelihood of a return of symptoms and improve your overall health. Please discuss this with your nurse or doctor who will be happy to guide and support you.

Dentist check-up

Ensure that you have been to the dentist in the last 12 months and that any treatment that was required has been completed.

This is particularly important for patients undergoing valve surgery. If your dentist finds that you require extensive dental treatment, please inform the admissions office, which can ensure that the date of your surgery is set so that this can be completed

Medication

Continue to take the routine medication that has been prescribed for you, this will ensure that you remain well for your surgery. Some medications may be stopped just before surgery; you will be given instructions by the team when they notify you of your surgery date.

Things to think about before you come to hospital

Please discuss your surgery and recovery with your family.

Who will....

bring you in to hospital?

.....

take you home afterwards?

.....

support you when you go home?

.....

If you have any concerns about your anticipated discharge or recovery, please discuss this with your nurse at the earliest opportunity.

We aim for you to be as independent as possible before you go home. Please ensure that appropriate support is obtained before we let you go home.

You will not be able to lift anything heavier than a kettle for six weeks after your surgery. This means you cannot carry heavy shopping bags after your discharge home. Please ensure that you have food in the house on your discharge.

If you live alone and have no one who can help, the therapy team will be able to advise you on organisations that may be able to help.

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:

Some people require equipment when they first return home. So that we can be prepared to order equipment if it's required, it would be useful if you could take some measurements before you're admitted.

My toilet seat height cm/inches

My chair height (when I'm sitting on it) cm/inches

My bed height (when I'm sitting on it) cm/inches.

If you are supported at home by a carer before your surgery, or you are a carer yourself, or are worried that you may struggle on discharge, please fill in the form at the back of this booklet and speak to your physiotherapist after your surgery.

What shall I bring with me?

Storage on the ward is limited so please bring just one small suitcase or holdall. You will need to bring a separate wash bag containing 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:

1. Your own clothes to wear during the day.
2. Pyjamas or nightdress (preferably front opening so your chest wound can be checked and redressed after your surgery).
3. Supportive bras. Women should wear a soft, non-underwired bra, such as a sports bra, day and night for four to six weeks following surgery - see page 19. Please put one of the bras in your wash bag on the day of your surgery.
4. Dressing gown and well fitting slippers with a non-slip sole.
5. Mobile phone and charger (if you have one).
6. Current medication in original packaging.
7. Glasses and hearing aids including their cases.
8. Stick or walking frame (if used).
9. Any specialist equipment or dressings that you usually use.
10. Your own CPAP machine and mask (if you usually use one).
11. This booklet.

Please do not bring:

- Valuables or sentimental belongings. You will need to remove all jewellery including your wedding band.
- Large amounts of money or credit cards.
- Perishable food or food that requires reheating as we do not have facilities to store these.

Some items can be locked up by the cashiers during your stay, however cashiers 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 WiFi, please ask the nursing staff how to access this.

Please 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.

Visitor information

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 BHI.

In central Bristol, there are a number of other multi-storey carparks with pay and display parking Bristol park and ride services also drop off a short walk from the BRI. There is a free hospital shuttle bus that runs from Bristol Temple Meads railway station.

Visiting hours

Cardiac intensive care unit	12:00 - 20:00
Wards	08:00 - 21:00

We discourage visits from children under the age of 12, due to the risk of disturbing other unwell patients and infection risks. There may be exceptions - please discuss this with the nurse in charge.

Visiting is limited to two visitors per bed space at any time.

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

Your admission to hospital and day of surgery

On arrival, your admitting nurse will check your details, take your heart rate, blood pressure, temperature and take an up-to-date blood sample. You will be seen by several members of the team and may need to wait in our waiting area for some of this time. We would advise you to bring something to read.

Your surgeon will explain the operation planned, 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. It can be helpful to write your questions down so you do not forget to ask them.

You may be seen by one of the cardiac research nurses again if you have consented to one of our studies or are considering taking part.

If you have any further questions about admission, please contact the admissions office at the BHI on the number found at the back of this leaflet.

We know waiting for your surgery can be an anxious time.
It is a good idea to bring something to distract you - such as a book or music. You can have visitors to sit with you during this time.

Once you have been admitted

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

If your surgery is scheduled to be second on the list, you should have a 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 11.30 and 2pm.

Your family can phone the cardiac intensive care unit to check on your progress when you are out of the operating theatre.

- Morning case please ring after 1pm.
- Afternoon case please ring after 6pm.

All telephone numbers can be found at the back of this leaflet.

On the day of your surgery

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.

Please ensure that you shower thoroughly at home that morning with the antibacterial solution you were given before you come into hospital. This is very important to reduce the risk of infection.

Your nurse will tell you when the team is ready for you to go for surgery. One of your nurses will escort you to the anaesthetic room where you will be met by your anaesthetist and operating department assistant.

Whilst 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
- an oxygen mask will be placed over your face and your anaesthetist will speak to you as you go off to sleep.

During your surgery, you will have tubes inserted into your wrist artery, a small tube placed into the vein in your neck, a tube into your bladder and a breathing tube which will be attached to a ventilator (breathing machine).

After your surgery

You will be moved from the operating theatre to the cardiac intensive care unit (CICU) whilst you are still asleep. Unlike many other operations you would not go to a recovery ward first. Your family will be able to see you in the CICU at this point.

In the CICU you will receive specialised nursing care. An intensive care consultant and their medical team will manage your care at all times.

You will be kept asleep with a breathing tube in your mouth and you will be on a breathing machine until you are warm and stable after the operation. The anaesthetist will make the decision to wake you based on how well you are doing after the surgery.

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

You will also 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.

When you first wake up from your surgery

When you wake up, you may find you have a tube in your mouth. Most people do not find this uncomfortable or even remember it. When the doctors and nurses are sure that you are fully awake and ready to breathe for yourself, they will ask you to cough and the tube will be removed. You may find that your throat is a little sore after this.

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.

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 try to take at least five deep breaths every 30 minutes. Your nurse will help remind you to do these exercises.

Support bra

Women should wear a support bra immediately after surgery. Your nurses will help you with this. The Trust will provide you with a bra to wear after your operation.

Wearing a bra after cardiac surgery will help with your wound healing. Your comfort is also very important. Some women find the weight from the breasts can pull on the new wound, which may slow or compromise healing. If the breasts shift around, particularly when you are lying down, this can place a strain on the wound. Supporting the breasts will prevent this, improving comfort and potentially helping to reduce the risk of infection.

If you purchase further bras, it is important that you try them on fitted to the tightest fastening, ensuring the bra has a stretch. This will help accommodate fluid weight gain which can be associated with cardiac surgery.

We recommend the 'BHIS cardiothoracic support bra', which has been designed for patients with a midline chest incision for heart surgery. It is available in a range of sizes. You can order the bra online at www.cuiwear.com or www.bhisbra.co.uk.

Large department stores also stock front fastening bras. You can buy these with VAT exemption as you are having cardiac surgery.

Pain control

We aim to ensure you are comfortable enough to be able to do deep breathing exercises without excessive discomfort. Your nurse will work with you to manage any pain using patient controlled analgesia (PCA), a machine to help control your pain relief.

You can control the PCA machine yourself:

- you will have a handset with a button connected to a pump
- the pump will be connected to your neckline
- when you are in pain, you can press the button and you will receive a measured dose of morphine
- the machine locks automatically for five minutes so you cannot accidentally overdose.

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

The following pages list the goals you should aim for to be ready to go home.

It takes some patients longer to recover than others. We will keep you and your family informed if there are reasons why your recovery is taking longer.

Day one after your surgery

You will be seen by the consultant anaesthetist on the ward round on the morning after your surgery.

The anaesthetist will assess whether your lungs are expanded and if your chest drains can be removed. If so, the nurse that is looking after you will remove the chest drains. After they are removed, you will have a chest X ray.

The consultant anaesthetist will assess your readiness to move to a ward on the cardiac high dependency unit (CHDU). You will remain under the care of the specialist intensive care team who will continue to monitor you closely.

Sternal precautions

In order to undertake the operation on your heart, your breastbone (sternum) will have to be divided. At the end of the surgery, this bone is wired back together. It will take approximately six weeks to heal.

During this healing period, we advise against pushing your weight fully through your hands or letting someone pull you up from a chair or bed with one hand. We recommend you do not lift more than 1kg for the first six weeks after surgery. 1kg is about the same weight as a kettle with enough water for one cup of tea.

We also recommend that you do not undertake any heavy lifting greater than 10kg or any manual labour for a period of 12 weeks after your operation.

The nurses will teach you how to use a pillow or a towel to support your sternum when you cough.

Getting out of bed

It's important to sit out of bed, to help your lungs and your breathing recover well from surgery. Moving from bed to a chair and sitting out of bed both help expand your lungs and reduces the risk of developing a chest infection post surgery.

Your nurse will assist you to do this in the morning, so you can eat your breakfast.

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

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 to the chair.

Please let the nurses know if you pass wind or have a bowel movement as we need to monitor this following surgery.

Day one goals

- Chest drains removed
- Move into high dependency area of the unit
- Sit out for total of six hours
- March on the spot for 30 seconds x3

Day two after your surgery

You will be seen by the medical team on the ward round and your overall recovery will be reviewed.

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

You may be recovering well enough to be discharged to the cardiac surgery ward C708. The medical team will confirm this.

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 sickness or nausea. If you feel nauseous please let one of the nurses know.

It is common to get constipation after surgery. If you have not had a bowel movement you will be prescribed laxatives.

It is very important that you eat and drink to help your wounds to heal. Good nutrition is essential to healing well.

Your catheter may be removed today so that you are able to use the toilet as normal.

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.

On day two after surgery, we would like you to walk about 30 metres around the ward on four occasions. The nursing staff or physiotherapists will help you.

Day two goals

Catheter removed

Moved to ward C708

Sit out of bed for at least six hours in total

Get dressed into your normal clothes

Walk 30m around the ward x4

Day three after your surgery

You will be seen on the medical ward round.

Remember to let us know if you are in any pain, or have had any bowel movements.

Your necklines will be removed today if you no longer require drug infusions.

Your dressings will be removed and changed.

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's fine to have a nap after lunch.

To aid your recovery it is important 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.

By day three, we hope to start discussing your planned date of discharge. The ticket to go (see page 31) lists the goals you should aim for to be ready to go home. This will be discussed with you every day.

If you have any concerns about your planned discharge, please speak to your nursing team about these immediately.

Day three goals

Necklines removed



Bowels open



Dressings removed and changed



Get dressed into your normal clothes



Sit out of bed for at least eight hours in total



Walk 50m twice in the morning



Walk 100m in the afternoon



Speak to a physiotherapist if you are still having difficulty walking



Update your progress in your ticket to go



Day four after your surgery

You will be seen on the medical ward round.

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

Also let the nurses know if you pass wind or have a bowel movement as we need to monitor this following surgery. It is common to get constipation after surgery. If you have not had a bowel movement by day four, we will need to review your laxatives.

Today we would like you to get dressed into your normal clothes and we would like you to sit out of bed for most of the day.

To help you recover, it is important you continue to gently increase the distance you are walking. Try and walk the length of the ward six times today.

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 (ultrasound imaging of the heart). The doctor will inform you if you require an echocardiogram.

Your pacing wires may be removed on day four. The medical team will assess whether you're ready for them to be removed.

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

Day four goals

ECG and removal of pacing wires



Chest drain sutures remove



Chest X ray



Echocardiogram (if required)



Blood test



Bowels movement



Dressed in normal clothes



Walk 100m on six occasions



Speak to a physiotherapist if you are still having difficulty walking



Update your progress in your ticket to go



Ticket to go

This sheet lists the goals you should aim for to be ready to go home. This will be discussed with each day you're in hospital.

Planned date of discharge:

If you have any concerns about your planned discharge, please highlight this 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 day four to five post-op

Valve replacements day four to seven post-op

Adult congenital heart
disease surgery day four to ten post-op.

This may vary depending on your individual needs and will be discussed with you in more detail after your surgery.

On the day of your discharge, you will be transferred to the discharge lounge (A516), where you can wait comfortably for your medications to be dispensed.

It is quite common for people to transfer to the discharge lounge in the morning but not actually leave hospital until later in the afternoon. This allows time for the pharmacy to arrange your medication to take home.

You will be served hot drinks and meals in the discharge lounge. Your relatives are welcome to wait here with you.

My planned discharge date and time: _____

You will need to arrange your own transport home. The hospital is not able to provide transport home after surgery. If you have any concerns over this, please speak to your nurse as soon as possible.



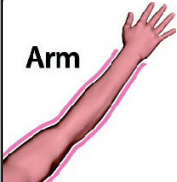




Your journey home






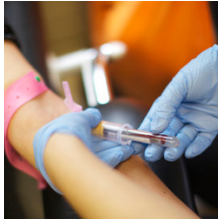
It is okay to be a passenger in a car and to wear a seat belt.

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.

Ticket to go - what I need to leave hospital

Ticket to go		N/A	Tick when completed
	I have a discharge summary for my own information.		
	I have my own tablets and any new medicines and am happy with the instructions for taking them.		
 Arm	I have no cannulas (plastic tubes) left in my arms and my pacing wires and sutures have all been removed.		
	I am able to walk around the ward independently.		
	I am able to eat and drink.		
	I am able to go to the toilet normally.		
	I am comfortable and my pain is controlled.		

Ticket to go		N/A	Tick when completed
	I have arranged my own transport home.		
	I have my house keys.		
	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 is aware of my discharge.		
	I understand that a referral to the following services has been made to support me at home.		
	I have been told whether I need a follow-up outpatient appointment, and I that the details of the appointment will be sent to me in the post.		
	I've been told whether I need to have a blood test. My blood test will take place on at		

Advice for after you've gone home

General advice

When you first return home you may feel physically and emotionally drained, this is normal.

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, as well as gaining confidence. Regaining your appetite, finding regular sleeping patterns, pain control and regular bowel routines will all take time.

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

Appointments

We will arrange an outpatient appointment for you for approximately six weeks after your discharge. The appointment will normally be at the Bristol Heart Institute. Appointment details will be sent to you.

If you're an adult congenital heart disease patient, you will see a clinical nurse specialist four weeks after your surgery.

Your wounds

Most stitches used in the operation are dissolvable. If stitches need to be removed, the ward staff will arrange 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. This can take up to 12 months.

Some redness and inflammation around wounds is normal. The redness should start reducing as you return home.

Please consult your GP if you are concerned that the inflammation is persisting, or if your wounds ooze fluid (pus), become more red and painful, or you feel feverish.

We also provide a wound care advice line, where if you leave a message on 0117 342 6606, the wound care team will contact you. Please note that the team work Monday to Friday, 8am to 4pm and if you have any concerns outside of those hours, please seek alternative medical advice.

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 if areas are numb. Cover up or use a total sun block if you are out in the sun.

Your breast bone (sternum) 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 one kilogram for the first six weeks after surgery. One kilogram is similar to the weight of a kettle containing water for one cup of tea.

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 the number at the back of this leaflet.

If there is no one in the office, please leave your name, telephone number and a brief message about your concerns and the team will get back to you as soon as they can.

We may ask you to return for an outpatient appointment at the cardiac nurse led wound clinic which takes place in the outpatient department on level five of the BHI. This will allow us to review your wound and offer advice. The clinic runs Monday to Friday and we will discuss a suitable time for you via the telephone.

Showering

It is okay to shower using your usual shower gel or soap.

Try to avoid putting soap or shower gel directly on your wound. Pat your wound dry after your shower.

Support stockings

You need to wear support stockings on both legs during the day and night for six weeks after discharge from hospital. You will be given two pairs of stockings when you are discharged from hospital.

Walking

It is very important that you keep active after your surgery.

Try to walk every day. Start off with the distance you were doing in hospital and gradually build up as you feel able to. Try to build up the distance you walk rather than the speed.

It is normal to feel a little short of breath when you are walking at this time. 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.

If you need a walking aid after surgery, this can be returned when you no longer need it. You can return it to the BRI physiotherapy department when you attend a follow-up appointment.

Watch out for warning signs such as:

- Excessive breathlessness
- Feeling unwell
- Excessive tiredness
- Palpitations
- Angina*
- High temperature
- Feeling dizzy or faint
- Pain

*often described as squeezing, pressure, heaviness, tightness or pain in your chest.

If you experience any of these warning signs

- Rest immediately.
- Reduce your level of activity until you feel better.
- See your GP if you have angina, palpitations, dizziness, a 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 or activity 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 to help keep you motivated.

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

Eight weeks after surgery

Jogging, cycling, keep fit classes such as aerobics

Twelve weeks after surgery

Gardening, golf, tennis, fishing, football, swimming, horseriding

If you would like advice about returning to a particular activity or sport please ask to speak to one of the physiotherapists who will be able to discuss this with you in more detail.

Loss of appetite

Some people find they lose their appetite, sense of smell and taste after heart surgery. As you recover this should return to normal.

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, please ask to speak to a dietitian.

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

Healthy eating

A long-term healthy diet can help you to achieve and maintain a healthy weight, preventing strain on your heart. It can also help you feel better.

Eating well helps control your cholesterol and blood pressure. A healthy diet also contributes to reducing the risk of heart disease.

Food should be enjoyable and varied. It's okay to enjoy your favourite treats in moderation, but try to stick to a healthy diet most of the time.

To help you maintain a healthy diet, you should eat regularly

throughout the day. Eat plenty of fruit and vegetables; aim for at least five portions of a variety of fruit and vegetables every 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.

Your diet should include plenty of foods high in fibre. These include wholemeal breads and cereals, oats, rice, potatoes and beans and pulses. Avoid eating too many processed foods as they are often high in fats, sugar and salt.

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.

Units

- One small glass (125ml ABV 12%) of wine is 1.25 units
- One can of lager/beer/cider (330ml, ABV 5%) is 1.7 units
- One small (25ml, ABV 40%) shot of spirits is 1 unit.

Avoid stimulant and/or energy drinks.

It's important that you try to eat less salt. Adults should aim for less than 6g of salt per day (about one teaspoon).

Be aware that a lot of the salt we eat is already within the foods we buy. Try to eat fewer processed foods and get into the habit of reading labels.

Tips for healthy eating

- Bake or grill your food, avoid frying it.
- Steam or oven roast vegetables.
- Remove skin from meat and trim all fat away before cooking.
- Avoid processed foods.
- Aim for at least one to two portions of fish per week, one of which should be oily, such as 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. These include olive and vegetable oils and spreads.
- Cooking oils labelled 'high in polyunsaturated fat' become saturated the more you heat them. Oil used for cooking should be discarded after three uses.

Tips for losing 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 changing your diet and gradually 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.

It can be really helpful to enlist the support of your family and friends.

It's also worth seeking advice from a health care professional. You can ask your GP to refer you to a dietitian.

Medication

When you're discharged from hospital, you will be given one month's supply of medication. After this, you will need to go to your GP for a repeat prescription.

Make sure you read your discharge summary and the literature supplied with your medication. 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.

If you experience any side effects from any of your medicines, please discuss them 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 the prescription when it has been decided that you are ready to go home, and the hospital pharmacy will dispense this.

On the day you're discharged, it is common for some of your medications to change according to the latest ward round decisions.

Your medicines will not be ready for at least two hours after the prescription is seen by a pharmacist, so please be patient with this process.

Please note that there may have been some changes to your medications from what you were taking before your surgery.

Sometimes people have more supplies of their regular medicines that haven't changed at home, so we may check this to help us prepare your prescription.

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 any different medication at home, please dispose of these by returning them to your local pharmacy.

We advise that you make an appointment with your GP to review your medicines and take some routine blood tests one week after you're discharged from hospital. If you're not able to get to your GP easily, a district nurse may visit you at home for this review.

Drug treatment following heart surgery

After your surgery, we may start you on some medicines you have taken previously, such as blood pressure tablets.

We may start you with a lower dose initially. Your GP will review when it is appropriate to make any changes to doses and may prescribe any medications that weren't re-started in hospital

We may prescribe various medicines, including some of those listed here with a brief description.

Aspirin

Aspirin makes your blood less likely to clot. You may take a higher dose for the first 12 months after surgery. If so, this will be on your discharge summary.

Beta blockers

Beta blockers (such as Bisoprolol or Atenolol) work by reducing the amount of work the heart muscle has to do. They do this by reducing the heart rate, meaning the heart needs less blood flowing towards it.

Patients who are prescribed insulin should be aware that, in some cases, beta blockers may mask the symptoms of a hypoglycaemic attack (low blood sugars). You should regularly monitor your blood sugars. Please discuss any issues with your GP.

Statins

If you have coronary heart disease, you will be prescribed a statin (such as Simvastatin or Atorvastatin) to try to lower the blood cholesterol level. Wait at least three months after surgery before having a cholesterol check.

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

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 patients take Amiodarone on a short-term basis. Your heart should return to its normal rhythm. At your six week follow-up appointment this medication will be reviewed to stop.

Warfarin

Warfarin thins the blood and reduces the risk of a clot forming on your heart valve, protecting you from complications.

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.

If you developed atrial fibrillation (AF) after your surgery, you may have been given warfarin. In this circumstance, patients are given warfarin to reduce the risk of a clot developing that could lead to a stroke.

At your outpatients appointment after surgery, the medical team will review whether you will need to continue this. Often if you have not been under treatment for AF previously, your heart returns to a regular rhythm soon after your heart settles down after surgery. If this is a long standing issue for you, you will probably return to your previous treatment.

If you have any concerns or questions please do not hesitate to ask at any time.

We have a patient information leaflet about warfarin, which provides more detailed information. Please ask one of the medical team for this leaflet.

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 paracetamol 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.

Some people take longer to recover from surgery than others. 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 do not operate machinery or drive whilst taking these medications.

If you experience unexplained bleeding or bruising – such as blood in your urine or faeces, 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.

Lifestyle

This may be a time when couples need extra love and reassurance. Worrying about 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. 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

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

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 surgery can affect your eyesight and your concentration. The DVLA restricts driving for at least four weeks following heart surgery. You 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. If you have had a permanent pacemaker inserted following your surgery, you must inform the DVLA.

If you require any further information please phone the DVLA on 0870 240 0009 or look at the 'medical standards of fitness to drive' section of their website.

Vocational driving licences e.g. LGV or PCV

Please contact the DVLA for more information. You can also talk to your hospital consultant, GP or cardiac rehabilitation nurse.

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

Your return to work will depend on the nature of your work. The majority of people return to their previous employment.

Your GP can help guide you as to when you may be able to return to work.

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

Holidays

Short breaks away can be beneficial and may help to build you and your family's confidence.

Remember to wear TED stockings, take regular breaks, walk around and drink plenty of fluids on long journeys.

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

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

Cardiac rehabilitation

If you have had coronary artery bypass graft surgery, you will be referred to cardiac rehabilitation upon discharge from hospital.

A cardiac rehabilitation nurse will offer you an appointment to come back into hospital within two to four weeks of going home. This will be an individual appointment to assess your recovery so far.

The aim of cardiac rehabilitation is to help you recover and get back to as full a life as possible after coronary artery bypass surgery. It can form a key part of your recovery and we would recommend you attend this programme. It aims to help promote your health, encourage exercise and activity, and keeps you well after you go home from hospital.

Some areas also offer this service for people who have had heart valve surgery.

There is no formal provision of cardiac rehabilitation for congenital heart disease patients. Your ward nurse will refer you to your local cardiac rehabilitation nurse on discharge from hospital.

If you have any queries about cardiac rehabilitation please phone the BHI cardiac rehabilitation team (telephone number on at the back of this leaflet), or find out your local group on the cardiac rehabilitation website: cardiac-rehabilitation.net.

Support on discharge

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. Please add any extra information that you feel we should know.

This will help to ensure we can support you to go home after your surgery in a safe and timely manner.

Accommodation please circle the applicable answer

Is your accommodation

owned by you

rented

warden controlled

other

If you have stairs, do they have

one bannister

two bannisters

stair lift

Is your bathroom

upstairs

downstairs

Where is your toilet?

upstairs

downstairs

both

What specialist equipment do you have in your bathroom?

(please state if this is down or upstairs if you have bathrooms on different floors)

none

raised toilet seat

perching stool

other

Is your bedroom

upstairs

downstairs

What equipment do you have in your bedroom?

none

or (list the equipment below)

.....

If you live alone and need to summon help, do you use

mobile phone

corded telephone

cordless telephone

pendant alarm

other

About you

Who collects your medication?

me partner carers family
delivered other

Who collects your pension? (if applicable)

me paid directly
my partner carers family
other

I get in and out of bed:

independently with help

I get in and out of a chair:

independently with help

Is your chair raised?

yes no

Do you drive a car?

yes no

Do you drive a mobility scooter?

yes no

Washing and dressing

I tend to wash:

in the shower

in the bath

strip wash

I wash:

independently

with help from.....

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

UH Bristol patient support and complaints team

Telephone: 0117 342 3604

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 Margaret's Green, Ipswich, IP4 2BN

Telephone: 0800 854759 www.thesf.org.uk

Diabetes UK

Central Office, Macleod House, 10 Parkway, London, NW1 7AA

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

The Sexual Advice Association

0207 486 7262

www.sda.uk.net

Addiction Recovery Agency Alcohol Misuse Service

0117 929 3028

Drinkline support (24 hours)

0800 917 8282

Relate, relationship support:

0300 100 1234

MIND, emotional support:

Bristol: 0117 980 0370

www.mind.org.uk

Stroke Association

0303 303 3100

www.stroke.org.uk

Heart Research UK

www.heartresearch.org.uk

Useful telephone numbers

Admissions coordinators	0117 342 9444
BHI outpatients clinic (reception), C503	0117 342 5905
BHI outpatients (clinic coordinator), C503	0117 342 6638
Cardiac surgery ward	0117 342 6552 0117 342 6652
Cardiac intensive care unit, C604	0117 342 5941 0117 342 5942
Cardiac high dependency unit, A607	0117 342 0330 0117 342 0329
Cardiac surgical dependency unit, A607	0117 342 0326 0117 342 0327
Discharge lounge	0117 342 1881 0117 342 1882
Learning disability clinical nurse specialists	0117 342 1707
Cardiac research nurses	0117 342 1144 0117 344 1143
Adult congenital heart disease nurses	0117 342 6599
Switchboard	0117 342 0000
Wound advice line (answerphone service)	0117 342 6606

Notes

Notes

Please note that if for any reason you would value a second opinion concerning your diagnosis or treatment, you are entirely within your rights to request this.

The first step would usually be to discuss this with the doctor or other lead clinician who is responsible for your care.

Smoking is the primary cause of preventable illness and premature death. For support in stopping smoking contact NHS Smokefree on 0300 123 1044

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

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

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

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 or PDF format, please email patientleaflets@uhbristol.nhs.uk.

