



Belfast Health and
Social Care Trust

The Road to Recovery

A guide for patients waiting for cardiac surgery

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patient label

Name of consultant cardiac surgeon

Date of outpatient appointment with cardiac surgeon

Name of pre assessment nurse

Date of pre assessment appointment

1. Referral process for cardiac surgery?

You are referred to a cardiac surgeon by your cardiologist. This happens if your cardiologist does not feel that your heart condition can be managed in the long term with medication or other intervention such as coronary artery stenting. It is therefore believed that your heart symptoms/condition may be improved following cardiac surgery. Most often this decision is arrived at after a joint meeting with the consultant cardiac surgeon and the consultant cardiologist. If they feel that surgery is the best option, the surgeon will arrange an appointment to see you at his/her outpatient's clinic.

2. What happens at my first visit with the consultant cardiac surgeon at the outpatient department?

At this appointment a surgeon will review your angiogram/dye test and/or ECHO results, and assess your fitness for surgery. He/she will discuss with you whether cardiac surgery is the best option, and explain the risks and benefits of surgery. It is only at this point that you will be added to the waiting list if you accept to undergo surgery.

3. How long do I have to wait for my surgery?

The Department of Health (DHSSPSNI) sets guidance on how long patients should wait for their cardiac surgery and we aim to carry out your surgery within this timeframe. However due to demand for cardiac surgery in Northern Ireland this is not always possible (some reasons for this include bed capacity in our cardiac intensive care unit or our cardiac surgical ward, or staff shortages, etc). We schedule operations based on patient's individual clinical urgency and length of time on the waiting list. The staff in the waiting list office will be able to provide an indication of your anticipated waiting time.

4. Will I have my surgery in the Royal Victoria Hospital?

Not necessarily! Currently the Belfast Health and Social Care Trust can provide cardiac surgery for approximately 1000 patients each year. If this demand increases you may be offered the opportunity of having your surgery elsewhere

(outside Northern Ireland). This service is provided to try to ensure that all patients get their cardiac surgery within a reasonable time frame. If this happens, you will be provided with all the necessary information.

5. What can I do to prepare for coming in for surgery?

Dental – If you are having a heart valve operation it is essential that you have a pre-operative dental review (this is not applicable for patients with a full set of dentures). Failure to do so may lead to a delay in your surgery.

Weight – If you are overweight it is **strongly** advised you review your dietary intake and adhere to a sensible balanced diet.

Smoking – It is **strongly** recommended that you stop smoking as soon as you are accepted for surgery (if you have not already done so). Your GP may be able to refer you to a smoking cessation nurse to assist and support you. Some surgeons may refuse to operate if you are still smoking as they may consider there to be too high a risk of post-operative complications such as long-term ventilation support, chest infections, etc.

Alcohol – It is recommended that you reduce your alcohol intake while you are waiting for your cardiac surgery to keep within the recommended NHS guidelines. The current NHS guidelines (2009) recommend that men should not exceed 3 – 4 units of alcohol, and women 2 – 3 units of alcohol per day, on a regular basis.

Social circumstances – You may require family support within the first 2 weeks of getting home from hospital. It is recommended that you discuss this with your



family/ close friends to establish if this support will be available. If this is not possible your needs will be assessed at your pre assessment appointment or your admission to the cardiac surgery ward.

6. What happens if I have to stay in hospital until I have my operation?

Some patient's clinical condition may require them to stay in hospital in order to stabilise their symptoms prior to surgery. If you have to stay in hospital until you have your operation you will have your preoperative investigations carried out in the ward, therefore you will not have to attend for a pre assessment appointment. When a date becomes available for your surgery, you will be transferred to the cardiac surgical ward (Royal Victoria Hospital, Belfast) 1 – 2 days prior to your surgery. Please refer to Section 10 – 29 for further information on your journey through surgery.

7. Pre Assessment

You will be asked to attend our cardiac surgery pre assessment clinic while you are waiting for your cardiac surgery. We aim for this to happen within 8 weeks before your date for surgery. You will be contacted via letter or occasionally by telephone. (Occasionally this may take place at the outpatient department).

8. What is the purpose of Pre Assessment?

Cardiac surgery is major surgery. The pre assessment clinic is designed to ensure you are well prepared and informed about your forthcoming operation. In doing so, we need to collect details about your condition and other potential medical concerns which may affect your surgery or recovery.

We recommend you bring your next of kin (partner/ family member or close friend) with you to your appointment. Pre assessment provides an opportunity for you both to explore the finer details of your stay and what is to be expected immediately before and after surgery.

9. What happens at Pre Assessment?

You will have the following tests carried out:

- Breathing test (if applicable)
- ECG (tracing of your heart)
- Chest x-ray (if applicable)
- Blood tests
- Swabs of nose, throat and groin (to detect for infections, eg. MRSA)
- Mid stream specimen of urine (to check for infection in the urine)

The results of these tests will not be available before you leave your pre assessment appointment. If there are any unexpected abnormalities in these you will be contacted by telephone. These abnormalities will need to be discussed with your surgeon and may result in a delay in your surgery if further investigations are required.

- * The pre assessment nurse will also ask you a series of questions about your medical health and home circumstances. This is to identify if any further tests are required before your surgery, and if any special arrangements need to be made for your admission or discharge home from hospital.
- * The waiting list office will be informed that you are ready for surgery when all your investigations are complete and results are satisfactory. However, if your clinical condition changes between your pre assessment appointment and your date for surgery, it is essential that you inform your pre assessment nurse (as per telephone numbers in booklet).



10. How am I contacted to come into hospital for my surgery?

You will be contacted by telephone approximately 5 – 7 days prior to your surgery. This phone-call will include the following information:

- What day to come into hospital (routinely the day before surgery)
- What time to come into hospital (routinely the afternoon)
- What ward to come to (routinely the cardiac surgery ward)
- What medication you need to stop before your surgery and when to stop it (eg. aspirin, plavix/clopidogrel, warfarin)
- You will be asked if you have any signs of infection, eg. cough, cold, flu symptoms, etc. (it is in your best interest to volunteer this information if applicable)
- You will be asked if you have any vaccinations within 2 weeks of your planned admission for cardiac surgery.

NB It is important to note that your operation may be cancelled and rescheduled at any point, from being given a date for surgery, until the actual day of the operation. If this occurs please understand that it will be due to unforeseen circumstances, eg. emergencies, bed shortages, staff shortages, etc.

11. What do I bring into hospital with me?

- 2 pairs of loose fitting pyjamas/nightdresses. Preferably front buttoning with a loose neck



- Dressing gown (optional)
- Soap bag with contents (preferably shower gel/ liquid soap, comb, deodorant)
- Soft new tooth brush and toothpaste
- 2 towels
- Facecloths are not required as disposable cloths will be used
- A large box of tissues and wet wipes
- 1 pair of slippers – no high heels / not too tight as your feet may swell slightly following your operation

- Fresh underwear
- Your regular medicines (see medicine section below)
- A list of your allergies, if you have any.

Men – Razor (preferably electric) and shaving gel (if applicable)

Women – 2 bras (preferably not underwired. Supportive but not too tight)

Please ensure that any nail polish is removed prior to admission for your cardiac surgery.

Please send day clothes home when you are admitted to hospital for your operation. There is no storage space on the surgical ward.

Valuables – Please do not bring any items of value when coming in for surgery, as the Royal Group of Hospitals cannot accept liability for any items that patients maintain in their own possession eg.

- Money – no more than £5 in change
- Mobile phone (mobiles can interfere with monitors and can be disruptive to other patients)
- Jewellery/expensive watches (it is preferable to remove your wedding ring but not essential)
- All new patients are asked to sign a disclaimer form on admission. Patients take responsibility for property kept in hospital.



Medicines

- While you are on the surgical ward, we would prefer you to bring in your own medication. This is to ensure that the doctors know what medicines you are receiving. Please ensure that all medications are in the original box with a clear pharmacy label showing directions
- If you have a recent medication list from your GP, please also bring this with you on admission



- We may also wish to use some of your medicines. This means you will be familiar with medicines you continue to use on the ward and avoids wastage of medication.
 - Medications include the following:
 - Tablets, capsules, liquids
 - Inhalers, sprays (eg. GTN spray)
 - Injections (eg. Insulin)
 - Patches
 - Eye drops / ear drops / nasal drops
 - Creams / ointments
 - Over the counter medication (anything bought from a Pharmacy)
 - Herbal medication
- If your medications are not required for use during your inpatient stay, you will be advised to send them home once the ward nurse /doctor has taken a list of these.

12. What members of staff will I meet when I am admitted to hospital?

Staff nurse, nursing auxiliary, ward doctor/junior doctor, surgical registrar and/or consultant surgeon, anaesthetic registrar and/or consultant anaesthetist, physiotherapist, catering staff and bedside and hygiene staff.

13. What facilities are provided on the cardiac surgical ward?

- Nurse call system – a staff nurse/ nursing auxiliary will explain how this works when you are admitted
- Patient line is available at each bed space and provides a free radio and the opportunity to purchase a TV viewing card at ward level
- The cardiac surgery ward has 2 six bedded bays and 13 side wards. The staff will try to facilitate same sex bays, however this is not always possible.
- There are washing facilities within each sideward, and in each of the bays on the cardiac surgery ward
- Breakfast, lunch, dinner and supper will be provided on a daily basis at fixed times.

14. What happens when I am admitted to hospital?

- You will be greeted onto the ward by a staff nurse or nursing auxiliary and shown to your bed
- A nurse will check your pulse, blood pressure, temperature and weight. They will also carry out a brief assessment to ensure that nothing has changed since your pre assessment appointment. The nurse will also check your skin and take further swabs from your nose and groin. Armbands will be applied to both wrists
- A nurse or doctor will take some further bloods prior to your surgery
- The ward doctor will carry out a brief assessment to ensure there is no change in your condition since your pre assessment and write up your drug chart
- The consultant cardiac surgeon or surgical registrar will re-discuss the risks and benefits of surgery and ask you to sign your consent form (if you have not already done so)
- The anaesthetist (the doctor who puts you to sleep for surgery) will visit you on the day before your operation. He/she will explain how you are given your general anaesthetic and how your care will be managed whilst in theatre and in the intensive care unit following your surgery
- The physiotherapist will visit you and teach you how to do proper breathing and coughing exercises (if they have not already done so at pre assessment). These exercises will be very important in your recovery
- The nursing auxiliary will prepare your skin for surgery. This will entail clipping any hair on your chest, arms, underarms, groin and legs. Electric clippers (with a disposable blade) will be used and the member of staff will ensure your dignity is maintained at all times



- You will be asked to have a thorough shower following this using your own liquid soap/shower gel. This is essential for infection control purposes. Please do not use talc.

15. How long do I need to fast before my surgery?

You are allowed to eat a normal diet on the day you are admitted to the cardiac surgical ward. You will have to fast for 6 hours before your operation as you must not have a full stomach when having an anaesthetic.

16. Will I be able to sleep the night before my surgery?



You will be given sleeping tablets as part of your pre-medication the night before your surgery. These tablets will help calm your nerves and ensure you get a good night sleep. However these tablets can make you unsteady on your feet. It is important not to get out of bed on your own. Please use the nurse call system (buzzer) to call for assistance.

17. What will happen on the morning of my operation?

On the morning of your surgery you will be given further pre-medication approximately 1 – 2 hours before your operation. This will consist of tablets and an injection of morphine. This will help you feel sleepy and relaxed but may cause you to have a dry mouth. You will be dressed in a clean hospital gown and a surgical hat and the bedside rails will be up for your own safety. You will also be given oxygen via a clear facemask. You may not remember much about the day of your surgery. When it is time for your operation you will be wheeled on your bed over to the cardiac theatres and your property will go with you. You will be greeted by theatre staff who will be wearing scrubs and surgical hats. They will then take you into the anaesthetic room. There will always be somebody with you; you will not be left on your own at any time.

18. What will happen in the anaesthetic room?

The anaesthetist you met on your day of admission will be waiting for you in the anaesthetic room.

- You will be connected to a heart monitor and a probe placed on your finger to measure your oxygen levels
- The anaesthetist will insert a drip into the back of your hand or arm. This allows them to administer drugs to help you relax (if required)
- The anaesthetist will place a drip into a vein in your neck (this is called a central venous line). This allows various drugs to be administered during and after the operation. These drugs are to keep you asleep, provide pain relief, and include any cardiac drugs you may require
- You will also have a drip placed into your wrist which will help to monitor your blood pressure. Blood samples can also be taken from this drip
- Please note you will be very sleepy when these drips are inserted
- When you are fully anaesthetised a tube will be placed into your airway (via your mouth). This will be connected to a ventilator/breathing machine to support your lungs while you are asleep (ie. mechanical ventilation).



19. How long will I be in theatre?

Patients are usually in theatre for approximately 4 – 6 hours. Some operations may require longer theatre time.

20. Will I need a blood transfusion?

Not all patients require a blood transfusion during or after cardiac surgery. The decision to give a blood transfusion to a patient is made only after careful consideration. If you have any concerns or prefer not to receive a blood transfusion it is essential that you inform the surgeon and/or the pre-assessment team as soon as possible, or the medical staff on admission.

21. What happens after my operation?

- After your operation you will be transferred into the cardiac surgical intensive care unit. Each patient in intensive care is allocated a nurse to provide all care
- You will be connected to the monitor to check your heart rate, blood pressure and blood oxygen levels
- The surgical registrar will contact your next of kin to inform them that your surgery has been performed and that you have been transferred into the cardiac surgery intensive care unit (CSICU)
- You will be woken up following your surgery when your condition allows. This may happen on the evening of your operation, or later depending on your recovery. This will be continuously reviewed
- When your sedation is turned off you may be aware that there is a tube in your mouth. This was used to protect your airway and allow mechanical ventilation during and after your surgery. When this tube is removed a clear oxygen mask will be placed over your nose and mouth to deliver humidified (moist) oxygen. You will have to wear this for a few days in order to keep your oxygen levels up post-operatively
- When you are awake you may be aware of the many intravenous drips/lines attached to you. These should not cause you any discomfort and are there to administer medications and/or are used to closely monitor your progress.
- You will have a urinary catheter in place after your surgery (this will be positioned whilst you are asleep in theatre) therefore you do not need to worry about going to the toilet
- You will also have 2 – 4 chest drains inserted while you are in theatre. The

nurses will regularly be monitoring these whilst you are in the intensive care unit. These drains remove blood, fluid and air, which can collect in the chest during and immediately after surgery.

22. How long will I stay in the cardiac surgical intensive care unit?

You will stay in intensive care for at least one night before being transferred into the high dependency unit (this is adjacent to the intensive care unit). However it is necessary for some patients to stay in intensive care for a longer period of time, depending on their recovery.

The medical staff/senior nursing staff will decide when you are ready to be transferred into the cardiac surgery high dependency unit.

23. What will happen in the High Dependency Unit?

- Any intravenous drips/lines which are no longer required will be removed
- Your chest drains will be removed as soon as it is appropriate. You may require pain relief for this
- You will be encouraged to mobilise with assistance, allowing you to transfer from the bed to the chair and possibly going for a short walk. It is important not to mobilise independently initially as you will feel unsteady on your feet
- If you have an appetite at this stage you will be allowed to eat and drink. However your fluid intake will be closely monitored as you will be on a fluid restriction
- Your urinary catheter will be removed (this may cause mild discomfort only).

You will stay at least 1 night in the high dependency unit and will be transferred back to the cardiac surgery ward when you are well enough and providing there is a bed available.

24. How should I expect to feel after my operation?

- It is important to remember that all patients react differently to having an operation. Some patients can feel nauseated. If this happens please inform

the nurse looking after you, as they will be able to administer medication to help relieve the symptoms

- It is normal to feel drowsy for a few days after your surgery and you may find yourself sleeping a lot of the time
- It can be normal to feel emotional post operatively and this can continue for a few weeks even after you are discharged home
- Immediately after your surgery you will be commenced on a morphine



drip along with other pain relieving medications. When the morphine is stopped you will be prescribed regular tablet form pain relief. As patients have different pain thresholds, it is important for you to inform the nurse if your pain relief is not adequate

- Within a few days of your heart surgery you should be able to mobilise and receive your physiotherapy treatment with minimal discomfort
- After cardiac surgery it is possible for some patients to become disorientated, agitated or even experience hallucinations. This does not affect all patients and may only last for a few days. It is important for your family members to be aware of this as it can be distressing for them when they come to visit. If you or your relatives have any concerns, please do not hesitate to speak with a member of the nursing team.

25. When will I be transferred back to the cardiac surgical ward?

Most patients are transferred back to the cardiac surgical ward two days after their operation (providing there is a bed available). However, some patients take

longer to recover than others and may need to stay longer in the high dependency unit. You will be transferred back to the cardiac surgical ward on your bed.

26. What wounds will I have after my operation?

You will have a wound on your chest, most commonly the length of your breastbone (however sometimes you may require a different incision on your chest, but this will be discussed with you by your surgeon). If you are having coronary artery bypass graft surgery you will also have either have an incision on your leg or your forearm (this will be decided by the surgeon). Most stitches will be removed before you are discharged from hospital. However some of these need to stay in longer, the ward staff will arrange for a district nurse to remove them when you get home.

27. How long will I stay on the cardiac surgical ward before I am discharged home?

When you are back onto the cardiac ward you should notice an improvement in how you feel on a daily basis. You will normally be on the ward for 5 – 7 days before you are discharged home (providing there have been no post operative complications).

- Your wound dressings will have been removed and will be reviewed on a daily basis on the cardiac surgical ward
- You may also need to wear support stockings (known as TED stockings) during the day and these will be removed at night
- You will be up to sit at your bedside as soon as the medical/nursing staff feel it is appropriate
- You will be encouraged to mobilise and go



for short walks with assistance from ward staff if required

- You will be encouraged to take your pain relief on a regular basis
- You will be encouraged to perform deep breathing exercises
- You are advised not to have fizzy or diluted drinks due to preservative content
- If you are finding it difficult to sleep you may be prescribed a sleeping tablet while you are in hospital
- The medical staff will decide when you are fit to be discharged home
- The nursing staff will ensure that you are given appropriate information/education for your discharge
- If you require further blood tests, or your wounds redressed, the ward staff will organise this through your GP surgery
- Following your discharge from hospital you will automatically be referred onto your local cardiac rehabilitation team. The aim of cardiac rehabilitation is to support you during your recovery, and to offer you specific guidance on your recovery back to your normal lifestyle
- You will be invited to attend the cardiac surgery outpatient department for a review appointment with your cardiac surgeon and/or a member of the surgical team. This will be approximately 6 – 8 weeks following your surgery.

28. Information for visitors

Visiting times

To promote comfort and well-being for patients it is important for visitors to adhere to the following visiting policy.

Cardiac surgical ward

15.00 – 16.00

18.00 – 19.30

The ward has a strict rest period between 13.00 – 14.00

Cardiac intensive care and high dependency unit

14.30 – 15.30

18.30 – 19.30

Message to visitors

- Only 2 visitors are allowed at the bedside
- No visiting permitted at patient meal times
- If you are feeling unwell please do not visit the hospital eg. cold, flu, chest infection, vomiting or diarrhoea
- Wash your hands when you enter and leave the ward or use the hand sanitizer gels throughout the hospital
- It is not advisable for young children or babies to visit
- Fresh flowers/plants are not allowed at ward level
- No fizzy or undiluted drinks should be given to patients
- Visitors are not permitted to stay overnight in the hospital
- Relatives should not sit on patients beds for cross infection purposes.

Car Parking

There are car parking facilities available at the hospital for a small fee. Please allow plenty of time for parking as the queues can be lengthy.

29. Useful telephone numbers

Cardiac surgery pre assessment clinic/ nurses	028 9063 4014
Cardiac surgery waiting list office	028 9063 6540/ 028 9063 6541
Cardiac surgery Ward 5a	028 9063 2355/ 028 9063 2305
Cardiac surgical intensive care unit	028 9063 3500
Cardiac surgical high dependency unit	028 9063 3500
Cardiac secretaries can be contacted via switchboard	028 9024 0503
Cardiac rehabilitation nurses/ heart team	028 9063 4826
Social services	028 9063 2450