

Royal Brompton Hospital

After your heart operation





Contents

• Going home	3
• Your follow-up appointment	3
• Medicines and prescriptions	4
• Caring for your wound	5
• Managing your pain at home	6
• Your lifestyle	
– Driving	7
– Going back to work	7
– Coping with stress and other issues	8
– Going to the dentist	8
– Sex	9
– Going on holiday	9
– Lifting objects and other everyday tasks	9
– Joining a heart support group	10
– Exercise	10
– Healthy eating	13
• A guide to activities you can do during the first few weeks after your operation	17
• Useful contact details	18

This booklet gives you general information about going home after your heart operation. It does not replace the need for personal advice from a qualified healthcare professional.

Going home

Before you leave hospital, we will discuss the things that may affect you when you are back at home, such as:

- how to care for your wound
- your medicines and when to take them
- getting back to your daily activities and how to organise any support or special equipment you may need
- exercise and other activities


Your follow-up appointment

When you leave hospital, we will book a follow-up telephone or video appointment (depending on your preference) for you to speak with your surgical team. The appointment is usually booked for 6 to 12 weeks after your operation.

If you have any concerns in the first 24 hours after discharge home, please phone Princess Alexandra ward on **020 7351 8516**. **After this, please contact your GP to discuss any concerns, or if it is an emergency call 999 and ask for an ambulance.**

See your GP if you:

- think your heartbeat is too fast or irregular when it has previously been stable
- are experiencing angina-type pain in your chest or any other new or unusual pain
- have shortness of breath that does not go away after a rest
- have an unexplained cough or have green or yellow sputum (phlegm)
- have an unexplained temperature

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- notice new redness, swelling or discharge from your wound
 - notice a clicking sound from your breastbone when you are moving around
 - have fainting or dizzy spells
 - notice unusual swelling in your ankles
 - find you are not able to exercise as much as usual
 - are worried about anything to do with your health or recovery that seems unusual to you and is making you feel unwell

Please note: some changes to skin colour may be harder to see on brown and black skin.

Your GP can also check if any of these symptoms are caused by an infection or another problem after your operation.

Medicines and prescriptions

We will give you up to 2 weeks' supply of medicines before you leave hospital. Your nurse will discuss your medicines with you and when to take them. We will give you a letter to take to your GP so they can continue to prescribe the medicines you need to take. It is important that you make an appointment to see your GP within the first week of being back at home. Your GP can check how you are and give you a prescription for a new supply of medicines.

If you buy over-the-counter medicine without a prescription, please ask your pharmacist if it is safe to use with your prescribed medicines.

You may be taking anticoagulant (blood-thinning) medicine (such as warfarin) to reduce the risk of blood clots after your operation. If you are, you will need to have regular blood tests to make sure you are on the right dose. You can have these blood tests at your GP surgery or at an anticoagulation clinic.

If your GP cannot do these tests, we will refer you to your nearest clinic before you leave hospital.

Other blood-thinning medicines may not require such monitoring but it is not always possible to use them, especially in patients with metallic heart valves.

If you have any questions about your medicine once you leave hospital, you can call our medicines helpline on **020 7351 8901** (Monday to Friday, 9am to 5pm).

Caring for your wound


On the day you leave hospital, nurses will check your wound again and remove the dressing. However, they may feel it is necessary to keep the dressing on. If that happens, they will arrange for a nurse at your GP practice or a district nurse to change the dressing and check your wound.

It is safe to get your wound wet, so please continue to shower every day using liquid soap. But do not put soap directly onto your wounds for 8 weeks after your operation until your wounds have healed completely.

A shower is recommended rather than a bath. The fresh running water from a shower is better for your wound than bath water. It is also difficult to get out of a bath due to the strain that this puts on your chest muscles.

Always use clean, dry towels and do not share them with anyone else. Dry your wound first before drying the rest of your body. Please be gentle when drying your wound and dab it dry with the towel rather than rubbing it.

If you are a female patient, you need to wear non-wired, front-fastening bras for 6 weeks after your operation. You also need to put on a clean bra every day to reduce the risk of infecting the wound.



For more information about looking after your wound, see our leaflet **Hygiene and wound care for patients having surgery**. Please ask your ward nurse if you would like a copy.

Contact your GP as soon as possible if you have any concerns about your wound. Or if you notice one of these symptoms:

- a red or angry-looking wound
- heat or swelling around the wound
- change in the amount of pain from the wound
- pus or discharge from the wound
- an unpleasant smell from the wound
- any new opening of the wound

If your wound has become infected, it will need to be treated with antibiotics, but additional treatment may also be needed.

Managing your pain at home

Managing your pain at home is a really important part of your recovery, as it means that you can return to your normal activities more easily. We will give you a supply of pain medicine to take home with you. It is important to take this medicine as prescribed by your doctor.

If you still feel pain after taking your medicine, please see your GP. They will be able to change your pain medicine as needed.

When you are able to do your normal daily tasks and can exercise without pain, it is important that you do not suddenly stop your pain medicine. You can start to slowly reduce it over a period of time by leaving out a dose or taking 1 tablet instead of 2.

Remember that you may have aches or pains in your chest, shoulders and / or back up to 4 months after your operation.

You should see your GP if these aches and pains get worse, if they are in a different area, or if the type of pain changes.

Your lifestyle

Driving

According to Driver and Vehicle Licensing Agency (DVLA) rules, you will not be able to drive until 4 weeks after your surgery. We usually recommend that you do not drive for 6 weeks to allow yourself sufficient recovery time. When you do feel ready to drive again, please talk to your GP first.

The strength of your muscles and your general ability to move around will be reduced during the first few weeks after your operation. You may feel pain from sudden movements and may experience moments where you suddenly cannot concentrate.

It is very important that all these symptoms pass before you start driving again. The length of time it takes for the body to heal and for these symptoms to disappear is different from person to person.


Please remember to wear a seatbelt when driving. You may find it more comfortable to wear your seatbelt if you place a rolled-up towel or small pillow between your chest and the seatbelt.

It is important that you let your car insurance company know about your operation and treatment. If you have a license for a large goods vehicle (LGV) or passenger carrying vehicle (PCV), you must also inform the DVLA about your treatment. You can call the DVLA on: **0300 790 6806**, or visit: **www.gov.uk/government/organisations/driver-and-vehicle-licensing-agency**.

Going back to work

You should discuss going back to work with your surgeon, cardiologist or GP.

When you can return to work will depend on how quickly you recover from your operation and the type of work you do. If your



job is office-based and not too physically or mentally demanding, you may find that you can return 6 to 8 weeks after your operation. However, if your job involves heavy manual labour or is stressful, you will need to wait up to 12 weeks.

It may be helpful to go back to work part-time or to ask for lighter duties at first and build up gradually.

Coping with stress and other issues

Our occupational therapists can give advice on coping with any form of stress. You can call them on **020 7351 8961**.

Social workers help individuals and families during times of difficulty and may also be able to help you with some of the emotional and practical issues facing you after your operation. They can organise any extra support you may need, such as help with shopping, and give you advice on topics such as benefits, housing and employment. Contact your local council's social services department.

Going to the dentist

If you have had heart valve surgery, you should go to the dentist every 6 months. We recommend that you take antibiotics before you have any dental work that could make your gums bleed, such as having a filling done. This is because patients who have had valve surgery are at a higher risk of developing a potentially serious infection of the heart valves called endocarditis. This is caused by bacteria getting into the bloodstream when the skin is broken. We have a separate leaflet on endocarditis. Please ask your ward nurse if you would like a copy.

If you have not had valve surgery, you will not need antibiotics before going to the dentist. You should make sure that you clean your teeth regularly to prevent possible infection.

Please ask your surgeon or cardiologist if you should take antibiotics before specific procedures.

Sex

After your operation, you can have sex again as soon as you feel comfortable doing so. It is a good idea to find a position that is most comfortable for you. Please avoid positions that put weight on your breastbone or upper arms.

If you are a woman and have had valve surgery, you should avoid getting pregnant during your recovery. Wait until your GP feels you have completely recovered from the operation.

If you have any questions or worries about sex after your operation, please ask your GP, nurse or occupational therapist for advice.

Going on holiday

In the first few weeks after your operation, you should avoid taking holidays that involve a lot of travelling or activities.

You should not fly for the purpose of a holiday before you have had your follow-up outpatient appointment at the hospital.

It is important that you talk to your GP before you travel or plan to fly. You can decide together when you are ready to travel.

If you are going away, please take enough medicine with you and a copy of your prescription. If you are taking anticoagulant medicine (such as warfarin), please tell your GP or staff at the anticoagulant clinic (if you go to one) of your travel plans. You may need to have a blood test before you go away and as soon as you get back.

Please remember to tell your travel insurance company about your operation and treatment. If you do not do this, your insurance could be invalid.

Lifting objects and other everyday tasks

It is important that you do not put strain or pressure on your breastbone in the first few weeks after your operation. Do not



lift, push or hold anything heavier than 10lbs / 4.5kg (such as babies or pets) for 6 to 8 weeks after your operation.

Please avoid heavy work in and around the house such as vacuuming or mowing the lawn. You should also try not to make any sudden twisting movements.

This means that you will need help with everyday tasks such as cleaning, laundry, shopping and cooking in the first few weeks after your operation. Your occupational therapist will discuss this with you and can organise any help you may need once you go home.

You should be able to start normal lifting 12 weeks after your operation, but please discuss this with your GP first. It is important to always use the correct lifting technique, keeping your knees bent, back straight and the object you are lifting close to your body.

Joining a heart support group

You may find it helpful to join a heart support group. These groups give patients, partners and carers the chance to meet and talk to people who have gone through a similar experience.

The British Heart Foundation keeps a list of all support groups in England and Wales. Call its Heart Helpline on **0300 330 3311** to find a group close to you.

Exercise

Exercise is an important part of your recovery. It will help your body to heal, increase your overall fitness, improve your sleep patterns and reduce levels of stress after your operation. It is important that you always discuss any change to your exercise plan with your GP first.

It is important not to overdo things in the first few weeks. It sometimes takes longer than 3 months to heal properly. The doctors and rehabilitation team will give you advice on exercises that are suitable for you. Avoid anything that puts

extra strain on your chest. Please do not strain or hold your breath while you are doing any activity or exercise.

Walking

Walking is the safest and best form of exercise after your surgery. You will have been walking short distances before leaving hospital. Once home, try and walk a similar distance. This could be simply walking in the garden or park. You should start slowly for the first few minutes and build up your pace gradually. Towards the end of your walk, you should spend a few minutes slowing down. It is a good idea to walk with someone for safety until you are confident about going out on your own.

For the first 2 weeks after your operation, try to walk for 5 to 10 minutes, 2 or 3 times a day. It is important that you choose a route that is flat and easy.


From the third week, you can start to build up your time gradually and include gentle hills. If you have other health problems such as arthritis or asthma, you may not be able to increase the amount you walk this quickly. It is important not to compare yourself to others.

Set a pace that makes you a little short of breath but able to hold a conversation. If you become too out of breath, stop and rest for a while then continue at a slower pace. You should become less breathless as time goes on after your operation. If, after a few weeks, you continue to feel breathless during your walking exercise, please see your GP.

If you experience chest pain that is similar to the pain you had before your operation, please stop whatever you are doing and contact your GP.

Other exercise or sport

We do not recommend that you start any other exercise or sport until 12 weeks after your operation or until you have been to a cardiac rehabilitation class.



You may be able to return to some sports, such as cycling, golf, bowls or table tennis, after 12 weeks. **It is important that you discuss this with your GP first.**

Activities where you have to move your arm regularly will increase the strain on your breastbone and make your heart work harder. Take special care when introducing these activities and build them up gradually. Do not play contact sports such as football, or racquet sports such as tennis, until your GP advises it.

Please avoid:

- exercising if you are in pain or if you feel unwell
- exercising in very humid conditions or if it is very hot or cold
- sudden twisting or straining movements
- activity that causes clicking or pain in your breastbone
- lifting, pushing or pulling heavy objects over 10lbs / 4.5kg
- heavy tasks that involve a lot of strength, such as moving furniture

Remember to:

- take regular exercise rather than sudden bursts of frantic activity
- rest when you feel you need to
- watch your posture and avoid hunching your shoulders or straining your neck

If you have any questions about exercise when you return home, please contact the physiotherapy department. Call the switchboard on **0300 12 88121** and ask for the operator. Then ask for **bleep number 7301**.

Healthy eating

Eating well is another important part of your recovery. Healthy eating will help you to lose weight if you need to and will help control your cholesterol.

You should wait 6 to 8 weeks before thinking about any weight loss or making major changes to your diet. If you have any concerns about your weight or your diet, talk to your GP.

‘The Eatwell Guide’, discussed on the following pages, should help you plan a balanced diet that is low in saturated fat (fat found in animal products).

Fruit and vegetables

Fruit and vegetables provide the important vitamins and fibre you need. You should try to eat at least 5 portions a day.

Each of the following is one portion:

- half a large fruit (such as a grapefruit)
- 1 medium fruit (such as an apple or banana)
- 2 smaller pieces of fruit (such as plums or satsumas)
- a handful of grapes or berries
- a small bowl of salad
- 3 tablespoons of vegetables
- a small glass of fruit juice

It does not matter if the fruit or vegetable is fresh, frozen, tinned, cooked or raw.



Bread, cereal and potatoes (known as starchy carbohydrate foods)

You should include these foods at each meal. They will help you feel fuller for longer. Examples include rice, pasta, bread, chapattis, cereals and noodles.

Meat, fish and alternative high protein foods

Protein helps your body to heal after surgery. Examples of high protein foods include meats, poultry, fish, pulses, tofu and nuts.

Each week you should try to eat one portion of oily fish – such as sardines, mackerel, salmon, pilchards, trout, herring, kippers or fresh tuna. Oily fish contains omega-3 fatty acids, which help make your blood less sticky and reduce the risk of blood clots. If you are a vegetarian, you should take a fish oil supplement instead. If you do take a supplement, choose one containing EPA and DHA – these are the omega-3 fatty acids you need. If you cannot take a fish oil supplement, please ask us about alternative food sources.

Remember to cut the fat off meat, remove the skin from poultry and drain fat from cooked mince. All of this will help reduce your saturated fat intake. Do not fry these foods.

Instead, poach, steam, grill, stir-fry, bake or microwave.

Milk and dairy products

These are a good source of calcium, which is important for healthy teeth and bones.

Dairy products can be high in saturated fat. It is important to try and use low fat varieties such as semi-skimmed or skimmed milk, low fat yoghurts and low fat cheese (such as cottage cheese).

High fat and high sugar foods

Try to cut down on food that is high in fat and sugar, such as cakes, crisps and biscuits, as these can lead to weight gain.

Choose margarines and oils that are low in saturated fat and high in unsaturated fat, such as olive, rapeseed and sunflower oils and spreads. Also cut down on drinks that are high in sugar such as carbonated drinks and fruit juice.

Salt

High levels of salt in your diet can lead to high blood pressure. You should try to cut down on how much salt you eat and have no more than 5g (1 teaspoon) a day.

Avoid using salt alternatives that are high in potassium because these can cause the heart to beat too fast. Instead use herbs, spices and extra pepper to help flavour your food.

Alcohol

If you drink alcohol, it is important that you stay within the national guidelines, which is to drink no more than 14 units a week.

A unit of alcohol is half a pint of beer, a small glass of wine, or a single measure of spirits.

You should try to have at least 2 alcohol-free days a week and not consume too many units on 1 day. Instead, spread the amount of alcohol you consume over the week.

It is important to remember that alcohol intake over the national guidelines is linked to heart disease, certain cancers, liver disease and putting on weight.

Eatwell Guide

Check the label on packaged foods

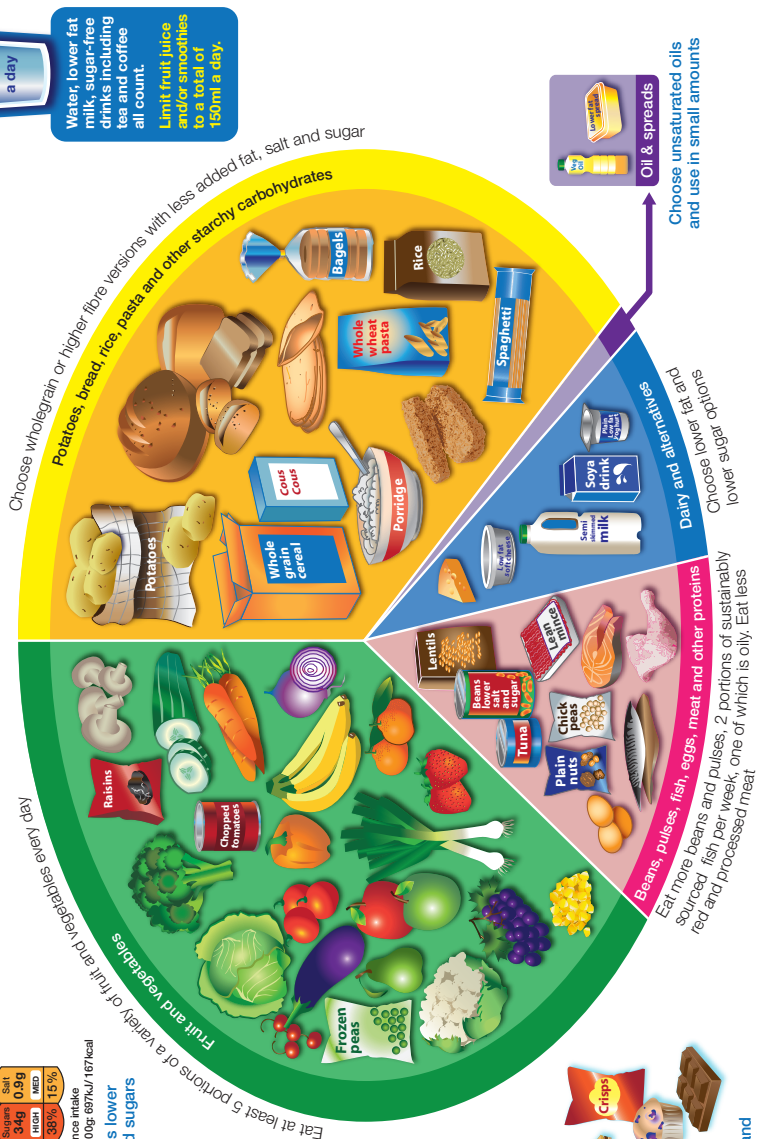
Each serving (150g) contains

Energy	Fat	Saturated Fat	Sugar	Salt
1000kJ	3.0g	1.3g	34g	0.9g
240kcal	LOW	LOW	HIGH	MED
13%	4%	7%	38%	15%

Typical values (as sold) per 100g: 897kJ/167kcal of an adult's reference intake

Choose foods lower in fat, salt and sugars

Use the Eatwell Guide to help you get a balance of healthier and more sustainable food. It shows how much of what you eat overall should come from each food group.



Per day 2000kcal 2500kcal = ALL FOOD + ALL DRINKS

A guide to activities you can do during the first few weeks after your operation

First 6 weeks

Get enough rest

It is important that you rest and try to get 8 to 10 hours of sleep a night during the first week after your operation. Try to limit the number of visitors as entertaining them can be tiring.

Pace yourself

Give yourself enough time to do everyday activities such as getting washed and dressed. Sit down when you can and break up your activities with periods of rest. As you start to feel that you have more energy, slowly increase the amount of activities you do. Remember not to lift, push or pull anything heavier than 10lbs / 4.5kg and to avoid sudden twisting movements.

Cooking and cleaning

If you live alone, it is a good idea to stock up your freezer with frozen meals before your surgery. Make a ready meal, hot drinks and snacks such as toast. Please avoid any heavy cleaning as it is likely to be very tiring and may involve lifting or twisting movements.

Taking a shower or bath

You can take a shower at any time after your surgery, as long as you are able to get in and out of the shower easily. Please contact your occupational therapist who can give advice if you have difficulty getting in and out of your shower.

If you have to take a bath, please do not cover your wound in bath water or clean it directly with bath water. This is to help it heal faster and to prevent infection.

After 6 weeks

Start to reintroduce other activities

Six weeks after your operation, you can slowly reintroduce other activities. If you start feeling tired or uncomfortable while doing an activity, you should stop and rest.



Cooking and cleaning

You should be able to reintroduce activities such as cooking a meal from scratch, making your bed, vacuuming, and doing your laundry. It is important that you introduce each activity slowly and plan rests. For example, you can vacuum 1 room and then rest before moving on to the next room.

Taking a bath or shower

If your wound has healed, it should be fine to take a bath again. If you have any concerns about your wound, please discuss this with your GP.

After 3 months

Your breastbone should be fully healed. Patients can usually continue their normal activities (as before their operation) at this stage.

Useful contact details

Royal Brompton Hospital switchboard	0330 12 88121
Clinical nurse specialists for cardiac surgery	020 7351 8497
Princess Alexandra ward	020 7351 8516
High dependency unit (HDU) / Elizabeth ward	020 7351 8595
Sir Reginald Wilson ward	020 7351 8483
Paul Wood ward	020 7351 8598
York ward	020 7351 8592
Adult intensive care unit (AICU)	020 7352 8121 extension 82331
Recovery unit	020 7351 8478
Medicines helpline	020 7351 8901
(Monday to Friday, 9am to 5pm)	

Physiotherapy

0330 12 88121
and ask for the operator,
then ask for **bleep 7301**
(Monday to Friday, 8.30am to 4.45pm)

Occupational therapy

020 7351 8902

Other organisations

British Heart Foundation

www.bhf.org.uk

0300 330 3322
(Monday to Friday, 9am to 5pm)

British Heart Foundation Heart Helpline

0300 330 3311

The British Pain Society

Advice about managing pain after surgery

www.britishpainsociety.org

Advice to help you stop smoking

Stopping smoking is the single most important step you can take to help your recovery. As you have not smoked during your time in hospital, now is an ideal time to give up. There is plenty of support available to help you stop smoking. Your GP can give you advice or call the free National Smokefree Helpline on **0300 123 1044**. **www.smokefree.nhs.uk**.

If you have concerns about any aspect of the service you have received in hospital and feel unable to talk to those people responsible for your care, call the Patient Advice and Liaison Service (PALS) on 020 7349 7715 or email gstt.rbhh-pals@nhs.net. This is a confidential service.

Royal Brompton Hospital
Sydney Street
London
SW3 6NP
Phone: 0330 12 88121

Harefield Hospital
Hill End Road
Harefield
Middlesex
UB9 6JH
Phone: 0330 12 88121

Website: www.rbht.nhs.uk

Royal Brompton and Harefield hospitals are part of Guy's and St Thomas' NHS Foundation Trust

Language and accessible support services

If you need an interpreter or information about your care in a different language or format, please contact the department your appointment is with.

