

Department of Cardiothoracic Surgery

Recovering from heart surgery - Going home



[Heart Rate Clip Art](#) is licensed under [CC BY-NC-ND 4.0](#)

This booklet has been produced to help you with your recovery from coronary artery bypass graft surgery and/or valve/aorta surgery, as quickly and safely as possible. It is for your relatives and carers too.

This information should help to answer some of your questions about recovering from heart surgery.



Patient Information

There is advice about what to expect from surgery, what you can do to make a speedy recovery and simple exercises to do in the first weeks after your surgery.

There is information about diet, your medicines, and when you can start doing certain activities again. There is a section about stress and how to help manage it.

Recovery from heart surgery is about 6-12 weeks. During this time, you will start to build up your strength and gradually get back to normal.

You will get stronger, and your confidence and wellbeing will return.

Talking about your surgery with others is fine, as long as you remember that each person's recovery is different. No one has the same medicines, activities or recovery rate. How fast you recover depends on the type of heart surgery you have had and how active you were before surgery.

We wish you a speedy recovery.

Cardiac Liaison Team: Anita Wood, Liz Evans and Liz McDonald

Cardiac Liaison direct line: 024 7696 5803

Monday – Friday 8am – 4pm

Or Ward 11 024 7696 5800

Contents

| | | |
|-----|--|----|
| 1. | Going home | 4 |
| 2. | Emotions | 4 |
| 3. | Common after-effects of heart surgery | 5 |
| 4. | Your chest and/or leg wounds | 9 |
| 5. | Monitoring surgical site infection | 10 |
| 6. | Anti-embolic stockings..... | 11 |
| 7. | Exercise after heart surgery | 12 |
| 8. | Your medicines | 18 |
| 9. | Managing stress and tension..... | 24 |
| 10. | Returning to work | 26 |
| 11. | Maintaining a healthy heart | 26 |
| 12. | Cardiac rehabilitation programmes | 33 |
| 13. | Cardiac rehabilitation contact details | 35 |

Patient Information

1. Going home

After heart surgery your recovery may appear to be slow, and you may feel drained both physically and emotionally.

It will take some time to re-establish normal routines and balance back into your life. Sleep patterns, pain control, regaining appetite, bowel routines and confidence all take time. Do not worry if you don't always get it right.

Use common sense. Continue the activities and exercise you began in hospital but don't overdo it. Listen to your body.

If after doing the activities, you:

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

then rest a while and continue later.

It is unnecessary to bring your bed downstairs as you will already have climbed a flight of stairs with a nurse or physiotherapist before you leave hospital.

Your partner and/or family will probably feel protective towards you. We encourage you to share this booklet with them. Share your feelings with them, so that they are aware of how much you can do. Encourage family and friends to telephone before they visit during the first few weeks at home, so that they don't all arrive on the same day.

2. Emotions

After major surgery you may experience emotional '**highs**' and '**lows**' and at times you may become tearful and cry. Some people have times when they feel irritable or find it difficult to concentrate or cannot remember things that are normally familiar to them.

These experiences may occur after you return home. Try not to let them worry you. They are normal and part of your recovery and should pass as you continue to progress.

Patient Information

Remember:

- You need time to relax and get your confidence back.
- Your family may have experienced a lot of worry too.
- Be kind to each other.
- Be tolerant of each other.

3. Common after-effects of heart surgery

The common after-effects of heart surgery are listed below. If you experience any after-effects, we have included the following advice on what to expect and what you can do. The good news is that these will almost always clear up with time.

Blurred vision

Some people report seeing dots or flashing lights in front of their eyes. This is due to the effects of your surgery. It is important to explain that you have had heart surgery if you visit your optician or have your eyes tested.

Constipation

This affects some people after heart surgery. It may be because of your medication or because you are less active than normal. Drinking lots of fluids and eating plenty of foods high in fibre (like fruit, vegetables and wholegrains) may help. Your doctor or nurse can advise you about dealing with this. You may be prescribed laxatives to help.

Feeling hot and cold

For the first couple of weeks after your operation, some people find that they are sweaty, especially at night. Others may find it hard to keep warm. This will improve as your body gets back to normal after your operation.

Patient Information

Mammary artery

If this artery was used for your bypass, you may feel a sharp pain or ache in the chest. You may experience numbness, tingling or hot and cold feelings that can go on for six months or more around the left side of your chest. You may find that your skin is very sensitive in this area. This is quite normal. It is due to the nerves in your chest recovering from the surgery.

Thumping sensations in your chest, head or ears

This can feel quite noticeable at first. If it happens in bed, change your position. It should settle in a few weeks.

Poor memory and concentration

It is quite common to be forgetful and have poor concentration initially. This should improve over the first few months. It is worse if you feel very tired or stressed.

Pain

It is normal to experience aches, pains, stiffness and numbness in your back, neck, shoulders, arms and chest after your operation. This is because of the effect of the operation on your breastbone, muscles and ligaments. This is also due to your wound healing. This will improve but can take up to six months or more to recover.

- Try holding a pillow or towel against your chest when you cough.
- Keep your shoulder joints mobile.
- Stretching the scar tissue gently over your breastbone is important in your recovery. Maintaining a good posture can help with this.
- Some exercises that should be practised regularly are described in Section 7: Exercise after heart surgery.
- Some people find that applying heat or a cold pack to their neck and shoulders helps to reduce aches and pain.

Patient Information

- For women, wearing a soft non-underwired bra may help during the early days following surgery.

Use painkillers regularly so that you can move, sleep and cough comfortably.

Some people do not like to take painkillers until the pain is really bad. When the pain is bad it is not easy to control. It is better to prevent pain by taking painkillers regularly. If the painkillers do not work well enough, talk to your GP or pharmacist to find out what else may help.

For information on how to reduce your painkillers please look at Section 8: Your Medicines.

Your breastbone may grate or click for the first few weeks. This should slowly get better. Remember to avoid heavy lifting.

For a few people, this clicking may not go completely. If the clicking happens frequently after the first few weeks, and it is bothering you, report this to your doctor.

Palpitations

You may notice rapid heartbeats. This is usually due to your heart being sensitive and irritable after surgery. The episodes of rapid heartbeats should settle down in the first 4 weeks after your operation.

If a spell of very rapid heartbeats goes on for 2 or more hours, or if you feel dizzy, breathless and unwell, contact your GP or 111.

Poor appetite

This may be caused by the operation or your medication. If you are feeling nauseous or have a poor appetite, try to eat little and often.

Some people find that food has a strange metallic taste or has lost its flavour to start with. You may also find that your sense of smell has changed. This can take 3 months to fully recover.

Patient Information

Sleeping problems

It may take a few weeks to get back into your normal sleep pattern. Try to follow your usual bedtime routine. Try not to sleep on your stomach in the first six weeks.

It may be uncomfortable lying on your side, but it is safe to do so. Initially you may feel more comfortable on your back, slightly propped up on a few pillows. If this is upsetting your sleep, see the section 3 Common after-effects of heart surgery - Pain.

Vivid dreams

These usually disappear in the first few weeks. If worrying is keeping you awake, have a look at the section on stress in Section 9 – Managing stress and tension.

Sore throat and hoarse voice

This is due to bruising in your mouth and throat from the tube used for the anaesthetic when you had your operation. This should settle down in a few weeks.

Tiredness

People are often surprised by how tired they feel. This is very common and can continue for up to six weeks. Try to keep active, but pace yourself.

Exercise little and often to start with. Build up your daily activity bit by bit. Take a rest when you need to.

Carers may also feel very tired. It is hard work looking after the practical side of life, as well as providing emotional support and encouragement. Carers need rest too.

Patient Information

Tingling and numbness

Some people may notice tingling or numbness in their fingers. This is due to your nerves being stretched during the operation. This also settles in the first three months.

Shortness of breath

It is normal to experience some shortness of breath during activity. Continue with the breathing exercises you were shown in hospital, and this should gradually improve.

If you notice you are suddenly becoming more short of breath, or feel breathless at rest, please contact your GP or 111.

4. Your chest and/or leg wounds

During the operation, an incision is made in your chest dividing the breastbone (sternum). This enables the surgeon to operate on the heart. Afterwards this bone is wired together. These wires stay in place and can then be forgotten about.

Your breastbone will take about 8-12 weeks to heal. As it does so, the red scar will shrink to a thin white line. You may notice a slight bump at the top of your chest wound. This should gradually reduce in size.

You will find you can do more light activities around the house if you use **both hands** to lift, push or pull objects. This will keep the pressure on both sides of the broken bone equal as it heals. This means you will have less pain.

Gradually reintroduce light activities when you are ready. Use any pain in your chest and how tired you feel as a guide for how much activity you can do.

Heavy one-sided housework such as ironing, vacuuming or gardening should be avoided until your breastbone has healed. You can do light housework if feel able.

When a leg vein is used in bypass surgery, it is common to feel numbness or prickling along the wound and around the ankle. This is due to a nerve recovering from surgery. It may take several months to settle down. It is also normal for your leg and ankle to become swollen. This usually gets better

Patient Information

after about three months when other blood vessels take over the work of the missing vein.

In the meantime, try to keep your leg up when sitting. Being active helps circulation.

Wound care

It is important that you look at your wound every day.

You will be referred to a community nurse if you have a dressing or stitch remaining when you go home.

If you do not have a dressing on your wound, please keep it clean by having a wash or shower daily. You can wash your hair but try to make sure the shampoo is washed away from the wound area.

Please avoid using perfumed soaps, creams or powders on your wound as these can cause irritation.

You can use deodorant, aftershave and perfume as long as you avoid the wound area.

Your scars may feel itchy or numb. This is a normal part of healing. It is important to remember to wash your hands regularly to prevent infections. Try to avoid scratching your wound, as this can also introduce infection.

Contact your GP or practice nurse if your wound becomes red, swollen, and painful or starts to weep.

5. Monitoring surgical site infection

Most surgical wounds heal rapidly without complications. However, a minority can be complicated by infection.

A surgical wound infection can develop at any time from two to three days after surgery until the wound has healed (usually two to three weeks after the operation). Very occasionally, an infection can occur several months after the operation.

Patient Information

As part of a national audit by Public Health England, we monitor all wounds up to thirty days after your operation. You will be given a green questionnaire form to complete and return to us as soon after thirty days as possible.

This information is important to us because it helps us to monitor wound infection rates and identify any areas of improvement needed.

If you have any symptoms of infection such as indicated on the green form, please contact your GP.

6. Anti-embolic stockings

The anti-embolic stockings that are given in hospital are used to help prevent blood clots in your deep leg veins. This is known as deep vein thrombosis (DVT). The stockings gently squeeze your legs and feet. This increases the blood flow in your leg veins and reduces the risk of clot formation.

Sit with your legs up when resting. This helps with circulation and may prevent your legs and ankles from swelling.

Any numbness you experience around the lower end of your leg wound is caused by a small nerve near the vein being disturbed. Sensation to the area usually improves with time and usually returns completely.

- Wear the anti-embolic stockings for four weeks after you have been discharged.
- Get someone to help you put them on. This will avoid unnecessary strain and discomfort to your leg and chest wounds.
- These stockings should be removed for only half an hour per day, to enable you to shower or bath.
- Ensure all wrinkles are smoothed out to avoid uneven pressure.
- Do not cross your legs when sitting as the pressure put on the areas behind your knee decreases the blood flow in the legs

If you suffer with a condition that affects the circulation in your legs, then you will not be issued with any stockings.

If your legs are swollen:

Patient Information

- continue to wear the stockings
- when sitting, put your feet up on a stool
- do not stand for long periods

Arrange a GP appointment if the swelling is increasing, you are suddenly gaining weight or you are getting more short of breath.

7. Exercise after heart surgery

One of the great benefits of heart surgery is to be more active. Doing exercise will:

- Make you feel good.
- Help your heart recover.
- Help you sleep better.
- Build up your fitness.
- Lower your blood pressure.
- Help you to maintain a healthy weight.
- Lower your cholesterol levels.
- Help your heart stay well and give you energy for life.

Spending most of your time in bed may slow down your recovery. Sitting out of bed and moving around regularly is much better for you.

When should I start to exercise?

Try to start as soon as you are settled back at home – certainly within the first few days. It is normal to feel tired in the first few weeks. Most people feel less tired and have more energy by six weeks after the surgery. Try to balance activity with rest.

Patient Information

Mobility exercises and posture

Stiffness and soreness in your shoulders, neck and upper back will improve as you recover. Doing a few simple stretches each day will continue to increase your flexibility.

Try the exercises below.

- These stretches should not be painful.
- Stretch to a point of comfort and hold this for a few seconds.
- Do not bounce.
- Continue to do these exercises 2 or 3 times a day for as long as you feel your chest is limited in movement.

Gently pull your left elbow across your chest towards your right shoulder until you feel a stretch. Hold for 5 seconds. Repeat the other arm.

Turn your head slowly to one side until you feel a stretch. Repeat to the other side.

Tilt your head slowly to the left and then to right.

Lift your shoulders up together towards your ears and then relax.

Gently stretch **one** arm above your head and then lower it. Repeat this with the other arm.

Circle your shoulders together, forwards and then backwards.

Posture is very important. Be aware of your posture in sitting and standing. Aim to keep your head up, shoulders back and tummy firm. It will be some time before you can maintain this posture comfortably but be patient - it will improve with time and gentle exercises.

Patient Information

Walking is a great way of exercising. You can go at your own pace, and eventually walk as far as you like.

To start with, try a walk that takes about five minutes. Choose a route that allows you to rest if you want to. For example, it has a wall or bench to sit on. Bit by bit build up the length of your walk. As you feel fitter, try walking up a slight slope or walk more briskly. However, everyone is different, so plan your exercise to suit **you** and **your recovery**. Take a partner or a friend with you to help increase your confidence.

| Week | Distance | Time | Note |
|-------------|-------------------------|-----------------|-------------|
| 1 | Whatever you can manage | 5 minutes | Twice daily |
| 2 | Whatever you can manage | 5 – 10 minutes | Twice daily |
| 3 - 4 | ½ mile | 10 – 15 minutes | Once daily |
| 4 – 5 | 1 mile | 20 – 25 minutes | Once daily |
| 5 – 6 | 1½ | 25 – 30 minutes | Once daily |
| 6+ | 2 miles | 30 – 40 minutes | Once daily |

Remember to work through the programme at your own pace. The weeks are given as a guideline. Carry on with the walk you are doing until you feel ready to move up to the next level.

What else can I do if I can't walk, or the weather is bad?

Try these exercises. As with walking, start slowly and build up. To start with, try to do each exercise for about two minutes.

Patient Information

Exercise 1 - Marching on the spot:

March briskly on the spot, raising your legs and swinging your arms gently

Exercise 2 - Free arm movements: 15 repetitions

Slowly raise both hands and touch your shoulders. Gently raise one arm over your head and stretch up to the ceiling, repeat with your other arm. Slowly lower them again. Breathe in as you raise your arm. Breathe out as you lower them.

Exercise 3 - Sit to stand: 15 repetitions

Sit on a firm stool or dining chair, not a soft armchair. Lean forwards and stand up then sit down again.

Exercise 4 - Step-ups: start with two minutes

Use the bottom step of some stairs. Place one foot fully on one step. Step up with the other leg to stand with both feet on the step. Then step down again.

Exercise 5 - Heel raises on the spot: 15 repetitions

Hold onto the back of a heavy chair or the wall. Slowly raise your body up onto your toes, and then lower back down.

You may want to rest between exercises initially.

Exercises 1 and 4 are known as 'aerobic' and are like going for a walk. They make your heart and lungs work a bit harder and for a bit longer than most day to day activities. Just like the walking programme, you should increase the time of these exercises as you start to find them easier.

For exercises 1 and 4, you should try to add 30 seconds or 1 minute when you feel ready.

Patient Information

Activities and tasks – timescales

Getting up and getting dressed

Straight away

Going back to work

After eight to twelve weeks, depending on the nature of work and the hours

Having a bath/shower

Straight away – a bath may be more tiring than a shower.

Playing bowls and golf

Twelve weeks.

Cooking

When you feel ready. Avoid lifting heavy pans.

Cycling

Twelve weeks

Decorating

Twelve weeks.

Driving

Do not drive until you have seen your consultant at your outpatient appointment. Inform the DVLA if you have a HGV or PSV licence. **Always** inform your insurance company – your insurance may have to be altered and may not be valid immediately after heart surgery. Make sure you can safely steer and use the brakes before you start driving again. You **must** wear a

Patient Information

seatbelt when you resume driving or travelling as a car passenger.

Fishing

Twelve weeks.

Gardening

Light weeding and pruning – four weeks.
Digging, grass mowing – twelve weeks.

Having visitors

Any time, but do not be afraid to limit visitors and telephone calls. Protect your rest time.

Air travel

Leave flying until after your first post-operative outpatient appointment. If it is imperative that you fly before this appointment, please check with your consultant's office. You **must** inform your travel insurance company. During long journeys take regular opportunities to walk and stretch your legs. Also ensure you wear your anti embolic stockings.

Doing housework

Dusting, washing-up – two weeks.
Changing beds, ironing and vacuuming – twelve weeks

Lifting/pulling/pushing

Nothing heavy for twelve weeks.

Night out

When you feel ready. You may tire quickly at first.

Patient Information

| | |
|-----------------|--|
| Sex | Whenever you feel ready – make yourself comfortable. Remember your breastbone is healing in the first eight to twelve weeks so try positions that don't put pressure on this area. Before starting/restarting Viagra or the contraceptive pill you should consult your GP or consultant. |
| Shopping | Newspapers – straight away. Avoid lifting anything heavier than 10lbs for the first six weeks. |
| Stairs | Straight away. |
| Swimming | This can be resumed after 12 weeks if the wounds have healed. |

If you have any questions about starting or increasing activities, please speak to the cardiac rehabilitation staff or your doctor.

8. Your medicines

Medicines play a vital part in your recovery. They help to avoid further problems and control symptoms. You will be fully advised by hospital staff about your medication before you leave hospital.

- It is important to take your tablets regularly. Follow the directions on the box.
- Painkillers are usually better at preventing pain but are not so good at dealing with severe pain. If you experience some troublesome pain, it is better to take painkillers sooner than to wait until the pain is really bad.
- Do not take double doses if you forget to take your medicine, wait until the time for your next dose.

Patient Information

- If side-effects are a problem, contact your doctor or pharmacist as soon as possible.
- It is a good idea to carry a list of your medicines with you. If your doctor or dentist wants to prescribe something for you, they can check your list of current medicines. Show your list of medication at each consultation or treatment.
- Always let the pharmacist know what prescribed drugs you are taking if you buy anything over the counter.

Medicines to minimise the chance of blood clots forming

Aspirin

Aspirin reduces the stickiness of the blood. Take this with or after breakfast.

Side effects may include indigestion, nausea and vomiting. Stomach problems can be prevented by taking aspirin with food, or using coated tablets, such as enteric coated aspirin.

Clopidogrel

Like aspirin and can be used instead of aspirin for some people. Usually given together with aspirin following angioplasty and stenting to reduce the risk of blood clotting.

Warfarin

This is a drug to help prevent your blood from clotting. It is often used for people with heart valve replacements or with an irregular heart rhythm such as atrial fibrillation. Different people need different doses.

You will need regular blood tests at your local Warfarin clinic or GP practice when taking this drug. You will be given a yellow book to record these blood checks. If your levels become too high you may notice that you bruise

Patient Information

more easily, or get nose bleeds, or you may even get blood in your urine or stools. If this happens, report to your warfarin clinic or GP straight away. Avoid aspirin when taking warfarin unless told to do so by your consultant. Paracetamol is the safest painkiller to take if you are taking Warfarin. It is recommended that you do not drink more than 14 units of alcohol per week, spread over three or more days.

Check with your pharmacist before buying any other medicines.

Drugs such as rivaroxaban, apixaban, dabigatran and edoxaban are also used for preventing blood clots. You do not need to have regular blood tests when taking these.

Beta blockers

These drugs reduce the effects of natural adrenaline and they have been shown to reduce the risk of further heart attacks. They are useful in preventing attacks of angina, lowering blood pressure, and treating and preventing some abnormal heart rhythms (arrhythmias).

Beta blockers include bisoprolol, carvedilol, nebivolol, atenolol and metoprolol.

Beta blockers are not usually given to people with asthma. They do have some side-effects which some people find troublesome. These may disappear after a short time or if the dose is reduced. You may experience cold hands and/or feet, tiredness, sleep disturbances, impotence, dizziness and slow heart rate. Contact your doctor if you have bad side-effects. You should not stop taking these tablets suddenly.

ACE Inhibitors

ACE Inhibitors are used to treat high blood pressure and heart failure (when the heart is not pumping as effectively as it should). They are sometimes given after a heart

Patient Information

attack. The treatment opens the blood vessels which lets the heart pump blood more easily.

These drugs include ramipril, lisinopril, enalapril and perindopril.

Side effects include dizziness, metallic taste, skin rash, and dry cough. Your doctor may arrange for a blood test to check that your kidneys are not affected.

Diuretics

These drugs are used to treat fluid retention and heart failure. They remove extra water and salt in your urine and relieve congestion in your circulation. These drugs should be taken first thing in the morning. You will need to use the toilet frequently for a few hours. Unless your doctor has told you to restrict your fluid intake, make sure that you drink just enough to avoid feeling thirsty.

Diuretic drugs include furosemide, bendroflumethazide, bumetanide, co-amilofruse, spironolactone and eplerenone.

Side effects can include light-headedness, headache, muscle cramps, stomach upsets and impotence.

Cholesterol (lipid) lowering drugs

Statins

These drugs lower the amount of cholesterol in the blood. They include:

atorvastatin, pravastatin, fluvastatin, simvastatin

Ezetimibe is also sometimes used.

Each health district will have a protocol or plan for the use of statins. The recommended target for cholesterol levels in your blood is less than 5 mmol/L. However, your doctor may advise a lower target of 4 mmol/L if you have or are at risk of heart disease. Most statins should be taken at

Patient Information

night to be most effective.

Side effects include nausea, headaches, diarrhoea or constipation, and inflammation of muscles (rare). You must tell your doctor of any unexpected muscle pain, tenderness or weakness.

Anti-arrhythmic drugs

These are drugs for regulating the heart rhythm and can help to manage heart failure. These include amiodarone and digoxin. If you take digoxin, you will be on a dose which suits your weight. Your blood levels may be monitored. Amiodarone can take a while to have its full effect. Therefore, it is given in large doses to start with, and is then reduced.

You may become more sensitive to sunlight, so cover up your skin on sunny days, or use sun blocks.

Side effects of these drugs include loss of appetite, nausea, sickness, headache, flushing and dizziness.

Painkillers

Paracetamol

A good pain relief for mild to moderate pain and helps if you have a fever. It has very few reported side effects. You must not take more than the recommended dose. Take 1-2 tablets 4 times a day, no more than 8 tablets in 24 hours.

Codeine

These are opioid drugs helpful for moderate levels of pain. They are stronger than paracetamol but have more side-effects. They should be taken no more than 4 times in 24 hours. They are best taken with food to avoid nausea and vomiting. They can also lead to drowsiness and constipation so be careful about driving or operating machinery.

Patient Information

Co-codamol is a mixture of Paracetamol and Codeine which may also cause constipation.

NSAIDS

These are non-steroidal anti-inflammatory drugs, which includes ibuprofen. These are helpful in reducing inflammation and pain. They should be taken with food to protect your stomach and only following medical advice. These are not commonly used in hospital following heart surgery due to side effects.

Morphine sulphate solution

This is used to treat severe pain. Common side effects are constipation, nausea and sleepiness. It is best to avoid alcohol. Try to reduce the amount you are taking as soon as your pain has improved.

Gabapentin

This is especially good for nerve pain such as burning, shooting or stabbing pain. Common side effects are dizziness and tiredness.

How to reduce your painkillers

Your pain **must** be under control before you start to reduce your painkillers. If you are in pain, you will find it more difficult to get moving and to breathe deeply, both of which are important for your recovery.

Everyone has a different threshold and tolerance for pain. Do not compare yourself to others.

- Reduce one painkiller at a time (usually the stronger ones first to reduce the side effects).
- Reduce the dose that you take during the day first.
- Then reduce the dose taken at night and first thing in the morning.

Patient Information

Use paracetamol regularly (but no more than 8 tablets in 24 hours) as you reduce stronger pain killers. Then you can gradually reduce your paracetamol and stop completely when you are pain free.

9. Managing stress and tension

It is common to experience some anxiety after heart surgery, especially when leaving hospital. Family members often feel very anxious too. However, many people start to feel more confident over the following weeks.

Here are some ways of dealing with stress and tension:

If you follow this advice, you may find a significant improvement. Don't be put off if this doesn't happen straight away. It takes weeks or months to change your response to stress.

If you know someone who will be supportive, tell them what you are trying to do. They can encourage you to take the time you need to practise new skills like relaxation.

Relaxation

Try starting some form of relaxation technique every day. Over time, you may find that you can recognise tension and relax in a few minutes or less.

There are all sorts of ways to relax. Try to slow down and relax completely at least once a day. Slow down and make time for a bath, a walk, music, a good book, or a radio or television programme.

Think about your breathing.

Breathing exercises are a good relaxation technique.

Try this:

- Lie down or sit with good support.

Patient Information

- Place your hands on your stomach. Your stomach should move out slightly as you breathe in and drop back as you breathe out.
- Take a breath in, and then breathe out slowly. Allow yourself to feel heavier and more relaxed as you breathe out. Continue breathing gently to this rhythm for a few minutes.
- With practice you will be able to go into this comfortable breathing style when you feel tense.

Exercise

Regular physical activity that you enjoy is a good way to reduce stress (and is very important for a healthy heart too). Walking, swimming, dancing and going to an exercise class are all good stress busting activities and help relax tense muscles.

Please remember there is a twelve-week restriction to some of these activities.

When you exercise, your body releases chemicals called endorphins. These trigger a positive feeling in the body and can help to improve your mood. Try to make time for some physical activity every day.

Plan your time

Are you someone who is always on the go, rushing, and restless? Here are some ideas:

- Take time to list all the tasks you have to do and write them down. Include time for relaxation and pleasure.
- Ask yourself whether it has to be you? Who else can help?
- Choose the most important tasks to do first. Leave the ones that don't matter.
- Do one task at a time.
- Pace yourself. Stop rushing. Have a break. Relax. You will feel better if you are relaxed and refreshed.

Patient Information

- At the end of the day, be pleased with what you have achieved. You can learn to take life at a more relaxed pace and still achieve a lot.

After surgery you may feel cautious about getting back into a normal routine. Fears of causing more pain or problems might make you avoid exerting yourself or going out much.

Gradual exercise is very important in recovery. As soon as possible, start getting out and about. You might have to build up slowly and pace yourself to start with. Going to a rehabilitation programme is a very good way to develop your confidence and return to your everyday activities.

If you have any questions, please ask your cardiac rehabilitation contact or your GP, who may be able to help.

10. Returning to work

If you are of working age, returning to work will help you recover some normality in your life. It may be worth finding out if you can return to work part-time to start with and gradually build up.

If you have any questions or concerns about getting back to work, ask your doctor or rehabilitation nurse. Your local re-employment officer is another good source of help.

Financial help

If you need help in finding out about financial benefits, contact Coventry Benefits Advice Line on 02476 832000 or call the Job Centre Plus on 0800 055 6688 who will be able to help you. If you live outside of Coventry, this department can give you the details of your local service.

11. Maintaining a healthy heart

If you have had a heart bypass, your surgery has treated some of the problems caused by narrowed arteries. However, surgery does not change the reasons why you had narrowed coronary arteries in the first place. To get

Patient Information

the best from your surgery it is important that you do what you can to prevent further artery narrowing. Here are some ideas:

Healthy eating and drinking

Some changes in what you eat may be a good idea following heart surgery. The following dietary advice may reduce your risk of coronary artery disease in the future.

For a healthy heart it is sensible to:

- Have regular meals and avoid snacks
- Include fish at least twice a week; one of which should be oily
- Include high fibre starchy foods such as wholemeal bread, brown rice, wholemeal pasta and high fibre cereals such as oats, shredded wheat and bran flakes
- Choose foods lower in fat
- Limit the amount of sugar/sugary foods in your diet
- Have 5 or more portions of fruit and vegetables a day
- Aim to be a healthy weight for your height
- Try not to add salt to cooking and at the table
- Eat a variety of foods
- Try to include more pulses (peas, beans, lentils) and unsalted nuts in your diet

What is a Portion?

- | | |
|---|---------------|
| • Very large fruit: melon, pineapple | 1 Large Slice |
| • Large fruit: grapefruit, avocado | ½ Fruit |
| • Medium fruit: apple, orange, pear, banana | 1 Fruit |
| • Small fruit: plums, apricots, satsumas | 2 Fruits |
| • Small fruits: grapes, raspberries, strawberries | 1 Cupful |

Patient Information

- Fresh fruit salad, stewed or canned fruit 3 tablespoons
- Dried fruit: raisins, apricots, sultanas 1 tablespoon
- Pure fruit juice (150ml) 1 small glass
- Vegetables: raw, cooked, frozen or canned 3 tablespoons
- Salad 1 cereal bowl

Iron

You may be anaemic following your surgery. Increasing your iron intake will help your body to work more efficiently and may speed up your recovery following surgery. The following foods are particularly good sources of iron:

- Lean red meat and liver
- Turkey and chicken
- Fish particularly oily fish (which can be frozen or canned) such as mackerel, sardines, pilchards and salmon.
- Eggs
- Breakfast cereals
- Pulses and beans: canned baked beans, chickpeas and lentils
- Nuts (including peanut butter) and seeds
- Brown rice
- Tofu
- Bread especially wholemeal or brown bread
- Leafy green vegetables
- Dried fruit in particular dried apricots, raisins and prunes.

Vitamin C may help the body to absorb iron, so try to have some vitamin C rich food or drinks with meals such as fresh fruit and vegetables and/or orange juice.

Patient Information

A note about tea - tea may reduce the absorption of iron from foods. Avoid drinking tea directly before, after or with meals and only drink tea in between meals.

Eat less fat

Try to reduce the amount of fat in your diet. Whilst we need a small amount of fat in our food to stay healthy, most people eat more fat than needed. Raised cholesterol levels put your arteries at much greater risk of becoming narrowed again. You may be taking drugs to lower your cholesterol level, but a healthy diet is also important. It is worth thinking about the sorts of fats and oils you eat. Different fats have different effects on blood cholesterol levels.

- It is a good idea to use olive oil, groundnut or rapeseed oil and spreads made from these. These contain **mono-unsaturated fat**. This type of oil helps to lower the level of “bad” cholesterol in your blood.
- Sunflower, corn and soya oil and spreads are made from **poly-unsaturated fat**. These lower the “bad” cholesterol, but in large amounts can also lower the “good” cholesterol in your blood. Use these spreads and oils with care.
- Eat less animal fats (butter, cream and cheese), ghee and processed foods (cakes, biscuits, pastry). These contain **saturated fats**. These fats raise the harmful cholesterol in your blood.

Spreads and oils contain all 3 types of fats, but in different amounts. The nutritional information on the food label can help you to choose the best one.

- **Omega 3 fat** is a type of poly-unsaturated fat found in oily fish: mackerel, sardines, pilchards, herring, salmon and trout, as well as in linseed. It has a useful effect on the heart – it helps the heart to keep a regular beat and makes your blood less likely to clot. Include oily fish in your diet at least once a week.

Ways you can eat less fat:

- Use spreads and oils sparingly.

Patient Information

- Use semi-skimmed or skimmed milk.
- Cheese and paneer are high in fat – use stronger varieties and less of it. Grated cheese goes further than sliced cheese.
- Oven chips are lower in fat than deep fried chips but still limit the amount you have.
- Natural yogurt or fromage frais can be used in place of cream or mayonnaise.
- Eat less cake, biscuits, chocolate and crisps.
- Choose lean meat, remove skin and fat.
- Do not fry foods.

Starchy foods

Try to pick wholegrain, high fibre starchy foods at mealtimes such as wholemeal, seeded, granary bread, potatoes (with skins on), high fibre breakfast cereals, brown rice, wholemeal pasta, wholemeal/brown flour and other grains.

- Starchy foods are filling, low in fat, low cost and easy to prepare.
- They should form the basis of each meal.
- Starchy foods are only “fattening” when high fat ingredients are used in their preparation, e.g., cheese sauce on pasta, fried chips
- Crumpets, crispbreads, bagels, fruit malt loaf and teacakes can be useful as snacks but remember to go easy on the spread. Choose wholemeal brands.

Using less salt

If you have high blood pressure, using less salt may help.

- Many tinned and packet foods are high in salt, as are smoked foods. Limit these in your diet.
- Add salt in cooking **or** at the table, not both.

Patient Information

- Herbs and spices can be used instead.
- Salt substitutes are not recommended.

Your weight

Try to keep your weight at a healthy level. If you are overweight, your heart has to work harder. The best way to lose weight is to eat a low fat, low sugar, healthy diet, and to exercise regularly.

Gradual weight loss is sensible – it is not wise to lose more than 1kg (about 2 lb) a week. Keeping a record of what you eat may help. If you find it difficult to lose weight, contact your nurse or doctor for advice and help and or a referral to the dietitian.

Sensible alcohol use

Alcohol is fine if it's enjoyed in moderation. The current advice for the maximum amount of alcohol that you should drink is given below. All alcoholic drinks are high in calories. Do not drink much alcohol if you are trying to lose weight or if you have high blood pressure.

Men: **14 units per week.**

Women: **14 units per week.**

Aim to have 2 alcohol free days a week

½ pint of normal strength beer = 1 unit

1 small glass of wine (125ml) = 1.5 units

1 small sherry (50ml) = 1 unit

1 single (25ml) measure of spirits = 1 unit

Stopping smoking

Smoking is a big risk factor for heart disease. If you continue to smoke it will double your risk of serious heart problems.

Patient Information

If you smoke, your doctor will advise you to stop. This is not always easy. Help is available from smoking cessation services. They can provide:

- One-to-one help
- Group support sessions
- Free nicotine replacement therapy for some people.

The telephone contact number for **NHS Smoking Helpline** is **0300 123 1044**. They will give you the contact numbers for your local Smoking Cessation Services.

Your blood pressure

As your heart beats, it pushes blood around your blood vessels. The pressure in these blood vessels is your blood pressure.

High blood pressure, known as hypertension, is a risk factor for heart disease. High blood pressure makes your heart work harder. It can contribute to narrowing of your arteries, including your coronary arteries.

High blood pressure can also cause strokes, kidney failure and eyesight problems. However, having high blood pressure does not usually make you feel unwell, so you may not be aware you have it.

Factors that can increase your risk of high blood pressure are:

- Being overweight.
- Eating too much salt.
- Drinking too much alcohol.
- Not enough exercise.
- Hereditary – running in your family.
- Are over 65

What to do about high blood pressure:

- Have your blood pressure checked regularly at your doctor's surgery.

Patient Information

- If you have been prescribed medicine to lower your blood pressure, please remember to take this regularly. If you have concerns about this medicine, talk to your doctor or pharmacist. Do not stop taking this medication suddenly.

Checking

Some people regularly check their pulse or monitor their blood pressure to make sure that everything is all right. This checking can sometimes be unhelpful. Instead of making you feel reassured, checking can make you more worried and more aware of physical symptoms.

If you do check your blood pressure sit calmly for 5 minutes before taking the measurement.

You can help to reduce high blood pressure by:

- Being more physically active and fit.
- Maintaining a healthy weight.
- Reducing the salt in your diet (see section 11: Maintaining a healthy heart – Using less salt)
- Sensible alcohol use (see section 11: Maintaining a healthy heart – Sensible alcohol use)

Diabetes

People with diabetes have a higher risk of developing heart disease. If you have diabetes, it is very important to monitor and control your blood sugar to manage this illness. Attend for regular check-ups. Regular exercise is good for controlling diabetes as well.

12. Cardiac rehabilitation programmes

Cardiac rehabilitation programmes offer regular sessions of supervised exercise. This is tailored to the abilities of those who attend. There is a

Patient Information

chance to learn more about your condition, ways to relax, and how to make a good recovery.

Specialists provide information and answer questions on a number of health topics: healthy eating and lowering cholesterol, the importance of exercise, the difference between heart attacks and angina, and information about your medication.

The programmes are relaxed, sociable and fun. Experienced nurses and a team of other health and leisure professionals run the rehabilitation programmes.

There are many good reasons for coming along to one of the programmes:

- There is evidence that people who go to cardiac rehabilitation programmes recover better and keep doing well.
- It is an opportunity to learn more about your condition, recovering and staying well.
- It is a good introduction to enjoyable exercise.
- Most people report that they grow in confidence.

Usually, all heart bypass and heart valve patients are referred to their local rehabilitation service when they are discharged from hospital. You should expect to be offered a place on a programme about 4-8 weeks following surgery.

If you do not hear from the rehabilitation service, please get in touch with the local coordinator. Some telephone numbers are provided at the end of this information booklet. Your GP surgery should also be able to tell you how to contact the local service.

For more information:

Listed below are the contact numbers of people who will be able to answer any queries you may have:

Cardiac Liaison Team: Anita Wood, Liz Evans and Liz McDonald Tel. 024 7696 5803

Patient Information

You can also get more information about heart surgery from the **British Heart Foundation**.

Contact: Heart helpline on 0300 330 3311 or view their website at www.bhf.org.uk

For more detailed information you can access the website of the **Society of Cardiothoracic Surgeons for Great Britain and Ireland** at www.scts.org and click on patient information.

13. Cardiac rehabilitation contact details

| | |
|--|--|
| Alexandra Hospital, Redditch Cardiac rehabilitation Cardiac physiotherapist Tel no: 01527 503882 | Birmingham Community Health Care (BCHC) Cardiac rehabilitation team Tel no. 07973 536312 |
| Birmingham Heartlands Hospital Cardiac rehabilitation Tel no: 0121 424 3312 | George Eliot Hospital, Nuneaton Cardiac rehabilitation Cardiac physiotherapist Tel no: 024 7686 5195 |
| Good Hope Hospital, Sutton Coldfield Cardiac rehabilitation Tel no: 0121 424 7465 | Kettering Hospital Cardiac rehabilitation 01536 491102 |
| Kidderminster/Wyre Forest Cardiac rehabilitation Tel no: 01562 512315 | Northampton General Cardiac rehabilitation Tel no: 01604 545345 |
| Solihull Hospital Cardiac rehabilitation Tel no: 0121 424 4286 | Hospital of St Cross, Rugby Cardiac rehabilitation Tel no: 01788 572831 |
| University Hospital Birmingham (QE) Cardiac rehabilitation Tel no: 0121 3714711 | University Hospital Coventry and Warwickshire, Cardiac rehabilitation Tel no: 024 7696 5666 |

Patient Information

| | |
|--|---|
| Warwick Hospital Cardiac rehabilitation Tel no: 01926 495 321 Ex 4927 | Worcester Royal Hospital, Worcester Cardiac rehabilitation Tel no: 01905 733 710 |
|--|---|

Acknowledgements

This booklet combines University Hospital Coventry and Warwickshire's Cardiothoracic Going Home Booklet, the Physical Activity and Exercise following Heart Surgery booklet and Newcastle and North Tyneside's Recovery from heart surgery: A new start, booklet.

Many thanks to all for their kind permission to use this valuable information to benefit our patients.

The Trust has access to translation and interpreting services. If you need this information in another language or format please contact **024 7696 5803** and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

Document History

| | |
|-------------|------------------------|
| Department: | Cardiothoracic Surgery |
| Contact: | 25803 |
| Updated: | July 2022 |
| Review: | July 2024 |
| Version: | 9 |
| Reference: | HIC/LFT/782/09 |