

Having heart surgery

Heart Information Series Number 12



**British Heart
Foundation**

This is one of the booklets in the *Heart Information Series*. For a complete list of booklets, see page 64.

We welcome your comments on this booklet.
Please fill in the feedback form on page 77.

We update this booklet regularly. However, you may
find more recent information on our website
bhf.org.uk

Contents

About this booklet	4
Heart surgery	5
Waiting for your operation	6
How long will I have to stay in hospital?	10
The days in hospital before your operation	12
In the intensive care unit after the operation	19
Coming out of the intensive care unit	25
Home again	34
Everyday life in the weeks after your operation	40
Going to a cardiac rehabilitation programme	44
What happens at my first outpatients appointments?	50
How soon can I go back to work?	52
How can I reduce my risk of further coronary heart disease?	53
Heart support groups	61
For more information	63
About the British Heart Foundation	70
Technical terms	73
Index	75
Your comments please	77

About this booklet

This booklet is for adults who are going to have, or have just had, coronary bypass surgery or an operation on a heart valve, and for their family and friends. It explains:

- what happens in the one or two days in the hospital ward before your operation
- what happens during the time you spend in hospital after your operation
- what to expect once you return home
- how a cardiac rehabilitation programme can help you after your operation, and
- what you can do to reduce your risk of further heart problems.

For information on the operation itself, see our booklets:

- *Coronary angioplasty and coronary bypass surgery*, or
- *Valvular heart disease*.

This booklet is not a substitute for the advice your doctor or cardiologist (heart specialist) may give you based on his or her knowledge of your condition.

Heart surgery

This booklet tells you what to expect in hospital before, during and after your operation. It gives only a general idea of what to expect, as all hospitals do things slightly differently.

Heart surgery has developed tremendously in recent years. About 39,000 patients have heart surgery in the UK each year. Although a heart operation is major surgery, techniques have advanced so much that it is now a routine operation.

You may be feeling any of a whole range of emotions. You may feel anxious, afraid, worried about the future, or perhaps just glad that you are about to have treatment to improve your condition. It's natural to have these sorts of feelings.

It is important that you and your family understand why you are having the operation, what it involves and what you can expect to happen when you go into hospital. If you have any questions, or if anything is worrying you, ask any member of the team of doctors and nurses looking after you.

Waiting for your operation

Once your doctors have advised you to have surgery for your heart condition, you will go on a waiting list. How long you have to wait depends on how urgent your condition is. Most people do not need urgent heart surgery.

While you are on the waiting list, keep in contact with your own GP (family doctor) and tell him or her if your symptoms change or suddenly get worse.

The hospital will send you information about when to go into hospital and where to go.

What you can do to help yourself while you are waiting for heart surgery

Once your doctors have decided to refer you for heart surgery, use the waiting time to raise your overall level of fitness. There are four main things you can do.

- If you smoke, stop smoking.
- If you are overweight, lose some weight.
- Keep as physically active as your condition allows.
- Visit your dentist.

Stopping smoking

Smoking is bad for you, and is especially bad for your heart. Smoking makes the coronary arteries narrower and encourages blockages in them. It also damages your lungs.

If you continue to smoke right up to the time of your operation, this will increase the risk of the operation and will greatly affect your breathing in the days after it. (For more about this, see page 14.) So stop smoking immediately. This will give your body the longest possible time free from the bad effects of smoking before your operation.

Having a heart operation can be a very useful trigger to encourage you to stop smoking for good. If you need some extra help with stopping smoking, ask your doctor or pharmacist about nicotine replacement products such as patches, gum, spray, inhalator or tablets, or about the non-nicotine bupropion tablets (Zyban). Or, you can call QUITLINE® on 0800 002200.

Losing weight

If you are overweight when you are referred for heart surgery, the doctors will urge you to start losing weight gradually. (To find out if you are overweight, see page 59.) Overweight people are

more at risk of dying during the operation, or of having complications, compared with people who are not overweight. Your doctor may be able to refer you to a hospital dietitian to get advice on how you could lose some weight before your operation. Or your GP may be able to help.

Physical activity

Keep as physically active as your condition allows. Although some people waiting for surgery may be limited in the amount of activity they can do, gentle exercise can help to keep you moving and as fit as possible. Discuss with your doctor or consultant the amount of activity that you can do safely.

Visiting your dentist

As soon as you know that you need to have heart surgery, you should visit your dentist to make sure that your teeth and gums are as healthy as possible. This is particularly important if you are having an operation on a heart valve. Having healthy teeth and gums reduces the risk of infection after surgery. Infected gums or teeth can introduce bacteria into the bloodstream which could cause complications after your operation. If, when you go to hospital for your surgery, the

doctors find that your teeth and gums are not in good condition, it could mean that your operation might have to be postponed.

Contacting a heart support group

Through a local heart support group, you and your family can get to know other people who have had heart surgery. They can also give you information about useful local services. To find out where your nearest support group is, call the British Heart Foundation on 020 7487 7110.

How long will I have to stay in hospital?

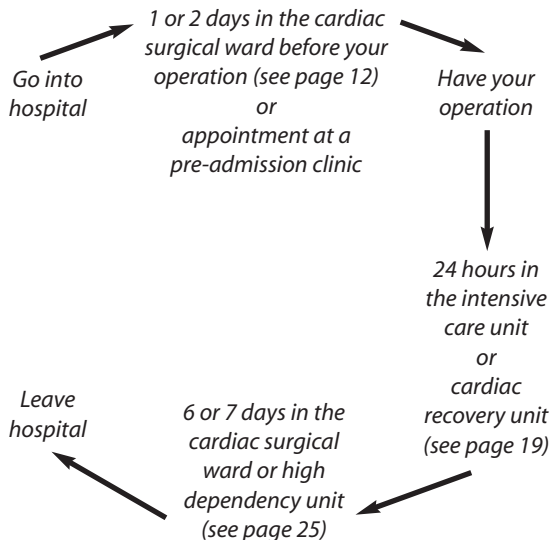
Many hospitals admit patients one or two days before the planned date of the operation. Others have 'pre-admission clinics' where they do all the medical tests that need to be done before your operation. If you go to a pre-admission clinic, you will not need to go into hospital until the night before your operation.

After your operation you will spend about 24 hours in an intensive care unit or cardiac recovery unit. They will then transfer you to the cardiac surgical ward or a high dependency unit.

Most patients leave hospital about six or seven days after their operation. It usually takes two to three months to make a full recovery. These times vary greatly depending on:

- how severe your heart disease is
- the type of operation
- your age, and
- if there are any complications after the operation.

How long will I have to stay in hospital?



These are approximate times only.

The days in hospital before your operation

Soon after you arrive in the ward, the ward doctor will check your details and give you a thorough examination. He or she will pay special attention to your heart condition and to whether your condition has been stable in the weeks before you came into hospital. The doctor will also arrange for you to have some tests before your operation. We describe these tests below. If you went to a pre-admission clinic, the tests will have been done before you go into hospital.

Tests

Blood tests

You will have a number of blood tests, including checking your blood group. A blood transfusion will be ready for you in case you need one either during or shortly after your operation.

Chest X-ray, electrocardiogram (ECG) and echocardiogram

A chest X-ray and ECG will be taken immediately before your operation. Later on, the doctors will compare these to the chest X-rays and ECG that will be done after your operation. If you are going

to have surgery on a heart valve, you may also have an echocardiogram.

Breathing tests

Before your operation, the doctors may want to check how well your lungs are working, especially if you have been a smoker.

Visits from people in the medical team

Before you have your operation, the following people will visit you.

The surgeon

The surgeon who will be doing your operation will discuss with you what he or she plans to do and will explain the specific risks for you so that you can give your informed consent to the operation. You will be able to ask the surgeon any questions about your operation. You might find it helps to write down any questions beforehand.

The anaesthetist

The anaesthetist will visit you to check your breathing and tell you about the drugs you will be given in the anaesthetic room before the operation. He or she will ask if you have ever had anaesthetics before, and if you are allergic to any

drugs. The anaesthetist will make sure that your pain after the operation is kept under control.

The physiotherapist

A physiotherapist will show you breathing and coughing techniques, which will be very important after your operation. Everyone who has heart surgery needs to learn these techniques. They are especially important if you have been a smoker. Good breathing exercises can help you make a speedier recovery.

The nursing staff

During the time you spend in hospital before your operation, you will also get to know the members of the nursing staff, who are a vital part of the team. They will look after you both before your operation, and when you return from the intensive care unit or cardiac recovery unit. They have a lot of experience and will be able to answer your questions and reassure you. The nurses will be able to give you advice about healthy eating, exercise and how to control your cholesterol level. They can also introduce you to other people who have had surgery and are waiting to return home.

The cardiac rehabilitation team

Someone from the cardiac rehabilitation team or physiotherapy department will visit you to talk about rehabilitation. The aim of rehabilitation is to make sure that you get over the operation as quickly as possible, to help you lead as full a life as possible, and to take action to help prevent further heart problems.

Planning for your return home

It is a good idea to start planning for your return home as soon as you know when you will be having your surgery. Before you have your operation, someone at the hospital will talk to you about what sort of support or care you have for when you go home. They will recommend that somebody is with you at home for the first week or two. If you live alone, it may be possible to arrange for a district nurse to visit you during the early stage of your recovery, or for you to have extra help with meals and housework. Ask the hospital staff if this can be arranged. Later on you may be able to arrange it through your GP.

What you can do to help yourself while you are in hospital before your operation

Work with the physiotherapist before the operation to learn the breathing and coughing techniques. These will be very useful in the first few days after surgery.

Ask as many questions as you like about your operation.

Getting ready for the operation

Baths or showers

Before having any surgery, it is important that your skin and hair are as clean as possible. This will reduce the risk of infection after the operation. The nurses on your ward will advise you how often you should have a bath or shower and which antibacterial soap to use.

Shaving

Part of the skin-cleaning business involves shaving the parts of the body where surgeons are likely to make incisions (cuts). For some heart operations on men, this means shaving the chest, abdomen and forearm. (Another reason for shaving the arm is that after your operation the nurse will need to insert a small tube into your arm to measure your

blood pressure. If the arm has been shaved, it makes it easier to fix this in properly.) If you are having bypass surgery using a vein from one of your legs, you will need to have the hair on your legs and groin shaved as well. One of the nurses – either a male or female nurse – will shave you. You can shave yourself if you want, but a nurse will need to check it as the surgeon will want to be sure that you have done it properly.

Eating before the operation

If you are due to have your operation in the morning, you will not be allowed to eat or drink anything for at least four hours before your operation. If your operation is to be done after midday, you will be allowed a light early breakfast and nothing else after that. The anaesthetist will tell you the exact times when you have to stop eating and drinking. Make sure you don't eat or drink anything after these times as this will affect your anaesthetic.

The 'pre-med'

About an hour or two before your operation is due to begin, you will be given a 'pre-med' (pre-medication). This drug is given as a tablet. It will relax you and make you feel sleepy before you have the general anaesthetic.

Once you have had your pre-med, stay in bed. If you need anything, call a nurse with your call bell.

Going to the operating theatre

When the theatre staff are ready for you, a porter will take you to the theatre suite. A nurse will go with you. When you reach the operating theatre you will meet the theatre nursing staff and the anaesthetic team. Once you are in the anaesthetic room, the anaesthetist may give you oxygen to breathe through a face mask. They will then put a small needle into the back of one of your hands and through this you will receive an injection of an anaesthetic drug, so that you will be asleep for the whole of the operation.

For information about what your operation involves, see our booklets:

- *Coronary angioplasty and coronary bypass surgery, or*
- *Valvular heart disease.*

In the intensive care unit after the operation

When your operation is over you will be transferred from the operating theatre to an intensive care unit. The medical staff in this unit are very experienced and are used to dealing with patients after heart surgery operations. Depending on the hospital you are in, the unit may be called an 'intensive care unit' (ICU), 'cardiac recovery unit', 'cardiothoracic surgical unit', or 'intensive therapy unit' (ITU).

After your operation, you will be looked after carefully in the intensive care unit for about 24 hours. Don't be frightened by all the machinery, tubes and equipment you will see in the unit. This is the specialised equipment that the medical and nursing staff will use to record the action of your heart, lungs and other body systems. It helps them to monitor (keep a check on) your condition very accurately. Monitoring plays an important part in the overall success of your heart operation.

Breathing

After your operation, the team in the intensive care unit will keep you asleep with anaesthetics for just a few hours after the operation, or until the

morning after your operation. This is because you will be connected to an artificial breathing machine called a 'ventilator'. The ventilator reduces the work that your heart has to do in the first few hours after your operation. You will breathe through a tube which passes through your mouth into your lungs. While the tube is in place, the nursing staff will draw out any small amounts of fluid that may be collecting in your lungs, using a fine suction tube. As you begin to wake up, you may feel that this makes you want to cough. When you wake up, the breathing tube may still be in place, so you will not be able to talk or drink.

Once you have been allowed to wake up from the anaesthetic, you can come off the ventilator and you may be able to breathe normally, although the breathing tube will still be in place. Once the staff in the intensive care unit are sure that you are breathing well, they will remove the tube and put an oxygen mask over your mouth and nose. This gives a supply of oxygen and water vapour, a bit like steam, for you to breathe.

Soon after you wake up in the intensive care unit, the physiotherapist will encourage you to take deep, slow breaths and to cough up any fluid that is still in your lungs. If you carried on smoking in

the days or weeks just before your operation, you are likely to find it much harder to do this because of the extra mucus (fluid) in your lungs.

What are all the tubes and equipment for?

When you wake up from the anaesthetic you will see several tubes connected to your body.

One of the tubes is connected to the artery in your wrist. This allows the medical staff to measure your blood pressure and monitor the action of your heart both during and after the operation. This tube also allows staff in the intensive care unit to take blood samples and measure the levels of oxygen in your blood. All this information helps them monitor how well you are recovering.

Other tubes may be attached to veins in your arms and neck. These pass fluid or blood into the circulation both during and after the operation.

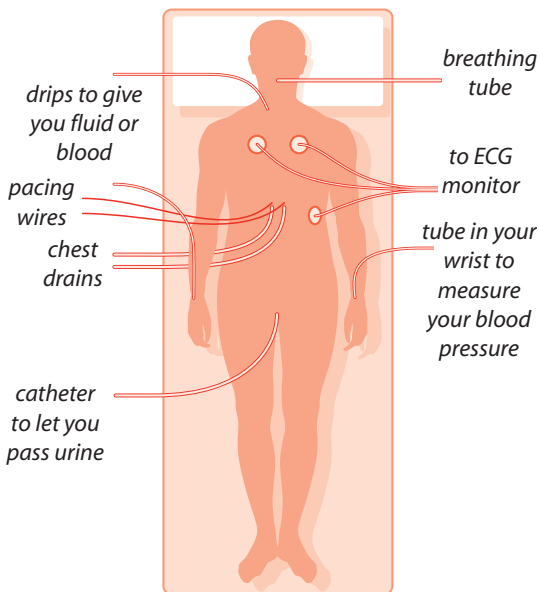
Another tube (called a 'catheter') will have been inserted into your bladder so that you can pass urine during and after your operation. The intensive care team will measure how much urine your kidneys are producing. This is another way of telling how well you are recovering after your operation.

At the end of the operation, the surgeon will have put some 'chest drains' into the chest area around your heart. These tubes allow any blood which builds up in that area to be removed safely. A nurse will usually remove the chest drains on the morning after the operation.

You may also have between two and four wires, called pacing wires, inserted near the chest drains. These are used to control your heart rate if necessary after the operation. They are more commonly used for people who have had valve surgery or open heart surgery. The pacing wires can be easily removed three or four days after your operation.

Once you are fully awake, you will see quite a few pieces of electronic equipment around your bed. Many of these are monitors which record your heart rate, blood pressure, and other important information. Some of the monitors make a constant bleeping noise. These are all part of the equipment which gives the intensive care team the information they need to make sure that you make good progress after your operation.

In the intensive care unit



Can I have visitors?

Most heart patients stay in the intensive care unit for about 24 hours. For the first 12 hours or so you will be asleep for much of the time. When the doctors are happy that you are doing well, they will start to wake you up by reducing the medication that is keeping you asleep. During this time your visitors can talk to you and you will probably be

able to hear them, but you will not be able to speak to them.

Your family can phone the hospital at any time of the day and night to see how you are. Intensive care units are very busy so it may be best if just one person makes all the calls to the hospital, and relatives and friends can get their information from that person. This will certainly help the nurses in the intensive care unit.

There is usually some accommodation available for the next of kin to stay at the hospital. You may want to find out in advance what facilities are available, and if there is any charge.

Coming out of the intensive care unit

Once the doctors are satisfied with your recovery in the intensive care unit, you will be taken back to the cardiac surgical ward or to a high dependency unit. Here, the doctors and nurses will concentrate on:

- your breathing
- getting you to eat and drink again, and
- getting you moving about again.

You may still have some drains and wires in place when you come out of the intensive care unit.

Your breathing

You may be given oxygen through short tubes that sit just inside your nostrils. This makes it easier for you to speak, eat and drink after your operation. You may sometimes need to use an oxygen mask to get extra oxygen.

The physiotherapists will spend a lot of time with you in your first few days back in the cardiac surgical ward. They will work with you on your breathing exercises and coughing. This is a vital part of your recovery. The sooner you are able to do these exercises, the faster your recovery is likely to be. At first you may feel some discomfort. The nurses will give you medication to help the pain,

and the physiotherapists will teach you techniques to reduce the discomfort.

Controlling the pain

You can expect to have some pain for a few days after your operation, but the nurses can give you pain relief either by injection or tablets. It is important that you have enough pain relief so that you can do the deep breathing and coughing that will help with your recovery, but not feel too uncomfortable doing it. You will probably be asked to describe your pain using a score of between 1 and 10, where 10 is very bad pain. This will help the nurses judge what type of medication will be best for you and also help them assess how well it is working. However, it is important not to have too much medication as this would make you feel sleepy all the time.

Eating and drinking

After the operation, you may lose your appetite and find that your stomach and digestive system are a bit sluggish for a few days. The nurses will give you small amounts of drinks to start with and, if you are drinking enough, they will take down the intravenous drip lines. You will be offered light food for your first meals. You may get indigestion

or have some swelling in your abdomen in the first few days.

You may feel nauseous (sick) after the operation, although with modern anaesthetics people don't feel as sick as they used to in the past. If you do feel nauseous, you can have an injection or tablets to help with this.

Also, your bowel action will be sluggish – partly because of the anaesthetic and operation, and partly because you haven't been moving around much in the first couple of days after the operation. It's very common to have constipation in the early days after surgery. The nurse may give you a mild laxative to help. If you get up and about as soon as possible, it may help to settle the constipation. Drinking about 1½ to 2 litres of water a day will also help to avoid constipation.

Getting moving again

You may be surprised at how soon after heart surgery you will be able to move around again. The nurses and physiotherapists will help you walk around the bed and then around the ward, usually on the second day after surgery. There is no doubt that getting moving again very soon after the operation will help you to recover more quickly.

Gradually you will be able to walk longer distances. The physiotherapist will make sure that you are walking up and down stairs comfortably before you are allowed to go home.

While you are walking around, you will feel quite stiff around your shoulders and chest. This is a natural result of having your breastbone cut for the operation. Don't be worried about your chest wound opening again. The stitches or clips that the surgeon uses to close the wound are very secure and strong, so you don't need to worry about them breaking, even when you cough. The physiotherapist will teach you how to support your chest after your operation.

If you have had a vein removed from your leg or an artery removed from your arm for coronary bypass surgery, you may find that your leg or arm swells up. Some hospitals get all cardiac surgery patients to wear special stockings once they start moving around. These stockings help the blood to circulate and help prevent blood clots from forming. You may be given some stockings to take home with you. The nurses will tell you how to use and look after them.

Visitors

The nurses will tell you and your relatives and friends the arrangements for visiting hours in your ward. The doctors and nurses may want to talk to your relatives about how you are doing and will also want to make sure that there are suitable arrangements in place for when you go home.

How am I doing?

As the days pass after the operation, many patients have days when they feel anxious or depressed. They may fear that they are not making such good progress. It is perfectly normal to have these feelings after major surgery. Some days will be better than others. If you find yourself having a bad day, ask for advice or reassurance from one of the doctors or nurses. The fact that most patients are fit to return home within a week of the operation shows that people usually recover very quickly after heart surgery. The feelings of anxiety or depression can often come back in the first four or five weeks after surgery.

What you can do to help yourself while you are still in hospital after your operation

Coming into hospital for a big operation is always worrying. The information in this booklet should help to reassure you that nowadays patients can be very confident about having heart surgery. A confident, positive attitude is very important and will help your recovery immediately after the operation.

Remember that after the operation you will have good days and bad days. This is completely normal and should not worry you or your relatives.

Don't be afraid to ask questions. All the members of the hospital team are highly trained and have experience of caring for many patients who have had heart surgery. They will be happy to answer your questions and encourage you or reassure you whenever you need it.

Getting ready to go home

On the last or second to last day before you leave hospital, the medical and nursing staff need to do several things.

Having your stitches out

Different types of stitches are used for skin wounds. Some dissolve naturally and do not need to be removed. If the surgeon uses stitches which don't dissolve, or clips, a nurse will remove these about 8 to 10 days after the operation. You can have these taken out at your local doctor's surgery or health centre.

There may also be some stitches around the site of the chest drains. The nurses will remove these about five or six days after the operation.

If you have had an operation on a heart valve, the surgeon may have added 'pacing wires' during the operation. A nurse or doctor will remove these three or four days after your operation.

Discharge from the incision (cut) area

While you are recovering, it is very common for a small amount of fluid to leak from part of the chest where the incision (cut) was made. If you have had a vein graft from your leg or arm, there might be

fluid from where the cut was made there too. This fluid may be blood-stained. If there is just a small amount of discharge, a doctor or nurse will put a small dry dressing on it. If there is a lot of discharge, a doctor or nurse will dress the wound and may ask a district nurse to visit you at home to change the dressings.

Talks

Some hospitals arrange for talks on issues that may affect you when you go home – such as how to deal with general daily chores, or on some of the topics listed on pages 46-47. It is a good idea to go to these talks to help your confidence once you get home. Get your partner or carer to go with you.

Final check-up

Before you leave the hospital, the ward doctor will give you a thorough check-up and will repeat some of the tests you had before your operation.

Your surgeon, or another senior member of the team, will talk to you before you leave the ward. They will make sure that all your questions have been answered and that you understand what to do, and what not to do, when you go home.

Medicines and prescriptions

The nursing staff will give you a few days' supply of all the medicines the doctors want you to take after you go home. The ward doctor will give you a letter to give to your GP as soon as you return home. The letter contains a list of the medicines which your GP will continue to prescribe for you, as well as any other information the hospital may want to pass on.

If you have been prescribed anticoagulant tablets (for example, warfarin) to help prevent your blood from clotting, you will also need to have regular blood tests to make sure that you have been prescribed the correct dose. The hospital staff will tell you where to go to have these blood tests done.

For more information, see our booklet *Medicines for the heart*.

Cardiac rehabilitation nurse

A cardiac rehabilitation nurse or someone from the physiotherapy department will visit you before you leave hospital. She or he can give you advice on how to get back to normal, and will tell you about the rehabilitation programme you could join (see page 44), and about any heart support group in your area.

Home again

It is always good to get back home after being in hospital. However, you may feel worried or anxious when you leave the carefully monitored environment of the hospital ward. It is best if you have someone with you at home for the first week or two.

As soon as you return home either you or a relative or friend should give your GP the letter that your hospital gave you. This letter will tell your GP that you've just come home after major surgery. It gives the GP important information about the treatment and medication you need, and will let him or her know if they need to visit you at home soon after you return from hospital.

You will probably have good days and bad days. This is quite normal.

You may feel depressed after returning home. You do not need to worry too much about this. It is a natural reaction to the stress and upheaval of major heart surgery. And, it is quite common among people who have recently had heart surgery. If the depression continues, talk to your GP about it.

Some people have bad or very vivid dreams. This may be because of the anaesthetic you had, or medicines you are taking, or just because of what

you have recently been through. These dreams will pass with time.

As the days pass, you will be able to see that you are making progress and that you can gradually do more and more.

How long will it take me to recover?

Most patients find that it takes between two and three months to make a full recovery after the operation. Obviously the recovery time varies greatly depending on how severe the heart disease was, and the type of operation. Older people or those who were particularly unwell before surgery may take longer to recover than younger and fitter people.

The first few days

For the first two or three days at home, it is best to take things easy. Do about the same amount of moving around and exercise indoors as you did with your physiotherapists in your last few days in hospital. Make sure you have enough rest. When you are sitting, sit with your feet up on a stool, but make sure your legs are supported. Set aside specific rest times in the morning and afternoon and stick to them. Make sure that you rest properly by going to lie down rather than dozing in a chair.

Remember to get into a routine for taking your medicines. You may find it helps to write a list of the medicines you need to take and how often you need to take them.

The first four to six weeks

After two or three days of reasonable rest you can begin to do more activity. Steady exercise, particularly walking, is ideal. Set yourself realistic goals. It is best to ask your physiotherapist how much activity you should do. Different people will be able to do different amounts. Your physiotherapist will give you advice about how to gradually increase the amount of exercise you do between the time you leave hospital and when you start your rehabilitation programme about four to eight weeks after surgery. He or she will also tell you how to measure and keep a record of how much exercise you're doing.

Avoid doing activities:

- after a large meal
- when it is very hot or very cold
- when it is very humid, or
- when you are in high altitudes.

All these put added strain on your heart.

If the weather is OK, go out with a friend for a short walk, ideally somewhere fairly flat. Getting into the

fresh air and doing your deep breathing exercises will help you get better and will help lift your spirits.

As you begin to walk and exercise more, you may feel uncomfortable around your chest, neck, shoulders or back. Don't worry. This is a natural part of the rehabilitation process as the muscles and bones around the chest continue to heal after the operation. Make sure that your pain is controlled as this will help you to gradually increase your activity level. You may also feel a bit short of breath as you begin to exercise. This will also improve as the days pass.

Looking after the carer

Often the person who has had heart surgery does very well in the early stages, but the partner or person caring for them gets very tired and run down.

If you are looking after someone who has had heart surgery, try to take a rest yourself while the person you're caring for is resting, and to get a good night's sleep. Don't try to do too much for the person. This is tiring and stressful for both of you and in the end will not help either of you. Try to control how many visitors you have and how long they stay for. It can be exhausting to have too many visitors. Make sure you have time to yourself.

For more information see our booklet *Caring for someone with a heart problem*.

Joining a cardiac rehabilitation programme

Most hospitals invite patients to a cardiac rehabilitation programme. The programme usually includes exercise sessions and advice on lifestyle including healthy eating and relaxation techniques. It aims to restore you to as full a life as possible. It will also help rebuild your confidence and is good fun to do. For more information on rehabilitation programmes, see page 44.

Warning signs

This booklet has already told you about the aches, pains and feelings which are a normal part of the recovery process after heart surgery. You should contact your GP if:

- you get new or very severe palpitations
- you get very short of breath
- you sweat a lot more than usual or get a fever
- your eyesight is affected or you get very dizzy, or
- the area around your cut mark swells up or there is discharge oozing from it.

If your GP thinks it's necessary, he or she can arrange an appointment with the hospital specialists for more advice or treatment.

What you can do to help yourself once you get home

The recovery weeks at home are the time when you start doing more and more for yourself. Judge your progress from week to week rather than from day to day. Pace yourself, gradually increasing your activities as you get stronger and more confident.

Keep in contact with your GP.

Make sure that you get in touch with the cardiac rehabilitation team and join a rehabilitation programme if you can.

Set up a routine for taking your medicines.

Use these convalescence weeks to think about how you could improve your overall fitness. (See *How can I reduce my risk of further coronary heart disease?* on page 53.)

You may also want to contact a local heart support group (see page 61).

Remember to communicate with other people during these weeks, especially with your partner, your family and your friends. Don't get too concerned about burdening your partner with your fears and feelings. You will probably find that you are both thinking the same thing. Talking to each other about your thoughts and feelings will help your recovery by relieving stress at what can be a difficult time.

Everyday life in the weeks after your operation

Baths and showers

Take baths or showers exactly as usual. Remember that your skin may flake as the wounds heal, and small pieces of the stitches may appear and fall away. This is completely normal. The deep stitches in your heart and chest wall are firm and secure and are not affected by the changes you see on your skin.

If you take showers rather than baths, you may find it easier to sit on a stool in the shower cubicle the first few times you take a shower.

Can I drive?

If you have an ordinary licence

The Driver and Vehicle Licensing Agency (DVLA) says that you should not drive for at least four weeks after a bypass operation or an operation on a heart valve. However, many car insurance companies say that you should wait until your first outpatients appointment with your surgeon – which is normally between 4 and 6 weeks after your operation – so that he or she can confirm that you are fit to drive again. At that appointment, the surgeon checks that your breastbone and wound

site have healed properly. When you start driving again, you can expect to feel some heaviness or discomfort around your shoulders or arms when you move the steering wheel.

If you have an ordinary driving licence only, you do not need to let the DVLA know that you have had the operation. However, your car insurance company may have different guidelines to the DVLA, so you should contact your insurance company to let them know that you have had heart surgery. If you have any problem with continuing your insurance policy, the British Heart Foundation (BHF) can send you a list of insurance companies who are 'sympathetic' to heart patients (address on back page). This list is mainly for travel insurance but also includes some companies that deal with motor insurance. (We at the BHF do not approve any particular company and do not work with any insurance companies in any way.)

If you have a large goods vehicle (LGV) or passenger-carrying vehicle (PCV) licence

If you have an LGV or PCV licence, you should stop driving. You will not be allowed to drive for at least six weeks after bypass surgery or heart valve surgery. You need to let the Driver and Vehicle Licensing Agency (DVLA) know that you have had

heart surgery. Their address is DVLA, Swansea SA99 1TU.

You should be allowed to drive again, but only after you have had a successful exercise test result and a satisfactory report from your cardiologist (heart specialist).

If you are self-employed, you must discuss your insurance with your insurance company. If you are an employee, it is your responsibility to check with the DVLA that your licence is valid. If your insurance is currently your responsibility, you should check that too. You should discuss these issues with your employer.

Housework and gardening

You can do light housework, or light gardening, once you feel fit and able. However, for the first three months after the operation, you should not do any heavy work or heavy digging involving your arms and shoulders.

Sex

Use the same common-sense approach to having sex again as you do to building up your general physical activities. Most doctors suggest waiting for about four weeks after the operation before having sex again. You will need to find a position which is

comfortable for you, remembering not to stress your chest wound or restrict your breathing. It helps if the room is warm, and your partner plays a more active role than you.

It will also help if you and your partner are relaxed about having sex again. Don't worry if early attempts are not successful or seem difficult. You will soon be able to get back to your normal routines.

A video called *Let's talk about sex*, produced by the British Heart Foundation, gives more information on sex for people who have had a heart operation. (See page 65.)

What about alcohol?

During the six weeks after your operation it is best to limit the amount of alcohol you drink. Small amounts, for example a half pint of beer or a glass of wine a day, will do you no harm. But avoid having too much alcohol.

If you are taking sleeping tablets, tranquillisers or mild painkillers, remember that alcohol will have a more powerful effect. If you are taking warfarin anticoagulant tablets, too much alcohol can interfere with the anticoagulation process, so again, take care.

Going to a cardiac rehabilitation programme

Your hospital may invite you to a cardiac rehabilitation programme, starting about four to eight weeks after heart surgery. This usually involves going once or twice a week for between six and eight weeks. Some programmes last longer. The programme might be run either at your local hospital or at a centre near you. Or you may be able to follow a rehabilitation programme at home.

Cardiac rehabilitation helps you to recover and get back to as full a life as possible. It can help whether you are mildly or severely limited by your heart disease. If you have mild heart disease, you may find that following a rehabilitation programme helps you get even fitter than before. If you have more severe heart disease, or if you have another condition that affects your movement – such as arthritis or osteoporosis – you may find that, although your activities are limited, a cardiac rehabilitation programme will help you get your confidence back. It will also help you get back to normal after your operation and improve your quality of life.

What happens on a cardiac rehabilitation programme?

Rehabilitation programmes vary throughout the country, but most programmes cover three areas:

- exercise
- relaxation, and
- information on lifestyles and treatment.

Exercise

Before you start the programme you will have an initial assessment to find out how much exercise you can safely do. You may also be asked to have an exercise ECG (an electrocardiogram recorded while you are exercising on a running machine or exercise bike). A physiotherapist or an exercise physiologist can then work out a programme of exercises for you, tailoring the programme to your needs.

At the beginning of each session you will do warm-up exercises to stretch your muscles. The physiotherapist will carefully explain all the exercises to you. The main exercises will be 'aerobic'. These are exercises that help to improve your heart and circulation. You will be encouraged to increase your exercise gradually over the weeks of the programme. It is very important that you

work within your limits and follow the advice given to you. At the end of each exercise session you will do 'cool-down' exercises to stretch out your muscles and prevent them from aching the next day.

It is normal to feel anxious about exercising after heart surgery. However, going to rehabilitation classes can help give you the confidence to become active again.

Relaxation

You will be able to practise different relaxation techniques and find one that suits you. You will also find out how important relaxation is for people who have had heart problems.

Information on lifestyles and treatment

The programme may include some sessions on particular topics. Each session may cover one or more topics and you will have the chance to ask any questions. Topics can include the following.

- How the heart works, what can go wrong, and why and how people get coronary heart disease.
- How to identify your own risk factors relating to coronary heart disease. (For more on risk factors see page 53.)

- Diet and healthy eating. You may also have the chance to talk to a dietitian about your own diet.
- How to recognise your own stress and how to manage it.
- If you are a smoker, you will be encouraged to give up and will be offered advice on how to go about it.
- Medicines. You may be able to discuss your medicines with a doctor, nurse or pharmacist.
- What to do in an emergency.
- Practical issues such as driving and holidays.
- Going back to work. Tell one of the cardiac rehabilitation team about the type of work you do. They will help to assess how easily you might take up your job again and when you should return to work.

Other benefits of a cardiac rehabilitation programme

Going to rehabilitation classes gives you the opportunity to ask questions and talk about any worries you may still have. You can also meet other people who have been through the same thing as you.

If possible, encourage your partner or a family member or friend to go along with you. This will

help reduce their fears as well and give them the chance to ask any questions. They may also benefit from talking to other carers.

The rehabilitation team may include a British Heart Foundation Nurse who can phone you or visit you at home.

How can I find out about my nearest rehabilitation programme?

If you have not already been invited to a cardiac rehabilitation programme, ask at your hospital, or ask your GP. Or you can call the British Heart Foundation on 020 7487 7110 to find out about the nearest rehabilitation programme to you.

Patient-held record card or diary

Most cardiac rehabilitation programmes provide a patient-held record card or diary. 'Patient-held' means that you keep the card yourself. The card has been designed so that both you and the health professionals involved in your care can write notes in it about your health and your heart.

You can write in the record card or diary any important information that health care professionals give you. You can use it to help you remember the questions you want to ask, to find

ways of improving your health, and to share information about your health with your family, friends and carers.

It is important that the record card or diary is updated regularly. This will help you see how well you are progressing in lowering your risk factors and improving your health. Keep your record card or diary in a safe place and take it with you to all your health appointments.

What happens at my first outpatients appointments?

About six weeks after your operation, you will be asked to go back to the hospital for an outpatients appointment with the surgeon. About three months after the operation you will have an appointment with a cardiologist (another heart specialist). These are important appointments. They allow your doctors to assess how well you are recovering and to change your medicines if necessary. They also give you the chance to ask any questions, or ask about any symptoms you have had during your recovery period and which may be troubling you.

Before you go for your appointments, you may find it helpful to write down any questions you want to ask the doctor. If you don't understand something the doctor says, it's OK to ask him or her to explain it to you again, or in a different way. Before the end of your appointment, make sure that they have answered all your questions.

Most patients have another electrocardiogram (ECG) and a chest X-ray taken at their first outpatients visit. If you have had heart valve surgery, you may also have an echocardiogram.

Blood tests may also be done. These may include a test to check that you have been prescribed the correct dose of warfarin.

At your outpatients visits, you may want to discuss with the doctor how soon you might return to work.

How soon can I go back to work?

Many people who have heart surgery go back to their previous jobs. How soon you can return to work depends on the kind of work you do. As a general rule, people who do light jobs can think about returning to work any time from about two months after the operation. People who have heavy manual jobs may not be able to go back to work for at least three months after the operation. That's the time needed for the muscles, bones and joints of the chest wall to heal.

Talk to your GP about when you should go back to work. Talk to your employers too. They may be willing to give you lighter work for a while when you first go back.

How can I reduce my risk of further coronary heart disease?

The major risk factors for coronary heart disease that you can do something about are:

- physical inactivity
- high blood pressure
- high blood cholesterol
- smoking, and
- being overweight or obese.

Drinking too much alcohol and having too much salt can also increase the risk of coronary heart disease.

Your risk of further coronary heart disease will depend on how many of the above risk factors you have, and how strong each individual risk factor is. Knowing about your risk factors may encourage you to deal with them and help you feel more in control of your heart disease.

Keep active

In the UK, people who are not physically active are twice as likely to have a heart attack compared with active people. Even if you have already had a heart attack, a programme of exercise as part of your rehabilitation reduces the risk of dying from a heart attack. The activity needs to be aerobic – that

is when you use the muscles of your arms, legs and back rhythmically and steadily so that your breathing and heart rate increase. Examples of aerobic activity include brisk walking, swimming, cycling and heavy gardening.

Physical activity has other benefits too. It can reduce your heart rate and lower your blood pressure while you are resting, improve your cholesterol levels, and help to control diabetes. It can also mean less angina, an earlier return to work, and fewer visits to hospital. These benefits also apply to people who have had heart surgery or a heart attack and to people with heart failure.

If you have angina, you can still exercise, but it is important to limit yourself to what you can easily manage. Avoid getting uncomfortably breathless and do not try to 'walk through' chest pain. Also, avoid very cold and windy weather. Always have your GTN (glyceryl trinitrate) spray or tablets to hand in case you need them.

Aim to build up gradually to at least half an hour's moderate activity on most days of the week. Or you can do two 15-minute spells instead. For more information, see our booklet *Physical activity and your heart*.

Control high blood pressure

High blood pressure increases the risk of a heart attack and of strokes, and over time it can cause the heart muscle to become less efficient. If you have high blood pressure, even a small reduction in blood pressure can lower your risk of having a heart attack.

If you have high blood pressure, it is essential to control it. If you already have coronary heart disease, your target is to have a blood pressure below 140/85. If you have diabetes, your target is below 130/80. Some people can control their blood pressure by losing weight, doing more physical activity and cutting down on alcohol and salt. However, many people need to take medicines too. (For more information on high blood pressure, see our booklet *Blood pressure*.)

Watch your cholesterol

If your doctor has diagnosed coronary heart disease, or if you have had a heart attack, the level of cholesterol in your blood will be measured. The aim is to have a total cholesterol level of under 5 mmol/l. (Mmol/l means millimols per litre.) If your blood cholesterol is even slightly above this level, you can greatly benefit from reducing it.

A healthy diet will help. This means cutting down on fats in general, especially saturated fats, which are found mostly in meat and dairy products. Researchers have found that reducing the amount of saturated fat you eat can help you reduce your risk of dying from coronary heart disease.

Many people with coronary heart disease also need drugs to get their blood cholesterol down to a level which brings the greatest benefit.

For more information on how to lower your cholesterol level, see our booklet *Reducing your blood cholesterol*.

Eat plenty of fruit and vegetables

People who eat at least five portions of fruit and vegetables a day are less likely to have heart disease. We do not know exactly why, but it is thought to be due to the antioxidant vitamins they contain. However, there is not yet enough evidence that taking vitamin tablets has the same effect. Even if you already have coronary heart disease, it is still helpful to eat plenty of fruit and vegetables. They can include fresh, frozen, dried or canned fruits and vegetables, and also salads. For more information, see our booklet *Eating for your heart*.

Fish and fish oils

Eating oily fish regularly can help to reduce the risk of coronary heart disease and improve the chances of survival after a heart attack. The oil in fish that has this effect is called 'omega-3'. It is found mainly in oily fish such as herring, mackerel, pilchards, sardines, salmon, trout and fresh tuna. Try to eat oily fish about twice a week.

If you smoke, stop smoking

If you do smoke, now is the time to stop. This is the single most important step you can take to help your recovery. From the moment you stop smoking, the risk of heart attack starts to reduce and is halved after one year of stopping smoking.

However, stopping smoking is much easier said than done. Talking to friends and relatives who have stopped, joining a stop-smoking group and talking to your GP or practice nurse may help you. You can get products such as nicotine patches from your local pharmacist and these can really help. For practical help in stopping, contact QUITLINE® on 0800 002200. See also our booklets *Smoking and your heart*, or *Smoking, your heart, and how to give up*.

Control your weight

It is important to control your weight, not just to help your heart but also for your general fitness. Keeping close to the recommended weight for your height will help you keep your blood pressure down and reduce the workload of your heart.

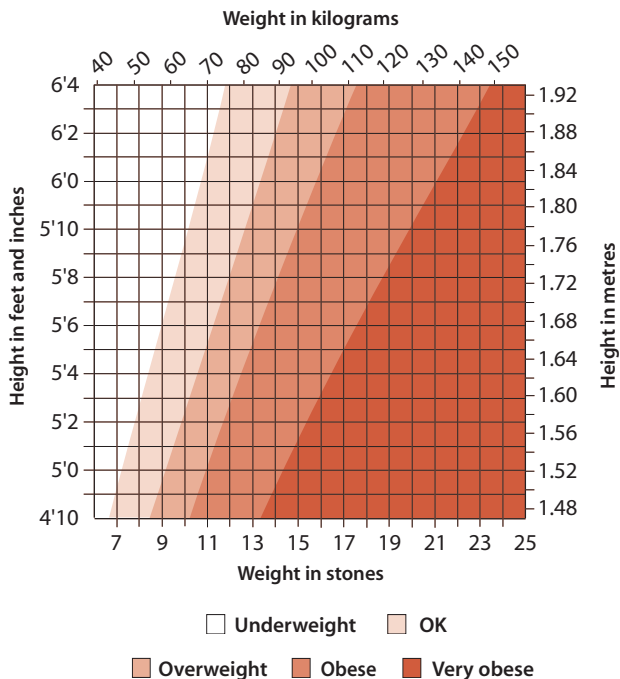
If your doctors think that you are very overweight, they will ask the hospital dietitian to give you advice on how to lose weight. If you have any questions once you get home about what or how much you should be eating, ask your GP, practice nurse, or district nurse. You can also ask questions at your cardiac rehabilitation programme.

To find out if you need to lose weight, check the chart on page 59. If you fall in the overweight, obese or very obese category, you need to lose some weight. Don't try to lose the extra weight too quickly. Losing weight slowly and steadily (about a pound a week) is more healthy, and you're more likely to keep the weight off for good. If you are very overweight, losing even 10 kilos (22 pounds) will be good for your health. For more information, see our booklet *So you want to lose weight ... for good – A guide to losing weight for men and women*.

Also, remember that losing weight means both eating healthily and doing more physical activity (see *Keep active* on page 53).

Are you a healthy weight?

Take a straight line up or down from your weight, and a line across from your height (without shoes). Put a mark where the two lines meet to find out if you need to lose weight.



Adapted from *Treat Obesity Seriously*, by J Garrow. 1981.
By permission of Churchill Livingstone

Control diabetes

Men with diabetes have about three times the risk of a heart attack compared with those without diabetes. Women with diabetes have about five times the risk of heart attack. It is very important to make sure you control your blood sugar. Doing more physical activity, controlling your weight and taking your medicines regularly will all help.

Heart support groups

Either before you have surgery or afterwards, you may find it helpful to join a 'heart support group'. A heart support group gives you, your partner and family the chance to meet and talk to people who have gone through similar experiences. Groups vary. They may meet every week, every fortnight or every month. Some hold exercise classes or invite speakers to talk on medical as well as general topics. They are quite informal and sociable too.

How to find out where your nearest heart support group is

The British Heart Foundation keeps an up-to-date list of all heart support groups in England and Wales which are linked to the British Heart Foundation. To find out the nearest one to you, call 020 7487 7110.

If you are interested in setting up a local heart support group

If there is not a heart support group near you, you may like to be involved in setting one up. For more information, contact one of the following organisations.

In England and Wales – British Heart Foundation.
Phone: 020 7487 7110.

In Scotland – Chest, Heart and Stroke Scotland.

Phone: 0131 225 6963. Website: www.chss.org.uk

In Northern Ireland – Northern Ireland Chest, Heart and Stroke Association. Phone: 028 9032 0184.

Website: www.nichsa.com

For more information

British Heart Foundation website

bhf.org.uk

For up-to-date information on the BHF and its services.

Heart Information Line 08450 70 80 70

(A local rate number.)

An information service for the public and health professionals on issues relating to heart health.

Publications and videos

The British Heart Foundation (BHF) also produces other educational materials that may interest you.

To find out about these or to order your

Publications and videos catalogue, please go to **bhf.org.uk/publications**, call the **BHF Orderline on 0870 600 6566** or e-mail **orderline@bhf.org.uk**.

You can download many of our publications from **bhf.org.uk/publications**

Our publications are free of charge, but we would welcome a donation.

Heart Information Series

This booklet is one of the booklets in the *Heart Information Series*. The other titles in the series are as follows.

- 1 Physical activity and your heart
- 2 Smoking and your heart
- 3 Reducing your blood cholesterol
- 4 Blood pressure
- 5 Eating for your heart
- 6 Angina
- 7 Heart attack and rehabilitation
- 8 Living with heart failure
- 9 Tests for heart conditions
- 10 Coronary angioplasty and coronary bypass surgery
- 11 Valvular heart disease
- 12 Having heart surgery
- 13 Heart transplantation
- 14 Palpitation
- 15 Pacemakers
- 16 Peripheral arterial disease
- 17 Medicines for the heart
- 18 The heart – technical terms explained
- 19 Implantable cardioverter defibrillators (ICDs)
- 20 Caring for someone with a heart problem

Other publications

Food should be fun and healthy

So you want to lose weight ... for good – A guide to losing weight for men and women

Smoking, your heart, and how to give up

Stress and your heart

Heart health magazine

Heart health is a free magazine, produced by the British Heart Foundation especially for people with heart conditions. The magazine, which comes out four times a year, includes updates on treatment, medicines and research and looks at issues related to living with heart conditions, like healthy eating and physical activity. It also features articles on topics such as travel, insurance and benefits. To subscribe to this **free** magazine, call 0870 600 6566.

Videos

Coronary artery bypass surgery

Intensive care – Your recovery after heart surgery

Better than before – Life after heart surgery

Let's talk about sex

Heartstart UK

For information about a free, two-hour course in emergency life-support skills, contact Heartstart UK at the British Heart Foundation. The course teaches you to:

- recognise the warning signs of a heart attack
- help someone who is choking or bleeding
- deal with someone who is unconscious
- know what to do if someone collapses, and
- perform cardiopulmonary resuscitation (CPR) if someone has stopped breathing and his or her heart has stopped beating.

For more information on statistics quoted in this booklet

Statement	Where you can find out more about this
<p>Page 5 About 39,000 patients have heart surgery in the UK each year.</p>	<p>From: <i>The 5th National Adult Cardiac Surgical Database Report</i>. Published in 2003, by the Society of Cardiothoracic Surgeons of Great Britain and Ireland.</p>
<p>Page 53 In the UK, people who are not physically active are twice as likely to have a heart attack compared with active people.</p>	<p>From 'Physical activity and the incidence of coronary heart disease'. By KE Powell et al. Published in 1987 in the <i>Annual Review of Public Health</i>, volume 8, pages 253-287.</p>
<p>Page 55 If you have high blood pressure, even a small reduction in blood pressure can lower your risk of having a heart attack.</p>	<p>From: 'New meta-analysis of treatment trials of hypertension improving the estimate of therapeutic benefit', by F Geuffier, A Froment and M Grouton. Published in 1996, in the <i>Journal of Human Hypertension</i>, volume 10, pages 1-8.</p>

Page 55

If you already have coronary heart disease, your target is to have a blood pressure below 140/85. If you have diabetes, your target is below 130/80.

Page 55

The aim is to have a total cholesterol level of under 5 mmol/l.

From: 'Joint British recommendations on prevention of coronary heart disease in clinical practice'. By D Wood, P Durrington, N Poulter, G McInnes, A Rees and R Wray. Published in 1998 in *Heart*, volume 80 (supplement) pages S1-S29.

Page 56

Researchers have found that reducing the amount of saturated fat you eat can help you reduce your risk of dying from coronary heart disease.

From: 'The cholesterol papers'. By M Marmot. Published in 1994 in the *British Medical Journal*, volume 308, pages 351-352.

Page 57

Eating oily fish regularly can help to reduce the risk of coronary heart disease ...

... and improve the chances of survival after a heart attack.

From: *Nutritional aspects of heart disease* by the Cardiovascular Review Group, Committee on Medical Aspects of Food Policy, Department of Health. Published in 1994 by HMSO, London.

'Effects of changes in fat, fish and fibre intakes on death and myocardial re-infarction: death and re-infarction trial (DART)'.

	<p>By ML Burr, JF Gilbert, RM Holliday et al. Published in 1989 in the <i>Lancet</i>, volume 2, pages 757-761.</p>
<p>Page 57 From the moment you stop smoking, the risk of heart attack starts to reduce and is halved after one year of stopping smoking.</p>	<p>From: <i>The Health Benefits of Smoking Cessation – A Report of the Surgeon General</i> (pages 239-240). Published in 1990, by the United States Department of Health and Human Services, Maryland.</p>
<p>Page 58 If you are very overweight, losing even 10 kilos (22 pounds) will be good for your health.</p>	<p>From: <i>Obesity in Scotland. Integrating Prevention with Management</i>. Published in 1996 by the Scottish Intercollegiate Guidelines Network, Edinburgh.</p>
<p>Page 60 Men with diabetes have about three times the risk of a heart attack compared with those without diabetes. Women with diabetes have about five times the risk of heart attack.</p>	<p>From: 'Morbidity and mortality in diabetics in the Framingham population. Sixteen year follow-up', by MJ Garcia, PM McNamara, T Gordon and WB Kannell. Published in 1974 in <i>Diabetes</i>, volume 23, pages 105-111.</p>

About the British Heart Foundation

The British Heart Foundation (BHF) is the leading national charity fighting heart and circulatory disease – the UK's biggest killer. The BHF funds research, education and life-saving equipment and helps heart patients return to a full and active way of life.

We rely on donations to continue our vital work. If you would like to make a donation, please ring our **credit card hotline on 0870 606 3399**. Or fill in the form opposite.

We need your help. Please send a donation today.

Please accept my donation of:

£50 £25 £15 £12 Other £

If you are sending a cheque, please make it payable to
British Heart Foundation.

Or, you can ring our credit card hotline on **0870 606 3399.**

I want to donate using: MasterCard Visa CAF Card

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Card number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Expiry date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

Date

Signed

Name (Mr/Mrs/Miss/Ms/other) _____
Address _____
Phone _____
E-mail _____
Postcode _____

1/2005

Your personal information

The British Heart Foundation will use your personal information for administration purposes, and to provide you with services, products and any information that you have asked for.

We greatly value your support and would like to keep you informed about our work through marketing literature to help us meet our charitable aims. We may contact you by phone or post for this purpose. Please tick the box if you would prefer **not** to hear from us in s this way.

We may want to share information with other organisations that we work with and who support our aims. Please tick the box if you would prefer us **not** to share your details. MP02

Please tick this box if you **would like to** receive e-mail communications about our future activities, at the e-mail address you have provided. MP07

Thank you for your support.

**Please send your donation to:
Supporter Services, British Heart
Foundation, 14 Fitzhardinge Street,
London W1H 6DH.**

Registered Charity Number 225971

Please turn over.

Please tick if you would like us to send you a Gift Aid form to make your donation work harder at no extra cost to you.



Please send me information about the following.

- BHF publications**
- Giving regular donations**
Regular donations through a standing order give us the long-term support we need. Just tick for information on how to set up a standing order.
- Remembering us in your Will**
Many people choose to leave a gift to their favourite charities in their Will. We can send you a useful information pack to tell you how to go about it.
- Local fundraising activities and sponsored events**
- Payroll giving**
How you and your work colleagues can donate from your salaries before tax.
- Buying BHF Christmas cards and gifts**
- Becoming a volunteer in a British Heart Foundation shop**

Please send your form to the British Heart Foundation. The address is over the page.

Technical terms

anaesthetist	The doctor who will give you your anaesthetic to make you sleep during the operation.
angina	Heaviness or tightness in the centre of the chest which may spread to the arms, neck, jaw, back or stomach. It is caused when the arteries become so narrow that not enough oxygen-containing blood can reach the heart muscle when it needs it – such as during exercise.
anticoagulant	A drug that reduces blood clotting.
antioxidants	Vitamins, found mainly in fruit and vegetables.
arteries	Blood vessels that carry blood away from the heart to the rest of the body.
cardiac	To do with the heart.
cardiac surgical ward	A hospital ward for patients who have had heart surgery.
cardiologist	A doctor specialising in diseases of the heart.
chest drain	A tube which allows any blood which builds up to be removed safely.
cholesterol	A fatty substance mainly made in the body by the liver.

discharge (from a wound)	Leaking or oozing.
ECG	See 'electrocardiogram'.
electrocardiogram	A test to record the rhythm and electrical activity of the heart. Also called an ECG.
ICU	Intensive care unit.
incision	A cut.
intravenous	Into the veins.
ITU	Intensive therapy unit.
mucus	A substance formed by the body, for example in the lungs.
physiotherapist	A specialist who can help people to become as independent as possible, for example advising people on how to get moving again safely after a heart attack or operation.
pre-med	See 'pre-medication'.
pre-medication	Drugs to make you sleepy before you are given an anaesthetic for an operation.

Index

alcohol	43
anxiety	29
baths	16,40
blood pressure	55
blood tests	12
breathing exercises	14,20,25
cardiac recovery unit	10
carers	37
check-up	32,50
chest drains	22
cholesterol	55
constipation	27
coughing	20
dentist	8
depression	29
diabetes	60
discharge from wounds	31,38
dreams	34
driving	40
eating	17,26,56
ECG	12
electrocardiogram	12
equipment	21
exercise	8,27,36,45,53
food and drink	56
healthy eating	56
heart support groups	61
high blood pressure	55
insurance	41
intensive care unit	10,19
medication	33,43

obesity	53,58
outpatients appointment	50
overweight	8,58
pain	26
patient-held record card	48
physical activity	8
physiotherapist	14
pills	33,43
pre-admission clinic	10
pre-med/pre-medication	17
record cards	48
rehabilitation programme	44
rehabilitation team	15
relaxation	46
salt	53
sex	42
shaving	16
showers	16,40
smoking	7,57
stiffness	28
stitches	31
stockings	28
support groups	61
test	12
ventilator	20
visitors	23,29
waiting list	6
weight	7,58
work (going back to work)	52

Your comments please

We would be very interested to hear your views about this booklet.
Please fill in this form and send it to:

British Heart Foundation

FREEPOST WD513

LONDON W1E 1JZ.

1 How did you get this booklet?

I got it directly from the British Heart Foundation.

My GP or practice nurse gave it to me.

I got it from a display at my GP's surgery or health centre.

A nurse or doctor at the hospital gave it to me.

I got it from a display in a hospital.

A friend or relative gave it to me.

Other (Please give details.) _____

2 Do you find this booklet...

very helpful?

helpful?

not very helpful?

not at all helpful?

3 Do you find this booklet ...

very easy to understand?

easy to understand?

not very easy to understand?

4 What do you think of the design of the booklet (how it looks, the size of the text, the front cover, the size)?

Very good

Good

Not very good

Poor



5 Are there any issues that you need to know about that are not covered in this booklet? If so, what are they?

6 Do you have any other suggestions for how we could improve this booklet?

7 Are you...

...a patient with a heart condition?

...a carer (for example, a relative or friend of someone with a heart condition)?

Other (Please give details.) _____

Acknowledgements

The British Heart Foundation would like to thank all the GPs, cardiologists and nurses who helped to develop the booklets in the *Heart Information Series*, and all the patients who commented on the text and design.

Particular thanks for their work on this booklet are due to:

- Mr A De Souza.

Edited by Wordworks.





Heart health is a free magazine produced by the British Heart Foundation especially for people with heart conditions. See page 65 for more information.

British Heart Foundation

14 Fitzhardinge Street, London W1H 6DH

Phone: 020 7935 0185

Website: bhf.org.uk

Heart Information Line • 08450 70 80 70

(A local rate number.)

An information service for the public and health professionals on issues relating to heart health.