

Information for Patients & Families

CARDIAC SURGERY (heart surgery)



Liverpool Heart and Chest Hospital NHS Foundation Trust
Thomas Drive, Liverpool, Merseyside L14 3PE

**The Liverpool Heart and Chest NHS Foundation Trust
Hospital is a NO SMOKING HOSPITAL.**



Please refrain from smoking on site.

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Introduction

This information booklet has been prepared to help you and your family understand more about the operation that is planned for you. It will give you general information about what to expect before coming into the Liverpool Heart and Chest Hospital and from your admission to your discharge home or to another care setting. It will also give you some practical advice about what to do when you get home.

Within the booklet are details of organisations and specialists that may be able to provide further information.

You will find a list of useful telephone numbers at the back of this booklet and use the space below to write down any questions you may want to ask during your admission or at your outpatients appointment.

Patient and Family Experience

The Liverpool Heart and Chest Hospital are committed to providing patients and their families with an exceptional care experience. Patient and family centered care is at the heart of what we do. You may wish to involve your family members or carers.

With your permission we are happy to share information about your care and condition with your family members. Please tell us with who and how much information you would like us to share.

Your experience is very important to us. If you, your family or carers have any concerns during your admission please let us know immediately.

The NHS' Commitment to you

When you are in hospital this is what you can expect:

- To be treated with respect and dignity at all times
- To receive a clear explanation of your condition and the treatment options available to you
- To be asked for your fully informed written consent to any operation or procedure
- To be sure that the information in your records will remain confidential
- To be involved in decision making about different aspects of your treatment and what procedure(s) are being carried out
- To keep your family and carers informed of your progress, if you wish

Your Commitment to the NHS

In return, the Trust asks you to:

- Provide us with the necessary information about your condition, symptoms or medication in order to provide appropriate care
- Treat our staff with the same respect you expect from them

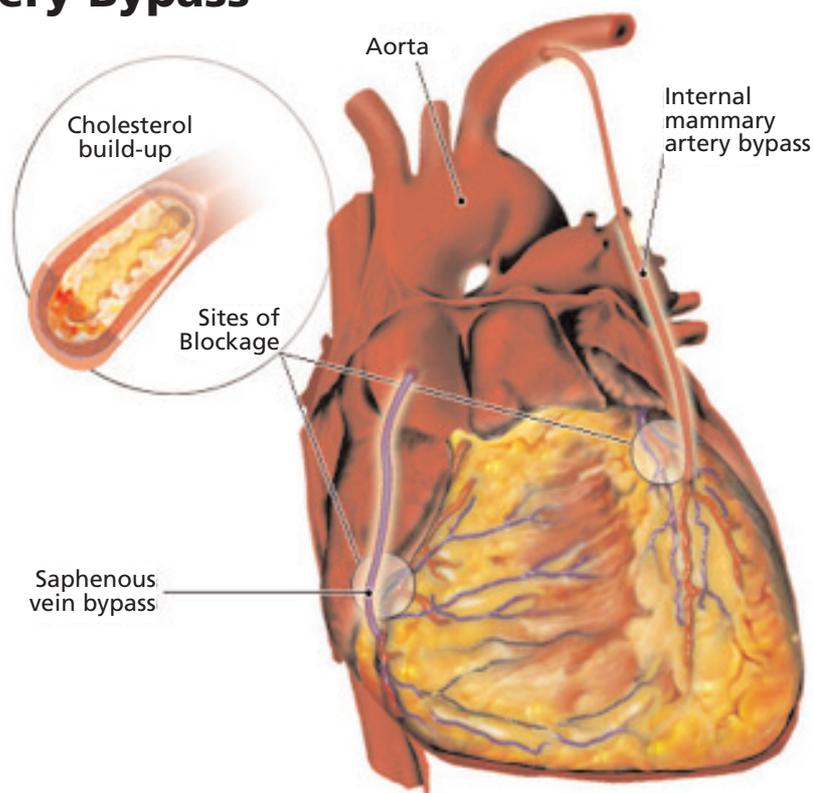
What Operation May I Need?

You will already have had some investigations for your heart and your Cardiologist has recommended that you discuss having heart surgery with a specialist surgeon. You may have coronary artery disease or valve disease or both. Over the next few pages there are brief descriptions of these conditions and how we treat them.

Coronary Artery Disease and Bypass Grafts

Your heart is a muscle and it receives its oxygen and blood supply through the coronary arteries. When these become blocked or narrowed your oxygen supply is lessened and you have chest pain. The surgeon will use one of your other blood vessels as the graft. This will be taken from either your leg, your arm or an artery that runs just behind the chest wall. During bypass surgery one end of the graft is attached to your aorta (the main blood vessel that carries blood away from the heart) and the other end is attached to the blocked artery, beyond the blockage. Separate grafts may be used for each of the arteries that need bypassing.

Coronary Artery Bypass

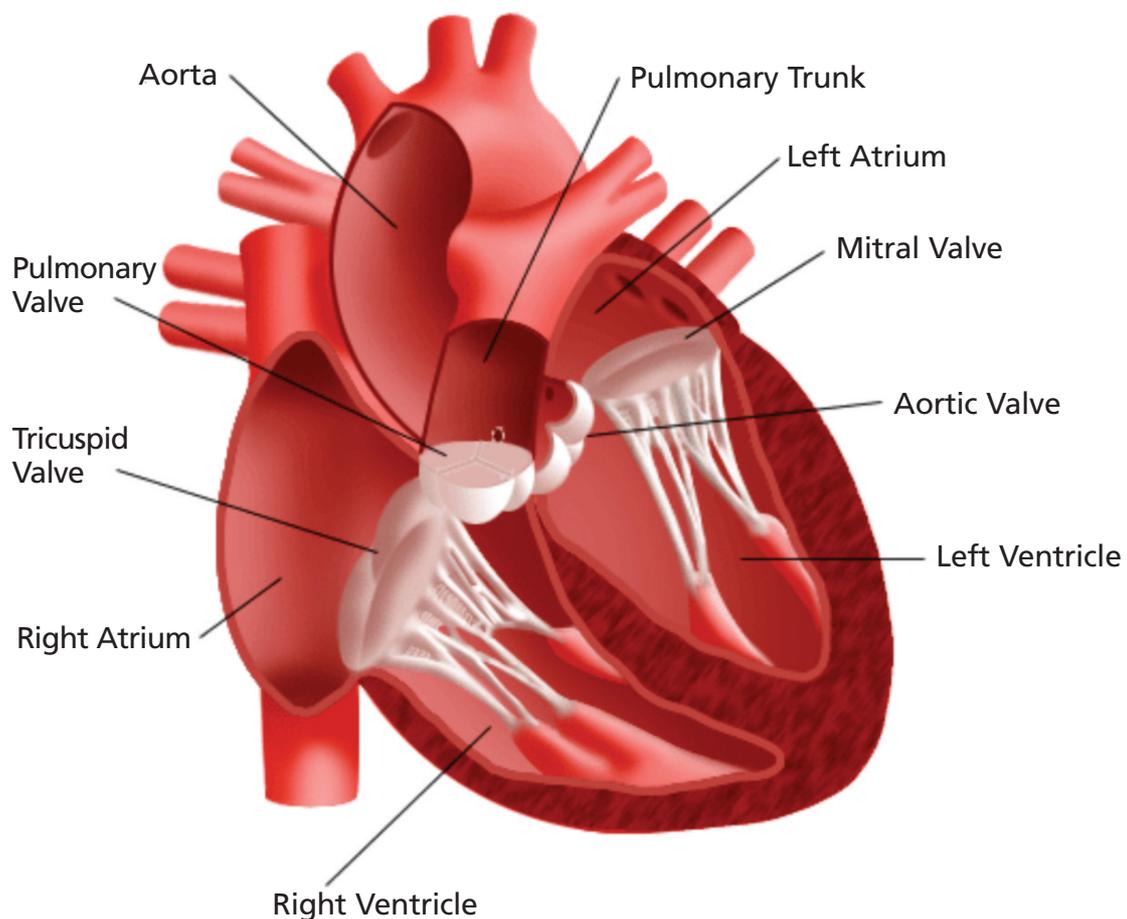


Valve Disease, Repair and Replacement

Your heart has four valves, which make sure that the blood flows through it and around your body in one direction. These valves can become damaged or diseased. When this happens they can either leak or become blocked. This causes you to feel unusually tired or breathless. The most common valves affected are the **Mitral** and the **Aortic**.

If your valve is being replaced, there are two types, tissue and mechanical. Each type of valve has advantages and disadvantages. If you have the mechanical valve you will need to take a blood-thinning tablet (usually Warfarin) for the rest of your life. If you have the tissue valve it may need replacing after approximately fifteen years, but there may not be a need for you to take Warfarin for life. Your surgeon will discuss both options and help you decide which is the best option for you.

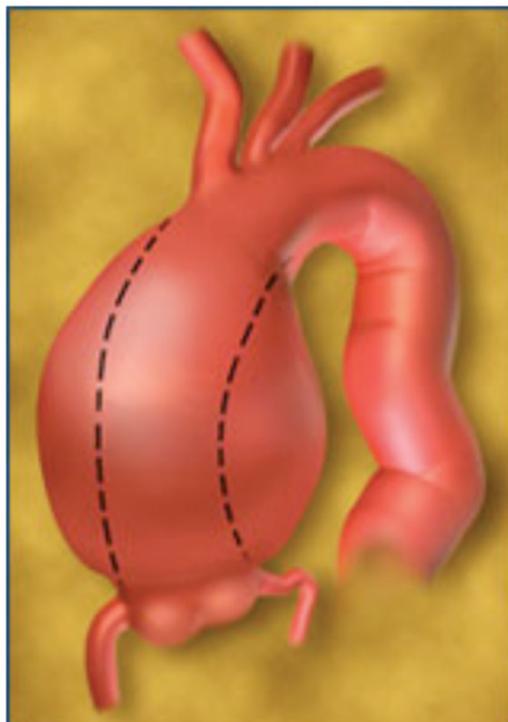
Valves of the Heart



Aneurysm repair or replacement

The aorta is the main blood vessel that carries blood out of the heart and to the rest of the body. Swelling of this artery is called an aneurysm. Once aneurysms reach a particular size there is a risk it may tear or rupture which is life threatening. Aneurysms of the aorta can occur along its length in areas known as the root, ascending aorta, arch of the aorta, descending aorta and abdominal aorta. The surgeon may approach your aneurysm either through your breast bone at the front, or through your ribs on the left side of your chest. The aneurysm will be replaced with a graft or tube which is made of a material called Dacron. Sometimes your surgeon may also need to perform a valve replacement or coronary artery bypass graft (previously described) at the same time. In some patients the aneurysm can be treated by inserting a graft called a stent to cover the aneurysm from the inside. This is inserted via the groin in much the same way as a coronary angiogram is performed although stenting an aortic aneurysm is a more complex procedure.

Aneurysm of the aorta



TAVI (Transcatheter Aortic Valve Implantation)

A TAVI procedure is considered for patients with severe aortic stenosis (narrowing of the aortic valve), that cannot undergo open-heart surgery, as the risks to the patient are too high. Patients who undergo a TAVI must meet a specific medical criteria, and this will be discussed with you in full by your consultant.

During this procedure, the aortic valve is collapsed and the prosthetic (replacement valve) is inserted through a keyhole incision either via the groin or through the left side of the chest.

Benefits and Risks of Surgery

Benefits

Coronary Artery Disease Bypass Grafting

The intended benefit of surgery is to help alleviate the symptoms associated with your heart condition including:

- Improvement in your angina symptoms
- Improvement in your ability to exercise
- Reduction in the risk of a future heart attack

Valve disease, repair or replacement

The intended benefits of undergoing surgery for valve disease repair or replacement is to help improve symptoms and prevent future heart failure.

Aneurysm repair or replacement

The intended benefits of surgery or stenting an aneurysm of the aorta is to prevent tear or rupture which is life threatening. Sometimes large aneurysms can cause chest pain or shortness of breath and surgery is intended to improve these symptoms if they are present.

TAVI Procedure

The intended benefit of this procedure is that it is minimally invasive. This means that the patient does not need to undergo full open heart surgery. Therefore there is no sternotomy incision (opening the front of the chest and the breast bone). This reduces the recovery time for the patient and length of stay in hospital.

What are the Risks Involved?

As with all surgical procedures, heart operations involve risks to the patient. These risks vary according to the type of operation or procedure, your overall health and your individual heart condition. Your consultant will discuss this with you, so that you are fully informed about the risks and benefits of the procedure. When you meet with your consultant please feel free to ask any questions you may have about the risks involved.

Alternatives

Your surgeon will discuss with you any other alternatives for treatment that are available including the option of not having surgery and continuation of your medical treatment.

Before Coming Into Hospital

Pre-investigation clinic

You will need to have some investigations before coming into hospital and these are some of the tests that may be carried out:

Blood tests – a blood sample is taken from your arm and various tests are carried out including identifying your blood group

Chest x-ray – this will look at the size and shape of your heart and general condition of your lungs

Pulmonary function tests – these are breathing tests which measure how well your lungs are working

Electrocardiogram (ECG) – this shows the electrical activity of your heart, recording your heartbeat and rhythm

Swabs – these will be taken from your nose, throat and groin to check that you do not have any infections prior to your surgery. You will be given an information sheet regarding this.

Pre-Admission Clinic

As part of your preparation for surgery you will be reviewed by a Clinical Nurse Practitioner who is specially trained.

This assessment will take up to 2 hours and the nurse will:

- Take a full history
- Perform a clinical examination
- Assess whether you require any extra support or have any disabilities
- Explain about the procedure and your hospital stay
- Explain about the recovery period following surgery
- Discuss cardiac rehabilitation
- Repeat any investigations if necessary
- Give advice on your medication including which tablets you should stop prior to coming into hospital
- Discuss any concerns or answer any questions you may have
- Advise you to visit your dentist before valve surgery; this will reduce the risk of infection on your new valve.
- Discuss your expected length of stay and approximate discharge date
- Arrange any additional help you may need such as a social worker or dietician referral, or advise you who to contact for advice about stopping smoking

The nurses are available to help and support you so please feel free to ask them any questions you may have.

Whilst you are waiting to come in for your operation if you have any concerns about your illness/condition, you can contact one of the Clinical Nurse Practitioners on their helpline by telephoning **0151 600 1298**. This helpline is available between the hours of 08:30 am and 5:00 pm. There is an answerphone service available at all other times. If you leave a message your call will be returned as soon as possible.

Smoking Advice

If you are currently smoking it would be best if you could give up smoking at least three months prior to your operation. Giving up smoking may not be easy, and you will need support and encouragement from family and friends. We have a Smoking Advisor to offer you further help and you can request a visit when you are in the outpatients department or alternatively make an appointment by telephoning **0151 600 1455**.

This helpline is available between the hours of 08:30 am and 05:00 pm. There is an answer phone service available and if you leave a message your call will be returned as soon as possible.

What to bring when coming into hospital

You will have already been given a date for your operation, or you will receive it shortly. Your letter will tell you the date and time to come into hospital, the name of your consultant and where to report to on arrival at the hospital.

You can eat and drink as usual on your day of admission unless specified otherwise.

Please bring the following items with you when coming into hospital:

- All your tablets in their original bottles or packets, which you will be asked to hand in to the nurses on your ward
- Your admission letter and this booklet
- Nightwear, dressing gown, underwear
- Flat comfortable full shoes or full slippers
- Small mirror, towels
- Pen, tissues, small change for the phone, papers etc
- A wash bag containing: toothbrush, toothpaste, denture box, brush, comb, glasses in their case (if you wear them) shaving equipment, soap, flannel or small sponge.

It would be helpful if you could label your denture box and glasses case with your name and date of birth before you come into hospital.

When you go onto the Post Operative Critical Care Unit (POCCU) your personal belongings will remain on the ward or your relatives can take them home for safe keeping. Your toiletry bag will be labelled with your details and this will then be sent up to you in the POCCU. Therefore it is important to put them in a small bag separate to your other belongings this can be in a toiletry bag or plastic bag as indicated in the example pictures below:



There is very little space on the wards to store suitcases or clothes and your property may be packed away whilst you are in the POCCU. In order to minimise the risk of loss or damage, it is in your best interests to only bring in what you will require for your stay.

Jewellery and Money

A small amount of money can be brought into hospital. However, we would advise that valuable jewellery or large amounts of money be kept at home. Any jewellery, including wedding rings, will need to be removed before your operation so please leave these at home. If it is necessary for money or valuables to be brought into hospital with you, we would advise you to discuss the safe storage of your valuables with the nursing staff.

Please note the Trust cannot be liable for any loss of personal belongings during your stay with us.

Admission to Hospital

We believe that relatives or carers should be involved in your care and treatment whenever possible, if you are in agreement with this. It is particularly important to let us know if you have a specific requirement or a disability in order for us to provide you with extra support. If you have any special needs we may need to complete a document called a 'Hospital Passport' which will detail all your requirements and this document will accompany you during your stay. We will hopefully have been informed of your needs before your admission so that any arrangements for extra support can be put in place. If we have not been informed please let us know as soon as possible.

Also, if English is not your first language or if you have any religious requirements please let us know and we will do all we can to help.

Single Sex Accommodation

Sharing with members of the opposite sex will only happen by exception, based on clinical need (for example where patients need specialist equipment, such as in our critical care areas or when patients choose to share)

Arrival on the ward

Some of the tests you had in the pre-op clinic may be repeated. Do not be alarmed at this, some are done as a matter of routine, like your urine test, and your weight, some may have to be repeated to check that any abnormalities have been corrected. The reasons will be explained to you, but if you are still concerned, just ask.

On admission you will be met by a member of staff and orientated to the ward. You will be seen by an Anaesthetist (doctor responsible for your anaesthetic) and by the on-call doctor. You may also be seen by the Consultant or Registrar to discuss and complete the consent form, if this has not already been completed pre-admission.

Staff Involved in your care

There are members of staff you will meet during your stay, however, all will be wearing identification badges - and will introduce themselves to you.

Teaching and further training

Medical students and other healthcare professionals cannot learn all they need to know from textbooks and lectures. During the period of your treatment, you may well be asked to consent to having students present or taking part in your examination or treatment, under the guidance of a qualified person. You have the right to refuse without affecting our standard of care to you in any way. Your co-operation in helping students may benefit other patients in the future.

Before Your Operation

Hair removal

Before the operation it will be necessary to remove hair from around the operation sites. The nurses on the ward will tell you how to do this and assist you if necessary. Please do not do this yourself at home as shaving increases the risk of infection. If you shave too early, you may cut yourself, which can be another source of infection.

Showering

It will be necessary for you to have a shower the night before and immediately prior to your operation. The nursing staff will advise you when the best time is for you to do this. They will also provide you with the use of an antiseptic skin wash. This will help to prevent any infection occurring in your wounds. If you need assistance when showering please inform the nursing staff.

Pre-medication

Before your operation your pre-medication will be given to you. This is given to help reduce or relieve anxiety and is usually in the form of tablets. The pre-medication can make you very drowsy.

Therefore, once you have taken it you must stay in bed, and call for a nurse if you need anything.

Anaesthesia

This section is to give you a brief overview of what to expect from anaesthesia and the anaesthetist. Each individual operation and anaesthetic is tailored to the individual patient.

Before your operation your anaesthetist will visit you on the ward. He or she will ask various questions concerning past anaesthetics, your general health and specifically questions concerning the symptoms of your heart disease. This is also the opportunity to

discuss your care after the operation in the POCCU and methods of pain relief following your surgery.

Prior to your surgery, the anaesthetist is likely to alter some of the drugs that you normally take, removing some and adding others. The anaesthetist is also likely to offer a sleeping tablet the night before surgery. Although this is not compulsory most patients prefer to have a good night's sleep before their operation.

On the day of surgery, normally patients are not allowed to eat or drink from midnight although in individual circumstances this may be altered by your anaesthetist. If in doubt, ask. This is to prevent the contents of your stomach going into your lungs after you are anaesthetised.

Theatre

You will be transferred from the ward to the operating theatre in your bed. After arriving in the operating theatre you will be asked once again to check your name and date of birth and what operation you are expecting to have. This is an important final check to ensure that we have the right patient for the right operation.

Before going to sleep, you will have a drip (small plastic tube). Inserted into a vein and an artery, but your anaesthetist will use local anaesthetic to reduce any discomfort you may feel.

After attachment of ECG stickers, the anaesthetist will ask you to breathe some oxygen from a face mask, anaesthetic drugs will then be injected into the drip and you will slowly drift off to sleep.

Your anaesthetist will stay with you throughout the operation and accompany you during your safe transfer to POCCU. The anaesthetist is responsible not only for keeping you asleep but also for controlling your blood pressure, heart rate, lung function, kidney function, temperature control and blood volume during the operation.

Following Your Operation

The length of time it takes to perform each operation is different. This depends on your condition and the type of operation you require. Each patient's recovery rate is different, and again, this depends on your general health and any pre-existing conditions you may have.

Post Operative Critical Care (POCCU)

Following your operation you will remain in the recovery area within theatre for a while then you will be transferred to POCCU. When you wake up there will be a tube in your mouth to help you to breathe. As this goes through your voice box you will not be able to talk, but the nursing staff will support you during this time, to enable you to communicate. This breathing tube will not make you gag, retch or vomit as during the operation your throat has become accustomed to the idea of a tube being in place. You will receive ventilatory (breathing machine) support for a number of hours following your operation. The time you receive this support will depend on your condition following surgery. If you remain on this machine for a significant length of time you will receive drugs to keep you sedated and comfortable.

Once you are awake and able to breathe deeply on your own the tube will be removed and replaced with an oxygen mask over your mouth and nose. It is important to take deep breaths and cough at regular intervals as this will help expand your lungs and prevent infection. You will also have additional drips in your neck or groin. Whilst this may sound unpleasant, our aim is to ensure that you remain as comfortable as possible. You will also have a urinary catheter in place. This will drain urine from your bladder and be attached to a drainage bag. The fluid taken in by your body and excreted (drained) will be continually monitored.

Irregular Heart Rate (cardiac arrhythmia)

On occasion some patients may experience a heart rhythm disturbance/palpitations following surgery. This may happen in the first few days after your surgery. If you do experience these symptoms it is most important that you inform a member of the nursing or medical team.

Chest drains

Following surgery you will have two or three chest drains. These are tubes leading from your chest to a bottle, which will drain fluid or air from around your heart and lungs. These drains will be removed as soon as the fluid has stopped draining and they are no longer required. Prior to the removal of your drains you will be given some pain control. Once removed you may have a stitch at each drain site, which will be removed after 7-10 days. If you have been discharged home before this we will arrange for the district nurse to do this.

Pain relief

It is our aim to provide you with effective pain relief following your surgery so you remain as comfortable as possible. In the first 24 hours following your surgery you will usually be given pain relief through the drips you have in place, or through a device in your arm. As soon as possible we will give you your pain relief in the form of tablets.

It is our aim to keep you as comfortable and pain free as possible. It is very important that you inform the medical or nursing staff if you are experiencing pain or are uncomfortable.

Pacing wires

Depending upon the type of surgery you have had, you may have two small wires coming out of the skin on your chest. These are a precautionary measure; they are there in case your heart beats too slowly. These wires can be attached to a pacing box, which will give you the extra beats your heart needs.

These wires will be removed before you leave hospital. If after the operation you feel that your heart is racing or misses a beat then please inform your ward nurse or doctor as this can sometimes occur after heart surgery.

Surgical Clips

During the bypass operation small metal surgical clips are used to seal the cut ends of blood vessels during the harvesting (removal) of the veins. These surgical clips are designed to remain in the body and are chemically inert (they do not oxidise in the body) and do not cause problems. On occasion they can migrate (move) through the skin but this indicates that they are no longer required by the body to stop bleeding and this process is harmless. Do not become alarmed or concerned if this happens to you.

Infusions and Catheters

Whilst you are asleep in theatre you will have drips put into your neck, arms and possibly into your groin. These will allow you to have any drugs or fluids required and also help the staff to closely monitor your condition.

Post-operative physiotherapy

The physiotherapy team will visit you on POCCU the day after your operation. They will review your breathing and teach you breathing exercises which you may have been shown in pre-operative clinic. These exercises are designed to increase your breathing function and also to make it easier to clear any secretions from your lungs.

It is a good idea to start practising the breathing exercises before you are admitted to hospital. After your operation you will be asked to do the exercises 2 times every hour.

Deep Breathing

Sit in a comfortable upright position and take a deep breath in through your nose, fill your lungs full of air. Slowly let the air out through your mouth.

Huffing

Imagine you are steaming up a glass. Take a medium breath in and then a short sharp breath out with your mouth open.

Breathing Exercises

Do your breathing exercises in the following order

3-4 Deep Breaths

Relax and breathe normally

3-4 Deep breaths

Relax and breathe normally

2-3 Huffs

Cough

If your cough is clear then stop doing the exercises. If your cough is 'rattly' then repeat the whole cycle again.

Mobilising following your operation

Following your operation you will need to get up and about as soon as possible. The physiotherapy and nursing team will assist you with regaining your independence. It is important to get moving as this helps the heart and lungs to recover and may prevent constipation, stiffness and pressure ulcers (bedsores). You will be assessed and advised to reduce your risk of a slip, trip or fall. If you use a walking aid, please bring this in to hospital.

Each day as you recover following your operation you should aim to be more active. You should aim to sit out in a chair as early as possible, which may be the first day after your operation. You will be shown how to move without putting too much pressure on your arms. You will be advised by your surgeon and physiotherapist how much pressure you can put through your arms.

When standing up from the bed or chair you may find it useful to shuffle your bottom towards the edge, take your feet back towards the chair, and keep your feet hip distance apart before standing up.

The following information can be used as a guide to the first few days after your operation. It is important to remember however that everyone is assessed individually. You will be given individual advice by nursing and physiotherapy staff.

- On the first day after your operation you may be asked to sit out of bed
- On the second day after your operation you will be asked to walk a short distance around the ward, for example to the toilet
- On subsequent days you will be given advice about how far to walk in your ward area. For example to the nurse station or the length of the ward

Support Stockings

You may be given support stockings to wear following your operation to help your circulation and blood flow. In addition to this a small injection of anti-coagulant (blood thinning drug) may also be given to help the blood flow freely and prevent clots from forming. It is not unusual for you to feel aches and pains across your shoulders, neck and in your chest. You will need to wear your support stockings for 6 weeks following your operation. Prior to your discharge the nursing staff will advise you of the date you can remove your stockings and document this in your discharge information.

Personal hygiene

Initially the nurses will help you with washing and changing at the bedside until you are able to go to the bathroom where you will be advised to either have a strip wash at the sink or if you are able to manage, a shower. If you managed to shower yourself before your operation then, by the time you leave us, you should be able to do so again.

Wounds

Most people have a wound down the centre of their chest (sternotomy) and also from where the grafts, if any, have been taken, such as your arms or legs. These may cause you discomfort or muscular aches in other areas such as your arm and your shoulder.

Eating and drinking

Initially your appetite may be poor and your sense of taste may be altered but the nurses will encourage you to try to eat and drink after your surgery. Prior to your operation you may have been advised about losing weight. In order for your body to recover properly and your wounds to heal after your surgery, you should not restrict your diet. Your body needs a balanced nutritional intake, low in cholesterol and salt. Wait until you have been seen at your follow up appointment before starting a restrictive diet if this is necessary. If you need support with your diet whilst in hospital the dietician will be able to offer specialist advice and help.

Constipation and Nausea

Indigestion and constipation are also common, as your normal functions may slow down during the surgery. Some patients do suffer from nausea or an altered sense of taste as a result of the anaesthetic and the drugs. Do inform the staff if you are constipated or nauseated, as it can be treated.

Discharge

This section contains discharge advice in order to prepare you before you are discharged from hospital. You will be provided with additional discharge information before you leave the hospital but the following section will provide you with a summary of what to expect.

Before your admission please give some thought to how you will manage after discharge as during the first few weeks you will require some additional support to help you with daily living. It is advisable to have someone stay with you at this time if possible, or you may require additional support from social services.

Patients who have underlying conditions prior to cardiac surgery, such as mobility problems or other health conditions, may require a period of further recuperation in the form of specialised inpatient rehabilitation before returning home. If you do require a period of inpatient rehabilitation arrangements will be made to transfer you, to your local district general hospital or a provider of this specialist service nearer your home. This will be discussed in full with you by the discharge co-ordinator.

Please discuss any concerns you have regarding your discharge home with the Clinical Nurse Practitioner at your pre-assessment appointment. You should also discuss this with the nursing staff on the ward prior to your discharge.

It is very important to let us know if you live alone, do not have anyone to stay with you following your surgery or if your circumstances changes during your admission. This will enable us to put the required support in place to ensure you have a safe and timely discharge.

Transport Home

You will be asked at your pre-admission appointment your plans for transport home following discharge. It is important that you have someone to accompany you but if this is not possible, please speak to the nursing staff who will support you making alternative arrangements.

If your plans change during the course of your admission it is important that you let the ward staff know. This will allow them to arrange for you to have a safe journey from hospital.

Cardiac Rehabilitation

During your pre admission appointment or following your surgery a nurse will talk to you about cardiac rehabilitation. Cardiac rehabilitation is a recognised national programme aimed at helping people with heart disease. It is important that you understand your condition and its treatment and how you can return to a healthy active lifestyle and lower your risk of future heart problems.

You will be contacted approximately six weeks after your discharge and referred to your local hospital or a local community setting for cardiac rehabilitation meetings. Many patients do find it helpful to meet others who have had surgery and to get advice and support from their local rehabilitation team.

Follow up appointments

You will also be given a follow-up appointment to see your consultant approximately 6 weeks after your discharge.

A Guide for the first few weeks at home

Week one

Exercise is an important part of your recovery, but you should take things easy for your first few days at home. Aim to be as active as you were on your last day in hospital. Remember to carry on with the breathing exercises the physiotherapist taught you. Plan your day to include at least three trips upstairs. Walk around the house and garden for five minutes. Repeat during the day if you feel well enough. Have a sleep or a rest in the afternoon. It is important to accept your limitations and take your time to recover.

Week two onwards

Do more activities around the house. Walk for about ten to fifteen minutes once or twice a day. Do not get overtired. Do light gardening but do not do any digging. You should not lift, push or pull anything too heavy, as this will put pressure on your breastbone. Shop for light items (within a ten to fifteen minutes' walking distance); take short rides in the car as a passenger. You can resume sexual activity if you feel safe doing so.

Weeks four to seven

At this stage you should be attending a cardiac rehabilitation class. Many of your activities may be guided by what you are doing at the class. You will probably be able to manage most of the household tasks, but still avoid things such as cleaning windows and heavy gardening.

Weeks eight to ten

Try to be as active as you were before your operation. Take regular exercise and increase the intensity. You should be able to do all the household tasks, but rest in between. You can take longer car trips and travel by plane. You may take up bowling, swimming, or other activities now. If you are unsure, you should check with your cardiac rehab team. Continue to avoid heavy lifting and digging.

At the end of three months

You should be able to do everything you were doing before your surgery. If you wish to do contact sports, you should consult your general practitioner first. It is important that you continue with the exercises you were taught in hospital, and do remember, it is usual to get aches and pains. The ligaments around your neck, back, chest and shoulders will still be stiff. By continuing with the exercises you will be limiting the discomfort.

Driving

Do not drive following discharge from hospital until you have been reviewed at your outpatient appointment and advised by your surgeon that it is safe.

You must inform your insurance company of your heart surgery.

Holders of LGV and PSV license or patients who have had valve surgery must inform the DVLA

The phone number is 0300 7906806 or
www.dft.gov.uk/dvla/medical.aspx

Bathing and showering

Take a shower or a bath daily; do not be afraid to get your wounds wet, showering or bathing will keep your wounds clean and encourage them to heal. Do not get in or out of the bath on your own for the first 2-3 weeks following surgery. More information regarding bathing/showering is included in your discharge information.

Rest, Sleep and Relaxation

During the first few weeks at home you will find that you tire easily so adequate rest and sleep are just as important for your recovery as exercising. Tell your friends and relatives when you are planning to rest; this will help cut down the amount of disturbance you get during this time.

Moods and Emotions

Immediately after your operation you may have days when you feel down or depressed, it is not unusual to feel this way. You may also feel irritable or overly emotional but this will settle down within a few weeks. If you are still feeling this way after a couple of months, contact your GP for advice.

Alcohol - You may take alcohol after your surgery, but there are important notes to remember first. You should avoid it whilst taking painkillers as it increases the effectiveness of the drug. You should limit the amount whilst taking Warfarin. For further information please refer to the booklet called 'Healthy Lifestyle Choices'.

Stress

When you are stressed your body reacts in certain ways: Your muscles become tense, your blood pressure rises, you breathe more rapidly, you sweat and you become anxious. You can produce more sugar, fatty acids, cholesterol and adrenaline. This in turn slows down your digestive system and your immune system.

It is in your best interest to try to avoid something that you know is going to put you in a stressful situation.

Sexual Relations

Many patients that have undergone cardiac surgery experience anxiety about resuming sexual relationships. It is quite safe to have sex and/or sexual stimulation after the operation. However, we generally advise that you wait between 2 and 4 weeks, to give your wounds a chance to heal. You may resume whenever you feel ready to do so, but don't be too energetic. Some of the tablets you take may make you feel disinterested in sex. These are known as beta-blockers. If the problem persists, you should make an appointment with your G.P.

Holidays and flying

You can holiday in this country whenever you feel well enough to travel. If you are thinking of going abroad, we advise you to wait until after your follow up appointment. If you are thinking of a long haul flight, then you should leave it longer, but should discuss and agree the best time with your consultant.

If you are taking Warfarin, you need to let your anti-coagulant clinic know, as they may need to adjust your dose. It is important that you cover your scars with complete sunblock when sunbathing for at least the first six months to avoid sunburn. You must also inform your holiday insurance company of the details of your surgery.

Dietary Advice - Long Term Healthy Eating

Please refer to the booklet entitled 'Healthier Lifestyle Choices'.

Medication

The nurse discharging you will give you a supply of tablets, which should last at least two weeks. This will give you time to get your prescription to your GP ready for your repeat prescription. The medication you will now be taking will almost certainly be different to what you took before your operation. Therefore it is safer if you dispose of any previous drugs that you still have at home. They should be returned to your pharmacist for safe disposal.

Your GP will be sent a letter explaining what operation you have had, the medication you are now taking and that you have returned home. You will also be given a copy of this letter.

You should keep an up to date list of your tablets with you at all times, and if you are taking Warfarin, then keep your dosage booklet with you.

Anticoagulants (blood thinning drugs)

Warfarin is a type of anticoagulant. This is used to thin the blood to prevent the possibility of blood clots. The dose may vary depending on how thick or thin your blood may be. A blood test known as INR will determine how thick or thin your blood is and your dose (Internationalised Ratio) will be amended accordingly. It is very important to monitor your blood regularly and this is why you need to keep your appointment at your local hospital or GP to have your blood checked regularly. Arrangements will be made for you to have an appointment at your local Warfarin Clinic before you are discharged.

Alcohol

It is important that you limit the amount of alcohol you consume whilst taking Warfarin as alcohol increases sensitivity and will disrupt your clotting factor and effect the dosage of Warfarin you receive. Alcohol can also irritate your stomach and this along with a disrupted clotting factor in your blood may cause you to have a stomach bleed.

Wounds

Depending on how long you are in hospital, you may have your stitches removed before you leave or you will be given a number to contact your nearest walk-in centre to make an appointment to have them removed. For patients who have restricted mobility or are unwell the district nurse will make arrangements to visit you at home.

If your wound becomes red, suddenly becomes more painful or starts to discharge fluid, you should consult your GP or district nurse immediately for advice.

Dentists

If you have had valve surgery it is most important that you inform your dentist. If you require any kind of dental treatment, you should expect to receive antibiotic cover. You should also inform them if you are taking Warfarin, as this may mean that you need to stop it prior to your treatment.

Who to contact if I have any problems after going home?

The Liverpool Heart and Chest Hospital has a Recovery Advice Line for patients, relatives and carers. This provides information and advice following discharge and during your recovery. This service is available 24 hours a day, 7 days per week. A member of the senior nursing team will either take your call or if this is not possible at the time, they will call you back, if you leave a brief message with your name and telephone number.

To contact the Recovery Advice Line please telephone 0151 600 1056.

IMPORTANT - if you are in need of immediate help, for example if you are experiencing chest pain, breathlessness, palpitations or dizziness, please do not hesitate to contact your GP for assessment or attend your local A&E Department or if in doubt ring 999.

Useful Information

Visiting Times

All wards have open visiting between 8.00 am to 8.00 pm.

We recommend a maximum of **2 visitors per bed** as patients can tire easily. In consideration for other patients please keep the noise levels within the ward areas to a minimum. Visitors are asked not to eat or drink whilst on the ward and are not permitted to use the patients toilets or sit on the beds.

Visitors are not permitted to bring in food which requires re-heating. If your visitors do bring in food they must inform a member of staff to ensure this is safely stored and labelled.

Post Operative Critical Care Unit (POCCU) Visiting Hours are 8.00 am - 8.00 pm.

- There is strictly a maximum of **2 visitors** per bed at all times.
- No Children under the age of 12 are allowed to visit the unit. Arrangements for children over the age of 12 to visit may be made at the discretion of the nurse in charge.
- In certain circumstances visiting hours can be tailored to meet the needs of individuals upon prior arrangement with the nurse in charge.

IMPORTANT - Visitors are requested not to visit the hospital if they have any signs of infection for example, colds, flu or diarrhoea and vomiting.

Health and Safety

It is important to prevent infections when patients are in hospital. By following a couple of requests, you can help matters greatly.

- Please can all visitors use the specially provided hand gels when entering and leaving the ward. This will help to prevent any infections.
- Please encourage your doctors and nurses to clean their hands. They will not be offended if you ask them have they cleaned their hands before attending to your needs.
- Please do not sit or lie on patients' beds; this is because you are adding to the risk of cross infection, as well as damaging the mattress.
- We do not recommend that you bring flowers into the hospital.

Relatives Accommodation

The Robert Owen House provides accommodation for the relatives of patients undergoing treatment at the hospital. The house is situated on site. The hotel style accommodation is built to a very high standard with 17 rooms, a mixture of family, twin and single rooms. A charge is made to guests for the accommodation with the cost of maintenance and upkeep being funded through the help of volunteers and charitable fundraising.

Please telephone 0151 600 1688 for more details or to make a booking. If your relative has any special requirements please inform staff at the time of booking.

Patient & Family Support Team

Being a patient, relative or carer can be a worrying or confusing time. Sometimes you may need to turn to someone for help, and the Patient & Family Support Team are here to:

- Provide help, advice and support
- Listen to your concerns and suggestions
- Help sort out concerns or complaints quickly on your behalf

If you do have a concern or would like some extra support please ask a member of staff to put you in touch with the team or contact them directly on 0151 600 1517.

Religious Beliefs

Whatever your religion, if you wish to have a visit from a minister of your faith, let the nurses know, and it will be arranged for you.

Your Comments and Feedback

Feedback from patients, their families or carers is valuable to us as we use your views to help improve the services we provide. During your stay you will be given an inpatient satisfaction survey, your views and comments are considered an important measure of the quality of services we provide. You will also be given a Listening & Learning - Compliment, Comments and Concerns leaflet. You can use this to tell us if you had a good experience or if you feel there are any improvements we need to make.

USEFUL TELEPHONE NUMBERS

Hospital switchboard number 0151 600 1616

Clinical Nurse Practitioners Helpline 0151 600 1298

Recovery Advice Line 0151 600 1056

Patient & Family Support Team 0151 600 1517

**Robert Owen House
(Relatives Accommodation) 0151 600 1688**

**Post Operative Critical Care
Unit Reception (POCCU) 0151 600 1017**

**Post Operative Critical
Care Unit (POCCU) 0151 600 1148**

If you have any queries regarding your appointment dates/times or admission dates please contact your consultant's secretary. The individual numbers can be found on your appointment letters.

Notes

Notes

For further information visit:

www.lhch.nhs.uk

www.bhf.org.uk

www.dipex.org

Or contact:

The British Heart Foundation Heart Information Line on:
0845 070 8070.

This booklet is available in large print on our website at www.lhch.nhs.uk or if you would like a copy please ask a member of staff.

If you require a copy of this leaflet in any other format or language please contact us quoting the leaflet code and the language or format you require.

<p>إذا لديك الرغبة في الحصول على نسخة من هذه المعلومات بأي لغة أخرى أو بشكل آخر (على سبيل المثال بخطوط كبيرة) ، الرجاء الاتصال علينا على الرقم 0151 600 1257 موضحاً الشكل أو اللغة التي ترغب فيها.</p>
<p>如果您想索取一份以其他語文或形式（如大字體）編印成的資料傳單，請致電 0151 600 1257 向我們查詢，並說明您所需要的形式和語文。</p>
<p>ئەگەر ئەم زانیاریانەت بەھەر زمانیکی تر یاخود شیۆلژیکی تر دەویت (بۆ نموونە بە چاپی گەورە) ئەوا تکایە بە ژمارە تەلەفۆنی 0151 600 1257 پەیوەندیمان پێوە بکە و ناماژە بدە بەر زمانەیی یاخود شیۆهییەیی کە دەتەویت</p>
<p>W celu uzyskania niniejszej informacji w innym języku lub formacie (np. dużym drukiem), prosimy o kontakt z nami pod numerem 0151 600 1257 podając wymagany format lub język.</p>
<p>Haddii aad u baahan tahay koobiga wargelintan oo luqad ama qaab kale (sida far waaweyn) fadlan nagala soo xiriir 0151 600 1257 adiga oo noo sheegaya luqadda ama qaabka aad wax ku rabtid.</p>

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