



Belfast Health and
Social Care Trust



The Road to Recovery

A guide for patients going home
after cardiac surgery

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WHILE IN HOSPITAL

Key things to know after your surgery

Please remember it is important to:

- Do your breathing exercises
- Gradually increase your mobility as advised by your nurse.

It's perfectly normal to...



- Not have much **appetite**. It takes several weeks for your appetite to return. Many patients notice that their sense of taste is diminished or almost absent. It will return. Some patients even complain of nausea at the smell of food for a week or two after surgery

- You may have problems with **constipation**. This is most likely due to your pain medication. You can address this by

adding fruits and vegetables to your diet. Keep up your exercise. If constipation persists for more than 3 days, inform your nurse/doctor

- Experience **muscle pain or tightness** in your shoulders and upper back between your shoulder blades, neck and upper arms. This will get better with time. Your pain medicine will also help relieve this discomfort. If it doesn't, notify your nurse/doctor immediately
- Have difficulty **sleeping** at night. Some patients may experience vivid dreams/nightmares. You may find it difficult to fall asleep, or you may find that you wake

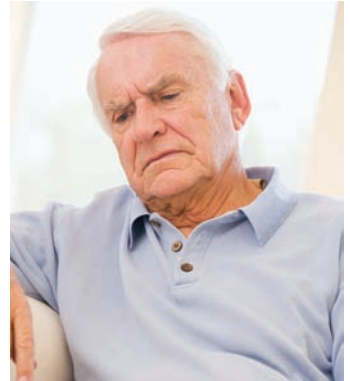




up at 2:00 or 3:00am and cannot fall back to sleep. Don't worry, this will improve. Taking a pain pill before bed sometimes helps. Sleeping tablets are not routinely prescribed. If you are experiencing problems speak to your nurse/doctor

- Have **mood** swings, irritability or mild depression. You may have good days and

bad days. Do not become discouraged. This should improve gradually over 4–6 weeks



- Have swelling at the top of your **incision**. This will disappear with time
- Have some **swelling**, especially if you have an incision in your leg. That leg will tend to swell more for some time. Elevating your legs will help however avoid prolonged pressure on your calves. Wear your elastic TED hose if they were prescribed for you as directed. **Do not wear at night**
- Experience some numbness and tingling especially in the fingers. This can happen because the nerves that run down the arms can be 'stretched' when the surgeon opens your chest during the operation. These sensations should resolve in time. Sometimes these symptoms can indicate a more serious problem. Always notify your ward nurse/doctor to have these symptoms assessed
- Experience a mild sore throat after the operation. During your surgery a machine called a ventilator, breathes for you. The breathing tube can sometimes make your throat a bit sore, but this should resolve soon afterwards.

Remember...

- It might take up to 4 to 6 weeks to start **feeling better**
- We encourage you and your family to read the information booklet provided prior to going home from hospital. Ask your ward nurse if you have any questions prior to discharge
- Please take all your medicines as prescribed by your doctor
- Know the name and number of your local cardiac rehabilitation nurse who will be contacting you after discharge.

If you experience any of the symptoms listed below please notify your nurse/doctor immediately:

- Think your heart beat is too fast or irregular when it has previously been stable
- Are experiencing angina-type pain or any other new unusual pain
- Have shortness of breath that is not relieved by resting
- Have unexplained cough or have 'dirty' sputum (phlegm)
- Have an unexplained temperature
- 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 for no reason
- 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.

Pain control

After your operation it is normal to experience aches and pains especially around the chest, shoulders, neck and wound sites. Everyone is different and the aches and pains you experience may be different to those of other people who have had the same operation.

While in hospital, you will be offered regular pain killing tablets and we recommend you take them as prescribed. Pain relief is very important for your general recovery. It enables you to perform deep breathing exercises and allows you to move around more freely. If your pain is not adequately controlled to allow you to do this, please notify your nurse/doctor.



Mobility, activities and exercise

A balance of rest and exercise aids your recovery and reduces the risk of complications. Once you return to the ward your nurse will advise you regarding physical activity. You should be able to sit out in a chair and gently potter around

your bed area. Start with short walks initially and repeat these regularly. It is important to gradually increase your activity each day. Remember while walking, you must always be able to talk comfortably in a sentence.



GOING HOME

What happens when I am discharged from hospital?

Before you are discharged your nurse will organise the following:

- A discharge letter for your GP
- A list of medications outlining doses, usage and frequency
- A discharge talk
- Referral to your nearest cardiac rehabilitation centre and their contact details
- Depending on your needs a referral can be made to a number of healthcare services on your behalf:
 - District nurse
 - Social worker
 - Physiotherapist
 - Occupational therapist.



How should I expect to feel when I first return home?

- We know that being discharged from hospital after an operation can be a happy but sometimes worrying time. Our staff will do everything they can to make you feel prepared for returning home
- You may need help for the first 2 weeks if you live alone
- You should take regular short walks, eat regularly, and have someone prepare your meals for you
- We recommend that you do not drive or return to work for at least six weeks until you see your surgeon again at the post-operative review clinic or have

been assessed by your cardiac rehabilitation nurse.

- If you notice your wounds becoming red, painful, hot, swollen or weeping you should contact your GP
- You will need to continue to take your prescribed painkillers for a few weeks
- Your ward nurse and cardiac rehabilitation nurse will give you specific guidelines for your recovery.

What activities can I do when I return home?

Spending most of your time lying or sitting down will not help your heart recover and could cause problems. Don't be put off if you have arthritis or another physical problem – indeed, exercise may help.

When should I start to exercise?

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

What should I do?

In the first few weeks it is important to do some exercises to



help your chest recover from your surgery. This will help your chest, neck and shoulder joints and muscles to become less stiff and more flexible. These will also help to warm up and loosen your joints before taking exercise. Try these at least once a day: see mobilising exercises on pages 10-13.

Walking is a great way of exercising – you can go at your own pace and walk as far as you like. Initially choose a route that allows you to rest if you want to – a wall or a bench to sit on. Maybe plan your walk around a bus route. Continue to increase your walking gradually. Remember, wherever you walk to, you will have to walk back. When walking in cold weather wrap up in warm clothing. Walk daily and gradually increase the distance. Walking uphill is more strenuous, so if you live in a hilly area, take this into consideration. Adjust the distance and speed, eg. initially you may only walk a quarter of the way up and the next day halfway and so on, until eventually, you reach the top. By increasing your distance daily, you could be walking approximately 2-3 miles by the time you return to see your surgeon at outpatients clinic. Do not worry if you are not, steady progress is the most important thing. Everyone is different – plan your exercise to suit you and your recovery. If you have any concerns, speak to your cardiac rehabilitation nurse.

How can I tell if I am exercising at the right level?

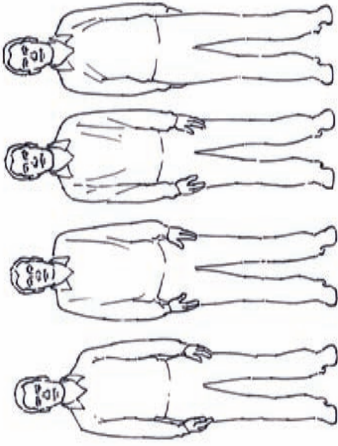
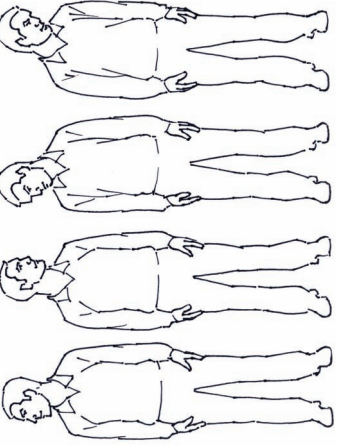
Your breathing will tell you if you are exercising in a way that will help your heart. Aim to exercise so that your heart rate goes up and you are slightly out of breath. **You should still be able to talk. You should not feel exhausted.** Slow down or take a shorter walk if you find that you are uncomfortable and very breathless.

When can I take up sports and hobbies again?

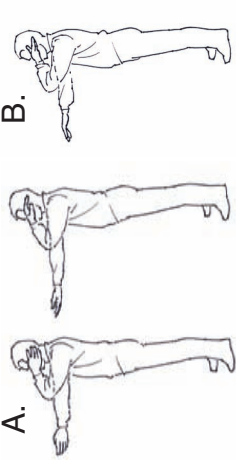
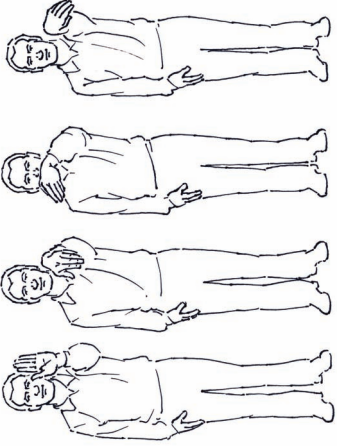
Once you have been assessed by your surgeon or cardiac rehabilitation nurse, they can advise you on when it is safe to return to activities such as swimming, golfing, bowling, digging, cycling etc. Returning to these activities before you are ready could be detrimental to your recovery.

Do not attempt any contact sports such as rugby, martial arts etc. without permission from your surgeon.

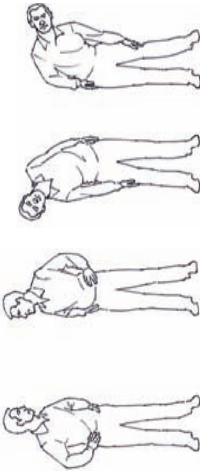
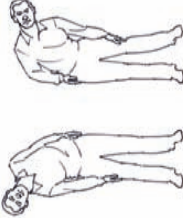
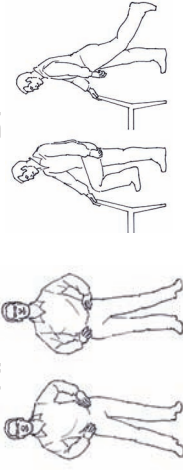
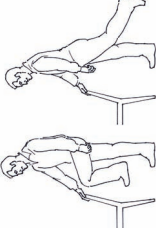
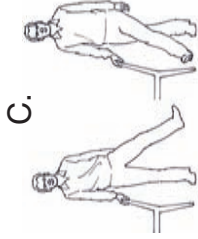
mobilising exercises

Picture	Name	Joints & Muscles	Instructions	Duration
	mobilise the Shoulders	<ul style="list-style-type: none"> • Ball & socket • Deltoid • Trapezius • Pectoralis 	Stand with feet hip width apart, knees relaxed. Shrug shoulders in a controlled movement bringing shoulders to ears. Bring shoulders forward, then take back. Rotate shoulders forward then back. Circle shoulders one way, then the other.	30-40 secs or 8 reps of each
	mobilise the Neck	<ul style="list-style-type: none"> • Pivot joint • Trapezius • Sternocleidomastoid • Levator scapulae • Splenius 	A. Stand as above, slowly turn head to one side in a controlled movement. Return head to centre, then turn to the other side. B. Lower ear to shoulder - avoid lifting shoulder to ear.	A. 8 reps B. 8 reps

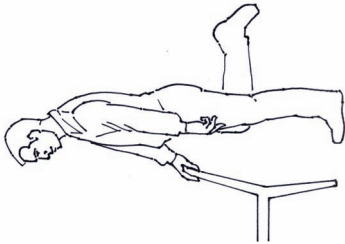
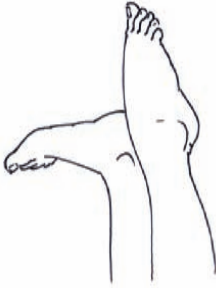
mobilising exercises

Picture	Name	Joints & Muscles	Instructions	Duration
 <p>A.</p> <p>B.</p> <p>C.</p>	mobilise the Elbows	<ul style="list-style-type: none"> • Hinge joint • Biceps/ triceps • Flexor carpi • Extensor carpi 	A. Stand as above, bend and straighten arm keeping elbows soft - do not lock. Keep arms close to body. B. As with 'A', turn palms up then palms down.	A. 16 reps B. 16 reps
 <p>A.</p> <p>B.</p> <p>C.</p>	mobilise the Wrists	<ul style="list-style-type: none"> • Condylloid • Flexor carpi ie. radialis/ ulnaris • Extensor carpi ie. radialis/ ulnaris 	A. Keep forearm still, lift hand up, then down. Repeat 8x on one hand then the other. B. Keep forearm still, palm down, move hand out to one side then move hand in. Repeat movement x8, and repeat on the other hand. C. Slowly circle hand one way, reverse circle and repeat on other hand.	30-40 secs or 8 reps of each

mobilising exercises

Picture	Name	Joints & Muscles	Instructions	Duration
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>A.</p>  </div> <div style="text-align: center;"> <p>B.</p>  </div> </div>	<p style="text-align: center;">mobilise the Spine</p>	<ul style="list-style-type: none"> • Pivot joint • Erector spinatus • Trapezius • Latissimus dorsi 	<p>A. Stand with feet hip width apart, place hands on hips & turn upper body to one side. Return to front & turn to other side.</p> <p>B. Same stance as above, arms by sides, bend sideways sliding arm down leg. Return to centre & bend sideways on other side. N.B: make all movements slow and controlled.</p>	<p>8 reps of each</p>
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>A.</p>  </div> <div style="text-align: center;"> <p>B.</p>  </div> <div style="text-align: center;"> <p>C.</p>  </div> </div>	<p style="text-align: center;">mobilise the Hips</p>	<ul style="list-style-type: none"> • Ball & socket • Hip flexors • Quads • Hamstrings • Vastus lateralis • Vastus medialis 	<p>A. Stand as above with hands on hips & circle hips 'hula' style-clockwise then anti-clockwise.</p> <p>B. Stand supported, bend knee up to 90° then straighten & extend the leg back.</p> <p>C. Stand supported & lift straight leg away from the body, return & cross the midline.</p>	<p>A. 8 each leg B. 8 each leg C. 8 each leg</p>

mobilising exercises

Picture	Name	Joints & Muscles	Instructions	Duration
	mobilise the Knees	<ul style="list-style-type: none"> • Hinge joint • Quads • Hamstrings 	Bend knee (by lifting heel up towards buttocks) to 90° & extend back to standing position.	8 reps each leg
	mobilise the Ankles	<ul style="list-style-type: none"> • Hinge joint • Soleus • Gastrocnemius • Tibialis anterior 	Point toe down (plantar) then point toe up (dorsi). Repeat on same side x8 & do same with your other ankle.	8 reps each leg

When can I safely lift objects?



You need to be careful about lifting things as you need to avoid putting strain or pressure on your breastbone. Do not lift, push or hold any objects over 10 pounds (about the weight of a kettle filled with water) for 8 weeks after your operation – remember that includes babies, small children and pets. It is ok to do light housework at this stage such as dusting and setting the table. You should also avoid making 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 following your operation. You should be able to resume normal lifting after your surgeon has assessed that your sternal wound has healed appropriately. Please remember to always use the correct lifting technique, keeping your knees bent, back straight and the load close to your body. Try to avoid holding your breath.

Medications

Before you leave the ward, you will be given a month's supply of all your medicines. In most cases, these medicines will differ slightly from those taken before surgery. Some medicines will be long-term to protect your future heart health eg. cholesterol lowering drugs. Other medicines may be required for a few days or weeks eg. painkillers. Some medicines you took before surgery may have stopped.

All of your medication will be clearly labelled with its name and its strength. A nurse or a pharmacist will talk through each drug with you, explaining when and how each should be taken. You will also be given a written list of your medicines and when to take them. If you have any questions or queries, just ask.

The flu vaccine is offered to people with chronic heart disease. Please discuss the annual flu vaccine with your own GP.

Warfarin Therapy

Following your operation you may be commenced on the anticoagulant therapy called Warfarin. The main reason for the need for Warfarin following heart surgery is to prevent harmful blood clots forming in your blood vessels. The prevention of clot formation is essential following a mechanical heart valve replacement and Warfarin medication may be also necessary if you develop an irregular heart rhythm after surgery. Before you go home your nurse will give you an Oral Anticoagulant Therapy Information booklet (National Patient Safety Agency, 2007). Please read this before you go home and ask your nurse if you have any questions. Some details from this booklet are outlined below. Warfarin may also be taken short-term ie. 3-6 months after a tissue valve.



When will I start Warfarin?

You will be started on Warfarin one or two days following your surgery for mechanical valve replacement.

How do I take my Warfarin?

Warfarin comes in tablet form. It is taken once per day usually at night. It comes in two strengths 1mg which is brown and 3mg which is blue. You may need a mixture of these to make up the dose that you need.

How much Warfarin will I have to take?

You will need to have regular blood tests to ensure that you are on the correct

dose of Warfarin. This blood test is called the 'INR' and it is a measure of how long it takes your blood to clot. The amount of Warfarin that you need will depend upon this result. Your nurse will inform you of your therapeutic range which should be an INR range between 2 and 3.

Where will I have these INR blood tests?

While you are in hospital your blood will be taken daily. When you leave hospital your nurse will discuss and arrange with you for a nurse to call to take your INR. After a week or so you will then have your blood test at your GP practice or local Warfarin clinic. After each blood test you will be informed how much Warfarin to take. There may be the option of self-testing your INR – please discuss this with your GP.

What are the side effects of Warfarin?

The most serious side effect of Warfarin is bleeding – see Oral Anticoagulant Therapy Information booklet. Seek immediate medical advice if you suffer from a bleed – signs of a bleed may be bruising, nose bleeds, dark coloured urine, bleeding gums, please see booklet.

What if I miss a dose of Warfarin?

If you miss a dose, or take the wrong dose by mistake, make a note in your record booklet. Take your normal dose the next day. If the dose you took in error greatly exceeded your normal dose, contact the clinic where your INR is checked.

What may affect the control of anticoagulation?

Other new medication eg. antibiotics, alcohol, diet and increased/decreased exercise can all affect control. Please refer to the Oral Anticoagulant Therapy Information booklet for more information and advice relating to details of dental treatment and pregnancy while on Warfarin.

How will I get more medication when I return home?

When you are discharged the hospital will give you a letter which includes details of your operation and any medication you are taking. You should make sure that your GP receives this as soon as possible as it will help him or her to review your treatment. Your own GP surgery staff will be able to let you know their procedure for ordering prescriptions. Never run out of medications – always allow at least a few days for ordering a new prescription.

What will happen with my pain relief when I return home?

Good pain control is a really important part of your recovery as it will allow you to return to your normal activities more easily. When you leave hospital, we will give you a supply of pain relieving drugs. *It is important to take these regularly and as prescribed.*

When you are feeling more comfortable and can exercise without pain you can start to reduce your pain relief medication. Never suddenly stop your pain relief. Instead, wean yourself gently off the medication. You could leave out a dose, or take one tablet instead of two after meals.

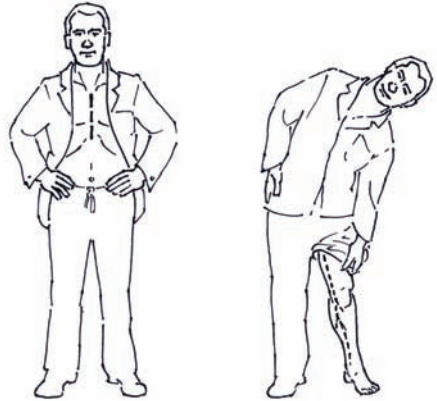
If after taking your medication you still feel pain, or if you experience side-effects, talk to your GP. Side-effects of stronger painkillers can include nausea, vomiting or constipation. Your GP will be able to change your pain relief medication to a more suitable choice as needed.

Bear in mind that you may experience aches or pains in your chest, shoulders and/or back for up to four months after your operation. This is perfectly normal and nothing to worry about. If the pain does not ease or the pain changes in nature contact your GP.

How do I take care of my wounds when I leave hospital?

Do not worry about getting your wounds wet. A daily wash or shower will keep them clean and encourage healing. You can have a bath or shower soon after your operation. However when you first go home, you may feel weak the first few times you attempt this. So make sure that you have someone close by if you do require help. Try not to use very hot water

because this can affect your circulation and make you feel dizzy. Keep in mind, if you choose to have a bath you may need assistance getting in and out of the bath. Do not apply any lotions, creams, oils or powders on your incisions. Initially your scars may appear very noticeable. They may look bruised or feel itchy, numb or sore. All of this is perfectly normal.



Check your incisions everyday. Notify your GP if you notice any of the following:

- Increased tenderness
- Increased redness or swelling
- Any drainage from the incision line
- A persistent fever.

If your surgery involved taking a bypass graft from your leg, follow these guidelines:

- Avoid crossing your legs because this impairs circulation
- Avoid sitting in one position or standing for long periods of time

-
- Elevate your leg on a stool or coffee table when sitting
 - Check you leg daily for swelling. If this is worse than when you were in hospital, notify your GP.

Do I need to wear support stockings when I go home?

Most patients following Coronary Artery Bypass surgery should wear support stockings up until 3 weeks following discharge. You will be advised if you do not need stockings by the nurses on the ward. If you do have to wear stockings, remove them at bedtime and wash the stockings with mild soap and water.

When can I lie on my side?

You can lie on your side as soon as it is comfortable to do so. Feel free to use pillows to aid a comfortable sleeping position if necessary.

Who do I contact if I feel unwell at home?

If you become acutely unwell and need immediate medical attention, call 999.

If you are experiencing general medical problems contact your GP.

If you have any question/concerns contact your cardiac rehabilitation nurse.

Please ensure you have their contact details prior to going home.

Are there any symptoms I should be concerned by?

NEEDS IMMEDIATE ATTENTION Go to local A&E or call 999	URGENT PROBLEMS Contact GP	QUESTIONS/ CONCERNS Contact local cardiac rehabilitation nurse
Chest pain (angina-like) similar to pre-operative pain	Weight gain of more than 1-2 lbs in a day for 2 days	Call with questions related to post-operative recovery
Chills or fever	Worsening ankle swelling or leg pain	Discharge instructions
Coughing up bright red blood	Worsening shortness of breath and/or palpitations	Management of symptoms
Sudden numbness or weakness in arms or legs	Sharp pain when taking in a deep breath	Wound care
Sudden severe headache	Elevated temperature more than 38°C two times in 24hrs	Questions related to surgery
Bright red stools/severe abdominal pain	Reddened wounds, warm to touch, swollen or any drainage	Questions about your cardiac rehabilitation programme
	Skin rash	
	Extreme fatigue	

YOUR LIFESTYLE

When can I return to driving?



Initially after surgery you may experience pain from sudden movement and may have occasional lapses in concentration. It is very important that all these symptoms pass before you start driving again.

We strongly recommend that you wait until you are seen by the Cardiac Surgeon at the 6 week review in the Outpatients clinic, or have been assessed by the Cardiac Rehabilitation nurse before resuming driving. This is to ensure that the breastbone can take all the tugging from the steering wheel etc without worsening any chest discomfort. NB. You are still required to wear

a seatbelt. You may find it more comfortable to wear if you place light padding such as a rolled up towel or cushion between your chest and the strap.

You must let your insurance company know about your operation and treatment. It may not mean a change in your policy but if you do not declare it to the company, it could mean your insurance is invalid.

If you hold a large goods vehicle (LGV) or passenger carrying vehicle (PCV) license, you must inform the DVA about your treatment. All other drivers do not need to inform the DVA unless they are advised to do so by their insurance company.

When can I resume sexual activity?

Returning to sexual activity, like returning to regular exercise, is a normal part of recovery. If you can climb two flights of stairs comfortably or walk a mile at an easy pace you can return to sexual activity.



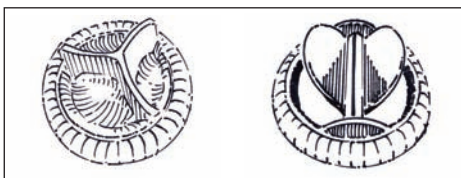
When can I return to work?

The decision of when to return to work depends on the type of work you do and the demands of your work. Most people return to work 6-12 weeks following discharge from hospital. We strongly recommend that you discuss your individual situation with your surgeon or cardiac rehabilitation nurse. Many heart surgery patients find it is better to return part-time at first, working a few hours a week and then building up gradually. Talk to your ward nurse if you require a sickness certificate for your time in hospital. After discharge any further lines should be obtained from your GP.

Is there specific advice for patients who have had valve surgery?

There are 2 types of artificial valves available:

- Tissue valves
- Metal valves



As each person is different, the surgeon will discuss with you which type will be best for you. Often people who have had metal valves fitted, say they can hear a ticking sound, which is quite normal and often fades over time.

It is very important that you look after your new valve. Dental procedures and dental abscesses increase the risk of bacteria entering the blood stream, which can infect your new valve. **Attend your dentist every 6 months for checkups** and keep in mind you may need antibiotic coverage prior to some treatment. Discuss this with your cardiac surgeon and dentist.

Attend your family doctor early if you have a sore throat or any infections or flu-like symptoms. The risk of getting an infection on a replacement valve is very small but if it occurs it can be very difficult to treat and may require the valve to be replaced. It is therefore important to be aware of the warning signs. The early stage of endocarditis (the name for infection on heart valves) is remarkably flu-like with a raised temperature, sometimes shivering, generalised aches and just

not feeling well. Attend your family doctor promptly and remind them that you have had a valve replaced. It is unwise to just take an antibiotic without blood tests first to identify the infection. Of course, people with artificial valves can still get flu and other illnesses, but any fever that persists for more than a few days is very suspicious.

Avoid body piercing or tattooing.

Don't use recreational drugs.

The flu vaccine is offered to people with chronic heart disease. Please discuss the annual flu vaccine with your own GP.

When can I take a holiday?

You may wish to plan a holiday after your operation. A restful holiday within this country may be taken at any time as long as you are well and able to cope with the travelling. Flights within the UK can be taken 2 weeks following discharge from hospital. Holidays abroad may be taken after six to eight weeks and after your outpatient appointment with your surgeon. Please consult your GP about flying and overseas holidays. You should also inform your travel insurance company about your recent heart surgery as failing to do so could mean that your insurance is invalid. Travelling abroad in the first 3 months following your surgery can make finding suitable insurance coverage difficult and often is expensive. Therefore, most patients choose to wait at least 3 months before embarking on holidays abroad.



Please avoid strenuous holidays and extensive travelling at first. You should also remember to take a full supply of tablets with you and keep your medications and a copy of your prescription in your hand luggage. If you take Warfarin please tell the anticoagulant clinic of your plans as you may need to have your blood

checked before you go and after you return. Please also make sure that you do not have to carry heavy baggage for long distances at the airport. Be sure to protect your wounds from overexposure to sunlight.

Why is cardiac rehabilitation so important?

Cardiac rehabilitation offers exercise classes and education sessions to help you recover and live as full a life as possible. Your cardiac rehabilitation team can offer:

- Ongoing support
- Risk factor assessment
- Assistance with modifications to your lifestyle
- Further information on your recent surgery
- A chance to meet other people in a similar situation
- A chance to ask questions and talk about any worries.

Your local cardiac rehabilitation nurse should contact you within 3 weeks of discharge. Should you require information earlier than this, please do not hesitate to contact them. Your ward nurse will give you their contact details prior to discharge.

Healthy eating



Eating well is an important aspect of your recovery. Healthy eating will also help you to lose weight if you need to and will help with your cholesterol.

When should I review my diet?

You should wait six to eight weeks before considering any weight loss or making major changes to your diet. You

may find that your appetite in this period is worse than usual so be sure to make the most of the foods you enjoy.

Once your wound is well healed and your daily routine is returning to normal, you can take a look at your diet. If you are aiming to lose weight, set modest and realistic targets. One to two pounds a week is a safe rate of weight loss.

If you have concerns about your weight or your diet, talk to your GP regarding referral to a dietician.

What should be the overall aims of my diet?

Eating a healthy balanced 'Mediterranean style' diet is very important in helping to keep your heart healthy.

Five simple messages:

1. Have less fat
2. Eat more oily fish
3. Aim for 5 portions of fruit and vegetables
4. Reduce sugar and sugary foods
5. Take less salt and moderate alcohol intake.

Can I have alcohol?

You should aim to have 2 alcohol free days a week and to spread your intake of alcohol through the week. You can drink alcohol but you should limit your intake in line with national guidelines.

Men should drink no more than **21** units a week (3-4 units/day).

Women should drink no more than **14** units (2-3 units/day) a week.



A unit is:

- Half a pint of beer
- A small glass of wine
- A single measure of spirits

Please note if you are taking Warfarin it is strongly recommended that this is adhered to as alcohol and warfarin interact.

What about smoking?

Quitting smoking is the single most important step you can take to help your recovery and minimise your risk of future events. There is plenty of support available to help you stop smoking. Your GP or cardiac rehabilitation nurse can give you advice or you can call the NHS Smoking Helpline on 0800 169 0 169 or visit the website at www.nhs.uk/gosmokefree.



Hospital Social Services

The move from being an inpatient to leaving hospital can be difficult. This can be a time of uncertainty and many patients and families are concerned about how their needs will be met.

The social worker on your ward will work closely with yourself, your family and other professions to ensure that you have a well planned discharge.

The social worker can arrange:

- Short/long term home care services

- Transfer to residential accommodation or a nursing home
- Access to rehabilitation/ intermediate care programmes based in the community.

Support and information can also be provided in relation to benefits, housing and employment and if necessary, a referral can be made to agencies to provide ongoing assistance.

If unforeseen problems arise once you are home you can access support by contacting your local social services office.

Further information /useful contacts

Contact details for your local cardiac rehabilitation nurse/team:

Name

Contact Number

RVH switchboard (028) 9024 0503

British Heart Foundation Heart Helpline 03003303311 (a local rate number)

NHS smoking helpline 08001690169 www.nhs.uk/gosmokefree

British Cardiac Patients Association – supports patients with heart conditions and their family and friends: bcpa.co.uk Tel: 01223846845

Department for Work and Pensions – provides an A-Z of benefits and services that are available: dwp.gov.uk

Citizens Advice – confidential, independent advice if you are worried about money or debt: www.citizensadvice.org.uk Tel 020 78332181 (to find your local Citizens Advice Office)

