Going Home After Cardiac Surgery

Information to support you and your family during your recovery

Recovery Advice Line
Tel: 0151 600 1056
24 hours / 7 days per week

Excellent, compassionate and safe care for every patient, every day
Personal Information and Contact Information

This booklet has been produced to help you understand what to expect on discharge from Liverpool Heart and Chest Hospital following cardiac surgery. This booklet also contains information for your family or friends who may be helping care for you following your discharge from our hospital.

This booklet is also to help you keep a record of your care following your surgery. This booklet is confidential. It may only be read or written in, with your permission.

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Address/details of other discharge address if not going home</td>
</tr>
<tr>
<td>Telephone Number</td>
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<tr>
<td>Your Hospital Number</td>
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<tr>
<td>NHS Number</td>
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<table>
<thead>
<tr>
<th>Procedure</th>
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<tr>
<td>Date of Procedure</td>
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<tr>
<td>Consultant</td>
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<tr>
<td>District Nurse Visit and Contact Telephone number</td>
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<tr>
<td>Date to remove your Support Stockings</td>
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<tr>
<td>Follow up clinic date</td>
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<tr>
<td>Medical Social Worker Contact Telephone (if appropriate)</td>
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<tr>
<td>Date of Anticoagulant Clinic (Warfarin) appointment</td>
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When you are discharged from hospital you will also be given a copy of:
- Pain advice sheet (attached)
- Wound care advice sheet
- Graduated Compression Stockings information sheet
- Healthier Lifestyle Choices Booklet
Before you leave the ward a member of the nursing staff will discuss your discharge arrangements and answer any questions you may have.

**Medication**
Prior to your discharge from hospital, you will receive a two week supply of the tablets which you will need to continue to take at home. The nurse will explain the reason for medication and the side effects to look out for and when you should take it. If you have any questions relating to your medication, then a pharmacist is available for advice or you can contact your GP following your discharge. If you are unsure about when to take your medication please ask for written instructions or if you require a dosset box (box to indicate which tablets you take each day), then we will provide this for you.

**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 you blood may be. A blood test known as INR will determine how thick or thin your blood is and your dose 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 you blood checked regularly. Arrangements will be made for an appointment to have your Warfarin checked before you leave the hospital.

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 affect 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.

**Repeat prescriptions**
Prior to your discharge you will be given a copy of the letter that is sent to your General Practitioner (GP). This contains a list of the medication that your GP should continue to prescribe for you, and will also contain information about your hospital stay. This letter is sent in the post or faxed to your GP’s surgery within a couple of days following your discharge home and will provide them with up to date information about your medication and your condition. A detailed letter will also be sent to your GP by your surgeon shortly following your discharge.

We would advise you to contact your GP’s surgery within the first couple of days of being home as it may be necessary for you to make an appointment to see your GP to discuss your progress and arrange a further prescription.

**Dentists**
If you have had valve surgery it is most important that you tell 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 (depending upon what that is).
Pain relief
Good pain control is essential for a speedy recovery and to help you to return to normal activities. When you leave hospital you will have been given tablets for pain relief. You should take these as instructed. Taking them regularly after your operation is the key to successful pain control. If you still have pain after taking the tablets you should contact your GP to have your pain relieving medication reviewed.

When you are feeling more comfortable and can exercise without discomfort you may gradually reduce the tablets you are taking for pain relief by leaving out a dose or taking one tablet instead of two. You may experience a few aches and pains in your chest and shoulders for a few months after your surgery. If there is any change in the type and location of the pain, please contact your GP.

Please also refer to the Pain Advice sheet at the back of this booklet.

Wounds
Most patients having undergone cardiac surgery will have a wound at the front of the chest. The scars may seem very noticeable at first but they will become less obvious over the next few weeks. They may look bruised, be itchy, numb or sore. If you have had a vein taken from your leg or arm, you may notice that it swells up on occasion.

This should go down within approximately six weeks of surgery. Do not be afraid to get your wounds wet. Keeping them clean will encourage healing.

Once you have gone home it is important to note any redness, pain or leakage from the wound, so you can discuss this with your GP, in case they need to review this.

You may have stitches in your wound or chest drain site that will need to be removed 7-10 days after your operation. If you are discharged before they have been removed, the ward nurse will arrange for a District Nurse to remove them at home. If the District Nurse does not arrive by 5 pm then contact your GP and they will provide you with the contact number for the District Nurse Service. Alternatively it may be more convenient for you to visit a walk in centre or to visit your practice nurse at your medical centre.

If your wound becomes quite red or suddenly becomes more painful or starts leaking a discoloured fluid you should consult your GP or district nurse immediately. They can contact the hospital for advice as required.

Please also refer to the Discharge Advice for Wound Care Sheet.

Bathing
If you have a sternotomy wound (wound down the front of your chest), getting in and out of the bath is not recommended for 6-8 weeks following your surgery as this puts too much pressure on your breast bone and arms. If you have a shower cubicle or shower over your bath you can step in to use the
shower as soon as you feel able and safe to do so. It is advisable to position a non-slip mat in the bath, and if you feel unsafe please allow someone to assist you.

Showering is preferable to bathing, so that the wound does not 'soak' in the water. Do not use any soap, shower gel, body lotion, talcum powder or any other bathing products directly on your healing wound. Please do not rub the wound area, as this will be painful and delay the healing process.

If you do not have a shower it is advisable to have a strip wash until you have been reviewed at your follow up appointment by your surgeon and have been given permission to put weight through your arms again. Following this you can then return to using your bath as normal.

Support Stockings
Graduated compression stockings are otherwise known as Support stockings or anti-embolic stockings.

Patients who are likely to be less mobile following discharge and those who may have an increased risk of developing a blood clot in their legs will be required to wear support stockings following discharge from hospital for six weeks. These patients will be given an extra pair of stockings and an information leaflet to take home.

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. Some of the tablets you take may make you feel disinterested in sex. These are known as Betablockers. If the problem persists, you should make an appointment with your GP. Do not expect too much of each other, take sensible measures and avoid putting any strain on your arms.

Rest, Sleep and Relaxation
During the first few weeks at home, you will find you tire easily, so adequate rest is as important as exercising for your recovery. Have a rest in the afternoon for an hour and make sure that your friends and family are aware of when your rest periods are, to reduce disturbances. If you tire during a particular activity, such as climbing the stairs, stop, rest and recover. Try and have a good 8-10 hours sleep each night. This may be difficult at first because your normal sleeping pattern will have been disturbed. It may take you a week or two to settle back into your normal sleeping routine. In addition, you may find that your normal sleeping position is not comfortable in the early days after your operation, due to wound soreness. It is important to continue taking your pain control regularly at night to help you sleep.

You may also be more aware of your heartbeat at night, especially if you have had a mechanical valve replaced. You may hear it as a ticking sound. You will get used to this over time and eventually not notice it.
Lifting
Please make sure that you do not lift, push or hold any objects that weigh more than ten pound (e.g. a full kettle of water) for the first 6-8 weeks after your operation.

You should also avoid any sudden twisting movements. The reason for this is that during the early stages of recovery your breastbone must not be put under any strain or pressure.

It takes time for the body to heal after surgery. Please remember not to lift small children, babies or pets, not to push or pull heavy objects. Therefore you will need help to walk your dog, carry shopping, hovering or do the laundry.

Dietary Advice
The food you eat plays an important part in the healing process. It is not unusual for your appetite to be poor in the early weeks following surgery. After a period of three months you should be resuming your normal eating pattern: it is at this time you should consider ‘Healthy Eating’. However if weight loss continues to be an issue for you, please consult your GP. Please refer to the Healthier Lifestyle Choices Booklet for further advice.

Alcohol
Alcohol may be taken in moderation after discharge from hospital but you should ask your nurse or pharmacist for information about alcohol consumption with your particular medication.

If you need or want to reduce your alcohol intake please discuss this with your nurse prior to discharge or with your GP following discharge.

Smoking
To help make sure that smoking remains a past activity you may find the following points helpful:

- Keep a list of reasons for stopping smoking and refer to it regularly.
- Contact the smoking cessation advisor who is based at The Liverpool Heart and Chest Hospital. You can contact them directly on 0151 600 1455 or through hospital switch board. They can offer help to help you stop smoking or for you to continue not to smoke.
- Find other ways to relax, e.g. talking with friends, listening to music, or take up a new hobby.

Driving
Do not drive following discharge from hospital until you have been reviewed at your outpatient appointment. As a result of the wound and the healing process, muscular strength and general agility is reduced and sudden movements can bring on pain. It is therefore, essential that you do not drive a motor vehicle until the healing process is sufficiently advanced.

At your outpatient appointment the surgeon can advise that you are able to drive from the surgical point of view but it is your responsibility to
ensure that you are safe to drive. You must consider any other medical conditions you may have or medication you are taking and may need to contact the DVLA for advice.

When driving a car or as a passenger, you are not exempt from wearing a seat belt. You may find it more comfortable if you place a towel between the seatbelt and your chest.

You must also inform your insurance company following your operation. Other rules apply for holders of HGV and PSV licence. Contact the DVLA helpline for further information on relicensing rules following heart surgery 0300 790 6806.

**Emotional adjustment**
Immediately after your operation you may have days when you feel low, anxious or irritable. This is normal after major surgery and may continue at home but will resolve.

You may also find that you suffer from loss of memory or blurred vision. This is a result of being on heart bypass machine and usually resolves within 1-2 days following surgery. However, on some occasions this may continue for up to 6 weeks. If you feel unusually depressed, lacking concentration or experiencing memory loss, then you should contact your General Practitioner.

**Holidays and flying**
Now the operation is over, you may wish to plan a holiday. A restful holiday in this country may be undertaken at any time, providing you are able to cope with the travelling. Holidays abroad should be deferred for at least 8 weeks after the operation and after discussion with your Consultant Surgeon at your outpatient appointment. If you are taking Warfarin, you need to let your anticoagulant clinic know, as they may need to adjust your dose.

Avoid strenuous holidays and extensive travelling at first. Cover the scars with complete sunblock when sunbathing in the first 6 months to avoid sunburn. It is most important to provide all details of your surgery to your holiday insurance company to ensure you had adequate health insurance cover.

**Returning to work**
It is wise to allow yourself time to make a complete physical and emotional recovery before returning to work. At your outpatient appointment with your Consultant Surgeon or a member of his/her team you can discuss the timing of your return to work, which will depend on the type of work that you do. If your job is not too physically or mentally demanding, you may be able to return to work 2 months after the operation.

**Follow-up appointments**
You will be seen by your Consultant Surgeon or a member of their team approximately 6-8 weeks following your discharge. This appointment will either be given to you before you are discharged from hospital or sent to you
in the post. If you are unable to attend this appointment you should call the number on the letter or appointment card to make alternative arrangements.

If you have been loaned a walking aid please return this at your follow up appointment if you no longer require it.

**Advice to your family/friends/carers**
On returning home your relative/friend needs encouragement to get back to normal. It is perfectly alright for them to be left alone during the day, while you are shopping, for example. Please try not to be over-protective as this may not be beneficial. Give your relative/friend time to recover emotionally from the operation. Your support will be invaluable if your relative/friend is also trying to lose weight or give up smoking, so please support this.

**Cardiac Rehabilitation**
Cardiac Rehabilitation is aimed at monitoring your progress and recovery and restoring you to a full and active lifestyle. Many people find that attending a cardiac rehabilitation programme can improve their overall quality of life and may reduce the likelihood of further heart disease. It can also help you to regain your confidence by knowing what you can do to help yourself and reduce the risk of further problems. Attending a group will allow you to meet other people who have been through similar experiences to yourself, which can be reassuring to you and your family / friends.

Cardiac Rehab (CR) is recognised by your Consultant as an important part of your recovery along with taking any medications regularly that have been prescribed and adopting healthier lifestyle choices. **Your Doctor and Nurse at our hospital strongly recommend that you attend and complete a programme.**

Most patients receive the first phase of Cardiac Rehabilitation either at pre admission clinic or before they are discharged from this hospital. The next phase of rehabilitation will be provided by your nearest hospital and involve participating in a supervised exercise programme as well as information and advice on all aspects of healthy living, relaxation, medication and management of stress. A member of the cardiac rehabilitation team will contact you approximately 4-6 weeks after your surgery and invite you to join the programme.

**Resuming daily activities and advice regarding exercise after cardiac surgery**
After your surgery and during your stay on the ward you will have been encouraged to slowly increase your mobility. This should continue when you are discharged home.

Perhaps start pottering around the house and take short walks. At first you may feel a little breathless so build this up slowly and remember that wherever you walk to, you have to get back. Take your time. As the weeks pass you will feel stronger and be able to walk further.
**When can I?**

<table>
<thead>
<tr>
<th>When can I?</th>
<th>Activities around the house</th>
<th>Other activities outside of the home</th>
<th>Activities to avoid</th>
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</thead>
<tbody>
<tr>
<td><strong>1st week</strong></td>
<td>Walk around the home Rest periods Breathing exercises Shower</td>
<td>Short walks</td>
<td>Heavy lifting Hoovering Bathing Sexual activity</td>
</tr>
<tr>
<td><strong>2nd week</strong></td>
<td>Light tasks – dusting Washing up cooking light meals Shower</td>
<td>Walking</td>
<td>Heavy lifting Pulling or pushing Hoovering Bathing Sexual activity</td>
</tr>
<tr>
<td><strong>4 – 6 weeks</strong></td>
<td>Ironing Making beds Remove Support Stockings at 6 weeks</td>
<td>Light Shopping Gardening Cleaning the car Walking Cardiac Rehab</td>
<td>Holiday abroad</td>
</tr>
<tr>
<td><strong>After 8 weeks</strong></td>
<td>Hoovering Small jobs</td>
<td>Raking leaves Driving the car</td>
<td></td>
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<tr>
<td><strong>After 12 weeks</strong></td>
<td>Cycling Fishing Walking Swimming Golf</td>
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After 12 weeks you should be able to carry out the activities you were able to before your surgery.

**Resuming activity at home**
Most people find that it takes up to 3 months after the operation for them to make a full recovery. Obviously there is considerable variation for each individual depending on how fit you were before your operation and the type of operation performed.

The first phase of your recovery lasts about 6-8 weeks as this is how long it generally takes for the breast bone to heal. Please remember during this time not to put any strain on your breast bone by lifting heavy objects. It is important to remember that you must not push through your arms when you stand up. You must refrain from using a walking stick until you have been reviewed by your surgeon in clinic and informed that your breastbone has healed. Age is also relevant, older people may require a longer period of recovery time than younger people.

Exercise is an important factor in your recovery following surgery. You may experience some breathlessness whilst you are carrying out activities, which
is acceptable as long as it is not distressing for you. A good way to know if you are overdoing things is to be able to talk at the same time as exercising.

Always ensure that you rest between periods of exercise. If you notice yourself becoming easily tired, you are probably overdoing things, in which case reduce the distance you are walking or the activities you are doing. The amount and type of exercise which patients are able to do in the early weeks is extremely variable. The best guidelines are to do what you can without becoming too tired or too short of breath.

Remember it is very important that you get as much rest as you need and always try and get good nights sleep.

A guide for the first few weeks at home
The following advice is for guidance only

First week - 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. Accept your limitations and don't over tire yourself.

Second week 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.

Four to seven weeks - 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.

Eight to ten weeks - 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.
Who do I 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.

For Further information visit:

Website
NHS Direct – http://www.nhsdirect.nhs.uk/


NHS Choice
http://www.nhs.uk/livewell/workplacehealth/pages/workplacehome.aspx


DVLA (Driver and Vehicle Licensing Agency) – http://www.direct.gov.uk/en/Motoring/DriverLicensing/MedicalRulesForDrivers/index.htm

Liverpool Heart and Chest NHS Foundation Trust www.lhch.nhs.uk

British Heart Foundation www.bhf.org.uk or contact the information line on 0845 070 80 70

Health Talk online www.healthtalk online

We would like to take this opportunity to wish you well in your recovery following cardiac surgery at the Liverpool Heart and Chest Hospital.

This information is available in Large Print and if you would like a copy please inform the nursing staff.
If you would like a copy of this in any other language or format please ask the nursing staff who will arrange this for you.
How to take my pain killing medication after I have been discharged from hospital

Post-operative pain relief may be required 2-4 weeks post-surgery, if you have moderate to severe pain after this time you should consult your General Practitioner (GP).

Your pain relieving medication will be more effective if it taken on a regular basis and over time, as the pain reduces, the medication should be reduced. Every patient is different and the time it takes to reduce the pain relieving medication will also be different. Take your time and don’t worry if you need to take a dose in between if you have missed a dose but remember not to exceed more than the recommended does in 24 hours.

If you are taking the maximum amount of pain relieving medication and you are still experiencing moderate to severe pain please consult your GP as soon as possible.

In hospital Paracetamol is given regularly as base alongside strong pain killers such as Codeine or Dihydrocodeine. Other pain relief such as Co-codamol and Tramadol should not be taken alongside these drugs unless advised by a doctor.

Regular Paracetamol should be a base of your pain relieving medication regime if you have pain following an operation or procedure. Paracetamol may not be effective on its own but if added to stronger pain relieving medication this will be more effective than just taking the strong pain relief on its own and it is proven to reduce the amount of strong pain relieving medication you will require.

Any strong pain relieving medication such as Codeine and Dihydrocodeine can cause constipation so you may need to add high fibre food to your diet or take laxatives if you need to take these on a regular basis.

How do I reduce the my pain killers
If you are taking both Paracetamol and Codeine or Dihydrocodeine you should either reduce the dose from 2 tablets to 1 or start missing out the afternoon and evening doses of the Codeine or Dihydrocodeine first. When you are comfortable you should then miss out the either the morning dose or the night time dose which ever suits you best and eventually you should stop taking the this all together. Continue to take Paracetamol on a regular basis while it is needed then do the same with this eventually taking the Paracetamol 2 tablets 4-6hourly up to 4 times a day as required.

As the weeks go by the pain should reduce and become less and less, but if you overdo something, like lift something heavy or clean windows in the first few weeks you may find the pain will return or increase. This is your body’s way of telling you, you are doing too much!!
### Daily guide of how to take your pain killers regularly if you have pain

<table>
<thead>
<tr>
<th>What time can I take my Pain killers</th>
<th>Which medicine do I take</th>
<th>How many do I take</th>
<th>What is the minimum length of time between doses</th>
<th>Maximum amount of tablets a day</th>
<th>Total amount of tablets taken</th>
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<tbody>
<tr>
<td><strong>Morning 6AM</strong></td>
<td>Paracetamol 1g (1g= 2x 500mg tablets)</td>
<td>2 tablets</td>
<td>4-6 hours</td>
<td>8 tablets a day</td>
<td>2</td>
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<tr>
<td></td>
<td>Dihydrocodeine or Codeine 30mg-60mg</td>
<td>1-2 tablets</td>
<td>3-6 hours</td>
<td>8 tablets a day</td>
<td>1 or 2</td>
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<tr>
<td><strong>9am</strong></td>
<td>If you have only had one tablet at 6AM then another tablet of Codeine or Dihydrocodeine 30mg can be repeated</td>
<td>1 tablet</td>
<td>If Pain returns after 3 hours Consider taking 2 tablets of codeine or Dihydrocodeine with your Paracetamol as you may find this works better for the first week</td>
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<tr>
<td><strong>Noon 12 MD</strong></td>
<td>Paracetamol 1g (1g= 2x 500mg tablets)</td>
<td>2 tablets</td>
<td>4-6 hours</td>
<td>8 tablets a day</td>
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<td><strong>3 pm</strong></td>
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<tr>
<td><strong>Bedtime 10pm-12 MN</strong></td>
<td>Paracetamol 1g (1g= 2x 500mg tablets)</td>
<td>2 tablets</td>
<td>4-6 hours</td>
<td>8 tablets a day</td>
<td>2</td>
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<td>1 or 2</td>
</tr>
<tr>
<td>If you have only had one tablet at 10pm then another tablet of Codeine or Dihydrocodeine 30mg can be repeated during the night</td>
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<td></td>
<td>Maximum Of 8 tablets taken dependant on</td>
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