

Recovering from heart surgery

A new start

This booklet has been produced to help you to prepare and recover from your coronary artery bypass graft surgery (also known as CABG) as quickly and safely as possible. It is for your relatives or carers too.

The information should help with some of your questions. There is advice about what to expect from surgery and what you can do to make a speedy recovery. Simple exercises to do in the first few weeks after your surgery are described. There is information about diet, your medicines, and when you can start doing certain activities again. There is a section about stress and how to deal with it.

The booklet has information about cardiac rehabilitation and support groups in your area, and useful addresses and telephone numbers.

Please take time to look at this. We hope that you find it helpful.

“Before my by-pass graft life was difficult, but now I am able to enjoy life to the full – swimming, exercising in the gym, and walking in the countryside”

Members of the Newcastle and North Tyneside District cardiac rehabilitation steering group produced this booklet in February 2002. It was reviewed in October 2003. Review date: October 2005

With many thanks to the local cardiac rehabilitation teams, members of the cardiology and cardiothoracic surgical services, and the many individuals who have had coronary artery bypass surgery and contributed to, or commented on this information, and to Simon Thorp for the artwork.

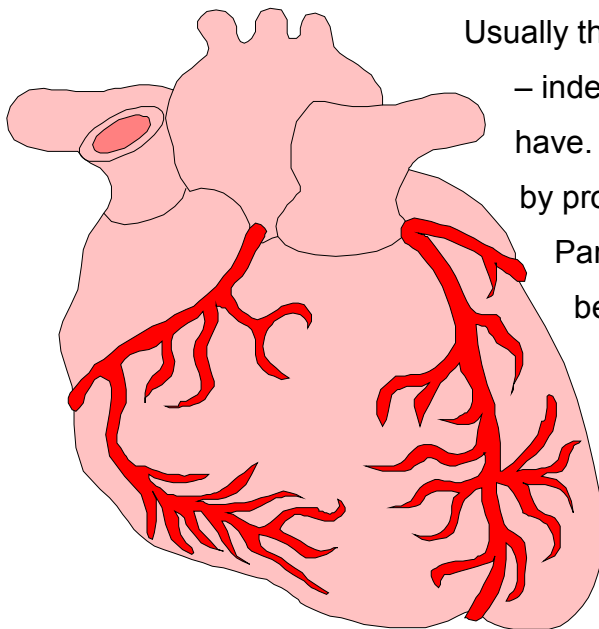
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Your Heart

Your heart is a pump made of muscle. It works non-stop throughout your life pumping blood around your body. Your blood picks up oxygen from the air you breathe, and nutrients from the food you eat. This supplies your body with all it needs to work. Your heart needs oxygen and nutrients too. It gets these from its own blood supply – the coronary arteries.

What is coronary heart disease?



Usually there is nothing wrong with your heart – indeed, it is the strongest muscle you have. Your heart trouble has been caused by problems in your **coronary arteries**.

Parts of your coronary arteries have become narrowed over time. This is sometimes known as hardening of the arteries or arteriosclerosis. It is very common. Most people have some narrowing of their arteries as they grow older.

When the coronary arteries become narrow the blood supply to your heart is not so good. When your body needs more blood – usually when you exert yourself– your heart has to pump harder and it needs more blood. The heart muscle hurts when it does not have the supply of blood it needs. This is **angina pain**. This pain usually gets better with rest and with nitrate drugs like Glyceryl trinitrate (GTN) - see page 26. Emotional upset or extremes of temperature can also cause angina pain.

A **heart attack** happens when part of the coronary arteries becomes blocked. Part of the heart muscle does not get its blood supply and is damaged. Rest or GTN does not relieve pain caused by a heart attack.

There are four **valves** inside the heart. These make sure that blood is pumped in the right direction. If your valves allow blood to leak backwards, the heart has to work much harder to supply your body with enough blood. This can leave you feeling weak and breathless. Valve surgery repairs or replaces a valve that is not working well. Some people need valve surgery as well as bypass surgery.

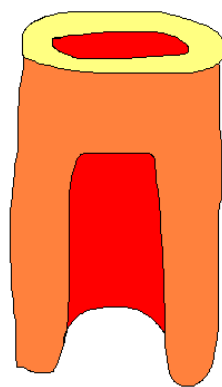
Why do the coronary arteries become narrowed?

Over a long time (perhaps starting when you were a teenager), a fatty layer builds up on the inside of your arteries. This layer gets thicker and thicker. Some parts of your arteries may become very narrow. Then it is difficult for your blood to get through. Usually there are only a few parts of your coronary arteries where there is this narrowing.

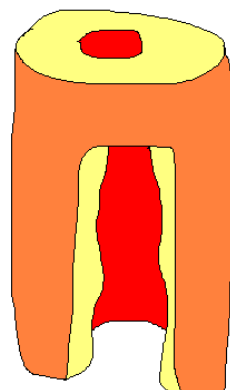
Sometimes your arteries deal with this local problem by growing new blood vessels in that part of your heart.

There is a danger of narrowed arteries becoming blocked by clotted blood sticking to the artery wall.

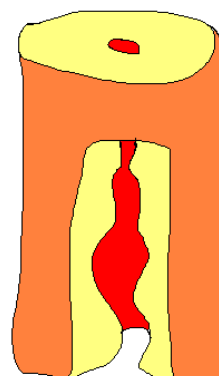
This picture below shows a bit of coronary artery becoming narrower and narrower as it becomes blocked up with a fatty layer.



A normal healthy artery



Build up of a fatty layer inside the artery



The artery is severely narrowed by the build-up of a fatty layer

Risk factors for heart disease include high levels of cholesterol in your blood, smoking, lack of exercise, and high blood pressure. These factors speed up the narrowing of the coronary arteries. There is more information about the risk factors in the section about maintaining a healthy heart (page 38).

What can I do about coronary heart disease?

There is a lot that can be done to help to treat coronary heart disease.

- ◆ **Coronary artery bypass graft surgery** creates a bypass route around the narrowed artery or arteries to improve the blood flow to the heart.
- ◆ **Angioplasty** (stretching an artery), and putting in **stents** (a metal tube to hold open an artery), are ways to reopen the arteries that have narrowed.
- ◆ There are **medicines** that help to control coronary artery disease, (see page 23).
- ◆ **You** can do a lot to reduce the risk of narrowing arteries and to stay well after surgery. Take a look at the section on maintaining a healthy heart for ideas about staying well on page 38.

Waiting for heart surgery

It is important you keep yourself as fit and healthy as possible before your operation. The fitter you are before your operation, the quicker and easier your recovery will be.

When you are accepted for surgery, your local cardiac rehabilitation service will be informed. You may be offered rehabilitation before your operation. This is sometimes called pre-hab. It is to help you improve your fitness and to provide information and support before your operation. This service is available in many areas. Ask your local cardiac rehabilitation service about what is available in your area. Contact numbers are provided at the back of this booklet.

What can you do to prepare for heart surgery?

- **If you smoke - stop smoking**

You can help speed up your recovery and prevent the complications of this operation linked with smoking. These include chest infections, pneumonia and blood clotting problems. There is help if you need it. There are some telephone contact numbers on page 42 of this booklet. Your community nurse or your GP can help you as well as put you in touch with the local Smoking Cessation Service.

- **If you are overweight** – losing some weight will help you to recover quicker. You will find it easier to move around as well as being less tired. There is advice about healthy eating on page 38.

- **If you have diabetes** – monitoring and working to keep your blood sugar level steady will also help you recover better after surgery.

- **Physical activity** – try to keep doing as much as you can. Exercise such as regular walking, even for short distances, will help you to recover your fitness quicker after surgery.

Admission for surgery – Your operation

Your surgeons' secretary will phone you or write to you with details of your admission and operation date. These dates and times sometimes change. This may be because of a shortage of available post-operative beds, or because the operating team have worked all night to provide urgently needed surgery. The service works hard to prevent cancellations.

On your admission you will meet the health professional team. They will explain their part in your operation. The doctors and nurses will ask you about your health. They will ask you about your heart disease as well as any other medical conditions you have, and any medicine you take. You will have a chance to talk to the surgeon and anaesthetist involved. It is normal to feel apprehensive before an operation. Please do not hesitate to ask for any information or help you need. If you would like sleeping tablets, please ask. Do not be afraid to check anything you are unsure about.

Physiotherapists usually meet you to show you ways to breath and cough after your operation. This is to help you recover better.

Your chest, arms and legs may need to be shaven before your operation. This ensures these areas are as clean as possible for surgery, and to make it easier to remove any dressings later.

Urgent or emergency surgery.

You may have been admitted or advised to remain in hospital for urgent or emergency heart surgery. In this case, you will have your surgery during an operating slot set aside for urgent cases. Many factors can affect the timing of your operation. Sometimes you may have to wait a few weeks. You may only hear the day before. The surgeon will meet you the evening before your surgery.

In the meantime, your cardiologist and nurses will continue to look after you and will inform the surgical team if your condition changes.

Your operation

What can you expect on the day of your operation?

- ◆ You will be asked not to eat for six or more hours before your operation, but drinks are usually allowed until a few hours before you are due to go for your operation.
- ◆ You will have a shower with a light anti-bacterial solution before putting on a gown.
- ◆ Your anaesthetist will prescribe some medication to take before you go to the operating theatre to help you relax.
- ◆ The ward nurses will check your information and take you to the operating theatre.
- ◆ On arrival at the operating theatre you will meet your theatre nurse who will also check your information and will stay with you until you are asleep.
- ◆ The operation will take about 4 hours.
- ◆ After your operation, you will be taken to an intensive care unit for the first stage of your recovery
- ◆ Please suggest that only one relative telephone to enquire about you. They can then inform family and friends. Nurses have to leave the patients' bedside to answer the telephone and the patient may need them.

In the intensive or high dependency care unit.

You will be looked after in an intensive care or high dependency unit for the first part of your recovery in hospital. These units can seem noisy because of the monitoring equipment used.

You will be on a ventilator (a breathing machine) immediately after your operation and for most of the first evening. This is to help your breathing after the anaesthetic and allow you to rest after surgery. Some people have a sore throat and cough up some blood stained sputum when they come off the ventilator. It is nothing to worry about and quickly clears. It is caused by the small tubes that have been in your throat during the operation.

You will receive fluid through a drip – small tubes linked into the veins in your arms. These may make your arm feel slightly bruised.

You can expect some discomfort from your chest wound, especially when coughing and breathing deeply. It is important to cough to help your lungs resist any infection. You may also have pain in the area where a vein was taken for the graft. This could be your leg, arm or chest. You will be offered regular painkillers to control pain and to reduce any stiffness. Please let the nursing staff know about any pain you feel. Some people need more painkillers than others.

Chest drains are usually removed within 24 hours of your operation. A urinary catheter will be inserted into your bladder during your operation and will be removed before or just after transfer to the surgical ward. You may notice some discomfort when first passing urine. Have plenty to drink during your recovery so you don't get too dry and dehydrated.

On the surgical ward

In the days following your operation you will be encouraged to sit up in a chair, walk around the ward and start to climb stairs with help from the nurses and physiotherapists. You may also use an exercise bike in the rehabilitation room. These activities help your recovery, and build up your strength and confidence for your return home. Most people notice an immediate improvement in their ability to manage stairs following their operation. However, you may feel short of breath after your surgery due to the anaesthetic and ventilation. This will improve as you move around and practice your deep breathing.

Support stockings are worn on both legs to keep up the blood flow through your legs and reduce the chances of clots developing.

Going home: The speed of recovery after surgery varies. Most people do not need to be in hospital for long after their operation. It is normal to go home after five or six days.

After surgery

Cardiac surgery is a treatment for your heart disease. The aims are to help you return to a full and normal life, and reduce your risk of future heart problems.

The first few days at home may seem quite demanding for you and your close relatives. Your heart is working better with the improved blood supply, but it will take you time to recover from the surgery itself.

Most people have no lasting problems in their recovery after surgery.

However, everyone is different. The following common after-effects of heart surgery are listed. If you do experience any after-effects, here are some ideas about what you can do. The good news is that these will almost always clear up with time.

Blurred vision: Some people report seeing dots or flashing lights in front of their eyes. This is due to the operation. If you do visit your optician or have your eyes tested, explain that you have had heart surgery.

Constipation: This affects some people after heart surgery. It may be because of your tablets or because you are less active than normal. Drinking lots of fluids and eating plenty of foods high in fibre (like fruit, vegetables and grains) may help. Your doctor or nurse can advise you about dealing with this.

Emotional changes: Following heart surgery people often experience mood swings. You may be more tearful than normal, and have days when your mood goes up and down. It is common to feel anxious and irritable after heart surgery, especially if you are worried about your progress. Your family may be just as anxious. You may all find information like this and the chance to discuss your concerns helpful. Keeping yourself active and well informed will help. There is a section on anxiety and stress later on.

Feeling hot and cold: Some people find that they are sweaty, especially at night in the early days. Others find it hard to keep warm. This will improve as your body gets back to normal after your operation.

Leg wounds: When a leg vein is used in bypass surgery it is common to feel numbness or prickling along the wound and around the ankle. This is due to a nerve recovering. It may take several months to settle down.

It is also normal for your leg and ankle to become swollen. This usually gets better after about 3 months when other blood vessels take over the work of the missing vein. In the meantime, try keeping your leg up when you are sitting. Being active helps the circulation.

Support stockings: Wearing a support stocking may prevent swelling in your leg. Your doctor or nurse will tell you if this would help and you may be given stockings when you are in hospital. You should wear the support stockings for five to six weeks after your operation. Wear them all the time during the first week. Then wear them for 12 hours each day.

They are tight and difficult to take on and off. Using a plastic bag helps. You will be shown how to do this in hospital.

Mammary artery: If this artery was used for your bypass you may feel a sharp pain or ache in the chest. Numbness or tingling or hot and cold feelings may go on for 6 months or more around the left side of your chest. You may find that your skin is very sensitive in this area. This is quite normal. It is due to the nerves in your chest recovering from the surgery.

Muffled hearing or thumping sensations in your chest, head or ears: If this happens in bed, change your position. It will settle in a few weeks.

Pain: It is normal to experience aches, pains, stiffness and numbness in your back, neck, shoulders, arms and chest after your operation. This is because of the effect of the operation on your muscles and ligaments, and due to your wound healing. This will improve, but can take up to six months or more to recover.

- ◆ Try holding a pillow or towel against your chest when you cough.
- ◆ Keep your shoulder joints mobile.
- ◆ Stretching the scar tissue over your breastbone is important in your recovery.
- ◆ Some exercises that should be practised regularly are described in the next section (page 15).
- ◆ Try different positions to find out if this helps.
- ◆ Some people find that applying heat or a cold pack help.
- ◆ For women, wearing a soft lightweight bra may help during the early days following surgery.
- ◆ Use painkillers regularly so that you can move, sleep and cough comfortably. Some people do not like to take painkillers until the pain is really bad. When pain is bad it is not easy to control. So, it is better to prevent pain by taking painkillers regularly. If the pain-killers do not work well enough, talk to your family doctor to find out what else may help.
How to reduce painkillers? – see page 29.

Your breastbone may grate or click in the first few weeks. This should slowly get better. For a few people this clicking may not altogether go. If the clicking happens a lot after the first few weeks and it is bothering you, report this to your doctor. Some people may still have some angina pain after surgery.

Palpitations: You may notice rapid heartbeats. This is usually due to your heart being sensitive and irritable after the surgery. The spells of rapid heartbeats should settle down in the first 4 weeks after your operation. If a spell of very rapid heartbeats goes on for two or more hours, or if you feel dizzy, breathless and unwell, contact your family doctor.

Poor appetite: This may be caused by the operation or your medication. If you are feeling sickly or have a poor appetite - try to eat a little and often.

Strange metallic taste in your mouth: some people find that food has lost its flavour to start with. You may also find that your **sense of smell** has changed. This can take 3 months to fully recover.

Poor memory and concentration: It is quite common to be forgetful and have poor concentration to start with. This should improve over the first few months. It is worse if you feel very tired or stressed.

Sleeping problems: It may take a few weeks to get back into your normal sleep pattern. Try to follow your usual bedtime routine. Avoid sleeping on your stomach in the first six weeks. It may be uncomfortable lying on your side. See the section on pain if this is upsetting your sleep. **Vivid dreams:** these normally settle down in the first few weeks. If worry is keeping you awake, have a look at the section on stress.

Sore throat and hoarse voice: This is due to bruising in your mouth and throat from the operation. This should settle down in a few weeks.



Tiredness: People are often surprised by how tired they feel. This is very common and can continue for up to six weeks. Try to keep active, but pace yourself. Do a little, but often to start with. Build up your daily activity bit by bit. Take a rest when you need to.

Carers may also feel very tired. It is hard work looking after the practical side of life, as well as providing emotional support and encouragement. Carers need to rest too.

Tingling and numbness: Some people notice tingling or numbness in their fingers. This is due to your nerves being stretched during the operation. This also settles in the first three months.

Your wound: It is normal to see spots or raw areas develop on your wound as it is healing. As it heals, the red scar shrinks to a thin white line. You may notice a slight bump at the top of your chest wound. This should gradually disappear. You may experience pain on each side of your wound. See the

section on pain. Wound healing may take three to four months. Everyone heals at a different rate.

Normal gentle washing everyday will help healing.

If you notice more pain, or swelling, redness or discharge from your wound, or if you are worried about the stitches, contact your GP surgery.

“At first, after by-pass graft everything you do hurts parts of your body. It’s important to get moving and start walking every day. Within six weeks I was in the rehabilitation group and beginning an individual exercise programme.”

Exercise after heart surgery

One of the great benefits of heart surgery is being able to do more. Taking exercise will:

- ◆ Make you feel good
- ◆ Help your heart recover
- ◆ Help you to sleep better
- ◆ Build up your fitness
- ◆ Lower your blood pressure
- ◆ Help you have a healthy weight
- ◆ Lower your cholesterol levels
- ◆ Help your heart stay well
- ◆ Give you energy for life

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.

When should I start to exercise?

Try to start as soon as you are settled back at 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 the surgery**. This will help your chest, neck and shoulder joints and muscles to become less stiff and more flexible. These will also help to loosen your joints before taking exercise. Try these at least once a day:

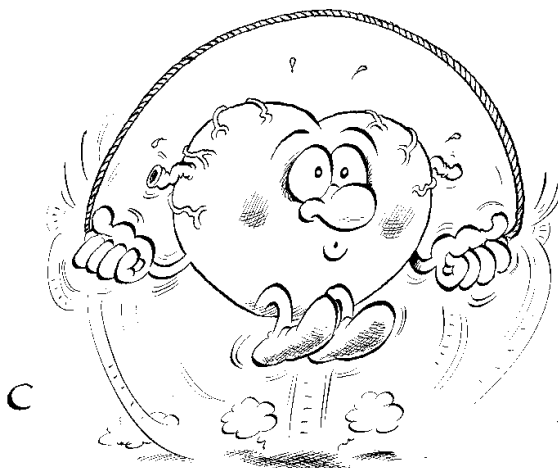
- ◆ Shrug your shoulders gently up to your ears and drop them again six times.
- ◆ Draw circles with your shoulders backwards, using your arms too – six times each side.

- ◆ Bend your head from side to side taking your ears to your shoulders – six times each side.
- ◆ Turn your head to look over your shoulder – six times each side.
- ◆ Turn your upper body from side to side gently loosening your waist – six times each side.
- ◆ Standing straight, slide hands alternately down each leg in a side to side movement far enough to feel the stretch six times each side.
- ◆ Lift each knee as high as is comfortable six times each leg.
- ◆ Point heel out in front of your body then point your toe back under your body in a heel-toe action, six times each foot.

Walking is a great way of exercising – you can go at your own pace, and walk as far as you like.

To start with, try a walk that takes about ten minutes. Choose a route that allows you to rest if you want to – a wall or bench to sit on. Bit by bit build up the length of your walk. As you feel fitter, try walking up a slight slope or walk more briskly. You might aim to be walking 1 – 2 miles (about 30 to 60 minutes) or even 3 to 5 miles by six weeks after your operation. However, everyone is different – plan your exercise to suit you and your recovery.

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 out of breath.

What else can I do if I can't walk, or the weather is bad?

Try these exercises. As with walking, start slowly and build up. To start with, try to do each exercise for about two minutes.

Exercise 1. Heel raises on the spot.

Hold on to the back of a chair or the wall. Slowly raise your body up onto your toes, and then lower back down.

Exercise 2. Marching on the spot

March briskly on the spot, raising your legs and swinging your arms gently.

Exercise 3. Sit to stand.

Sit on a firm stool or dining chair, not a soft armchair. Lean forwards and stand up. Sit down again.

Exercise 4. Step-ups.

Use the bottom step of some stairs. Place one foot fully on the step. Step up with the other leg to stand with both feet on the step. Then step down again.

Exercise 5 Free arm movements.

Slowly raise both hands and touch your shoulders. Gently raise your arms over your head and stretch up to the ceiling. Slowly lower them again. Breathe in as you raise your arms. Breathe out as you lower them.

Using an exercise bike or treadmill is ideal after your surgery. Avoid using a rowing machine or doing sit-ups in the first few weeks.

Remember to:

- ◆ Warm up and cool down when exercising – let your heart rate gradually go up– start and finish at a gentle pace.
- ◆ Wear comfortable loose clothing.
- ◆ Choose activities that you enjoy.
- ◆ Rest if you need to.
- ◆ Stop if you experience chest pain.
- ◆ Avoid exercising straight after a meal – wait for two hours.
- ◆ Avoid exercise if you feel unwell.
- ◆ Recognise your own achievements and don't compare yourself with others.
- ◆ Keep it up!

The exercise you do at home will help develop your fitness. It will also help you to get the most from the cardiac rehabilitation programmes, (see page 43).

How can I keep myself fit for life?

Physical activity is something that you can do to keep yourself fit and well into the future. Try to keep up your exercise and activities. Here are some ideas about how to keep yourself motivated:

- ◆ Remind yourself of all the benefits you can get from exercise.
- ◆ Remember that exercise will protect your heart.
- ◆ It increases your energy levels and boosts your mood.
- ◆ It doesn't have to cost you anything – walking is a simple and good way to keep fit.
- ◆ Choose activities that you enjoy and find satisfying.
- ◆ Make it part of your daily routine.
- ◆ Make a habit of climbing the stairs rather than using lifts.
- ◆ Walk rather than use the bus or car for short distances.
- ◆ Involve family or friends – make it sociable.

- ◆ Arrange to go to a regular exercise class.
- ◆ Do not put off starting to exercise again if you have stopped for a spell.
- ◆ Find out about exercise facilities, classes, and walking groups in your area – join in – try it and see.
- ◆ Make a plan of the activities you would like to do – make it fun.

Where can I get more information about exercise facilities?

- ◆ Cardiac rehabilitation services (see page 48)
- ◆ Local leisure centres (see page 47)
- ◆ Your local library or local papers
- ◆ Cardiac support groups (see page 45)
- ◆ Your G.P. surgery
- ◆ Other people who have had heart surgery

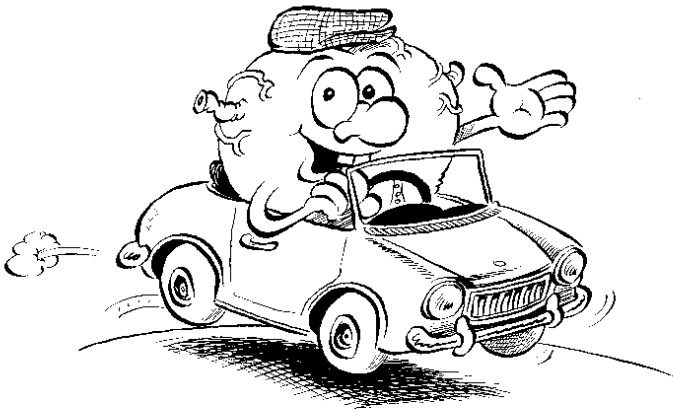
There is a list of useful contact telephone numbers and addresses at the back of this information pack.

“My own experience, having been operated on at the age of 76 and now approaching 80, is that I have been able to undertake all the exercises recommended in the booklet without any ill effects at all, and have in fact found them to be highly enjoyable.”

Activities and tasks – When can I?

- ◆ Remember, **everyone is different**.
- ◆ Aim to take things at your **own** pace and increase activities a bit at a time.
- ◆ Try to be as active as you can to help your heart recover.
- ◆ For the first six months it is not a good idea to take up very competitive sports, such as squash, or contact sports such as rugby or Karate.
- ◆ Build up your activities day by day. Do things that you enjoy.

Back to work	Six to eight weeks, depending on the nature of work and hours.
Bath/shower	Straight away – a bath may be more tiring than a shower.
Bowls and golf	Practice – six weeks, fully – twelve weeks.
Cooking	When you feel ready. Avoid heavy pans.
Cycling/dancing/jogging	Six to Eight weeks. Excellent for your heart.
Decorating	Light – Six weeks, heavy – Twelve weeks.
Driving	Do not drive for four weeks. Inform DVLA if you have a HGV or PSV licence. Inform your insurance company – your insurance may have to be altered.



Make sure that you can safely steer and use the brakes before you start driving again. You **must** wear a seatbelt when you resume driving or travelling as a car passenger.

Fishing

Practice – six weeks, fully – twelve weeks.

Gardening

Weeding – four weeks. Digging, grass mowing – six weeks.

Getting up and getting dressed

Straight away.

Having visitors

Any time, but do not be afraid to limit visitors and telephone calls. Protect your rest time.

Holidays and air travel

Leave flying for at least four weeks and check with your doctor. You must inform your travel insurance company. During long journeys, take regular opportunities to walk and stretch your legs. Wear your support stockings.

Housework

Dusting, washing –up – two weeks
Hoovering, changing beds, ironing – six weeks.

Lifting/pulling/pushing

Nothing heavy for six to twelve weeks.

Night out

When you feel ready. You may tire quickly at first.

Sex

Whenever you feel ready – make yourself comfortable and be careful of your breastbone in the first six weeks. See page 35.

Shopping

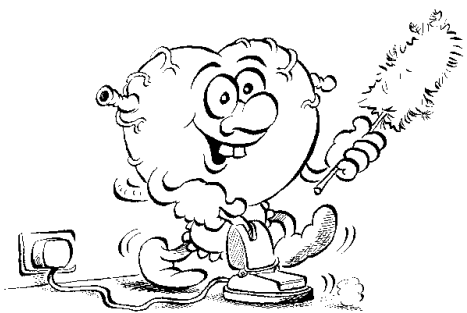
Newspaper – straight away. Supermarket trolley and carrying bags – six weeks.

Stairs

Straight away.

Swimming

Excellent exercise. You can start gentle swimming at six to eight weeks if your wounds have healed. More vigorous swimming can start two weeks later.



E

If you have any questions about starting or increasing activities, speak to the cardiac rehabilitation staff or your doctor.

Your medicines

Medicines play a vital part in your recovery. They help to avoid further problems and control symptoms. You will be fully advised by hospital staff of your medication before you leave hospital.

- ◆ It is important to take your tablets regularly. Follow the directions on the bottle.
- ◆ Painkillers are usually better at preventing pain, and not so good at dealing with severe pain. If you experience troublesome pain it is better to take painkillers sooner than to wait until the pain is really bad.
- ◆ If you take regular medicine, do not stop it suddenly. Your body needs time to adjust to managing without it.
- ◆ Do not take double doses if you forget to take your medicine.
- ◆ If side-effects are a problem, contact your doctor as soon as possible.
- ◆ It is a good idea to carry a list of your medicines in your jacket or handbag. If a doctor or dentist wants to prescribe something for you, they can check your list of current medicines. Show your list of medication at each consultation or treatment.
- ◆ Always let the pharmacist know what prescribed drugs you are taking if you buy anything over the counter.

Drugs to reduce the chance of blood clots forming

- Aspirin** Reduces the 'stickiness' of the blood.
Take with or after breakfast. Take in smaller doses than you would take to relieve a headache.
Side effects: can cause indigestion, nausea and vomiting.
Stomach problems can be prevented by taking Aspirin with food, using coated tablets, e.g. Enteric coated Aspirin.
- Warfarin** This is also a drug to prevent your blood from clotting. It is often used for people with heart valve trouble or with an

irregular heart rhythm.

Different people need different doses. You need regular blood tests at a hospital Warfarin Clinic or taken by your district nurse when taking this drug. You will be given a yellow book to record these blood checks. If your Warfarin level becomes too high you may notice that you bruise easily, or get nose bleeds, or even blood in your urine or stools. If this happens report it to your GP or Warfarin clinic straight away.

Avoid Aspirin when taking Warfarin unless told to do so by your consultant. Paracetamol is the safest painkiller to take if you are taking Warfarin. Drink only small amounts of alcohol. Check with pharmacist before buying any other medicines.

Clopidogrel Action similar to Aspirin and can be used instead of aspirin for some people. Usually given together with Aspirin following angioplasty and stenting to reduce the risk of blood clotting. If you need a painkiller – try taking Paracetamol.

Betablockers These drugs reduce the effects of natural adrenaline and have been shown to reduce the risk of further heart attacks. They are useful in preventing attacks of angina, lowering blood pressure, and treating some sorts of abnormal heart rhythms (arrhythmias).
Betablockers include: Atenolol (Tenormin), Metoprolol (Betaloc), Bisoprolol (Monocor), and Sotalol.
Betablockers are not usually given to people with asthma. Betablockers do have some side-effects which some people find troublesome, and these may disappear after a short time or if the dose is reduced. You may experience cold hands and feet, tiredness, sleep disturbances, impotence, dizziness and slow heart rate. Contact your doctor if you have bad side-effects. You should not stop taking these tablets suddenly.

**Calcium
channel
blockers**

This sort of medicine increases the blood supply to the heart and reduces the work of the heart by relaxing the arteries. They are often used to treat angina or high blood pressure. Common drugs from this group are: Nifedipine (Adalat), Diltiazem (Tildiem or Adizem), Amlodopine (Istin), Verapamil (Cordilox or Securon).

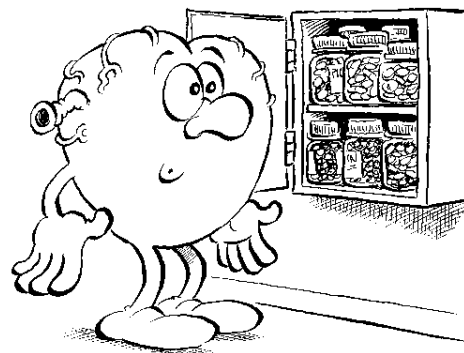
Side effects include flushing, headache, dizziness, ankle swelling and constipation. See your doctor if these side – effects are a problem.

**ACE
Inhibitors**

Ace-inhibitors are used to treat high blood pressure and heart failure (when the heart is not pumping as effectively as it should), and sometimes are given after a heart attack. The treatment opens the blood vessels to let the heart pump more easily.

These drugs include: Lisinopril (Zestril), Enalapril (Innovace), Captopril (Capoten), Perindopril (Coversyl), Ramipril.

Side effects include dizziness, a metallic taste, skin rash and dry cough. Your doctor may arrange for your blood to be tested. This is to check that your kidneys are all right.



F

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Diuretics

Used to treat high blood pressure and heart failure. They get rid of extra water and salt in your urine, and relieve congestion in your circulation.

These drugs should be taken first thing in the morning. You will need to use the toilet frequently for a few hours. Unless your doctor has told you to restrict your fluid intake, make sure that you drink just enough to avoid feeling thirsty.

These drugs are: Frusemide (Lasix), Bendrafluazide (Neonaclex), Bumetanide (Burinex), Co-amilofruse (Frumil).

Side effects occasionally include light-headedness, muscle cramps, stomach upsets and impotence.

Drugs used to treat angina

Nitrates

This sort of treatment works by opening your veins and arteries and by increasing the blood supply to the heart.

Nitrates relieve angina pain and treat heart failure.

Glyceryl trinitrate (GTN) is mainly used to relieve sudden attacks of angina pain. It is used as a tablet (to be placed under your tongue, not swallowed) or spray. It will usually relieve the pain in five minutes.

If the pain is not any better:

- ◆ Take two sprays or one tablet
- ◆ If no better after five more minutes, take another two sprays or one tablet
- ◆ If still no better after another five minutes, again take two sprays or one tablet
- ◆ If the pain is still there after a further five minutes **Dial 999.**
- ◆ **Do not wait longer than 20 minutes.**

Use GTN to prevent angina when you are about to do something that usually brings on an angina attack. You can

remove the tablet from your mouth later to reduce side-effects. GTN tablets are only effective for eight weeks after you open the bottle. The tablets or spray can be bought without a prescription if needed at short notice.

Isosorbide mononitrate (ISMN)/Dinitrate: A slower release, longer acting nitrate. Usually taken twice a day – swallowed. Second dose should be taken between 2.00pm and 4.00pm.

Nicorandil: Used to treat angina, usually taken twice a day.
Side effects of nitrates: throbbing headaches, dizziness, light headedness, flushing of skin. These should wear off over time.

Cholesterol (lipid) lowering drugs

Statins These drugs lower the amount of cholesterol in the blood.

Fibrates They include: Simvastatin (Zocor), Pravastatin (Lipostat), Fluvastatin (Lescol), Bezafibrate, Atrovastatin.

Each health district will have a protocol or plan for the use of statins. The recommended target for cholesterol levels in your blood is at least less than 5 mmol/l.

Statins should be taken at night to be most effective.

Side effects include nausea, headaches, diarrhoea or constipation, and inflammation of muscles (rare). You must tell your doctor of any unexpected muscle pain, tenderness or weakness.

Anti-arrhythmic drugs

These are drugs for controlling the heart rhythm and to treat heart failure. These include: Amiodarone (Cordarone X), Digoxin

(Lanoxin) and Verapamil (Cordilox). Verapamil is also sometimes used for angina and hypertension too.

If you take Digoxin, you will be on a dose to suit your weight.

Your blood levels may be monitored.

Amiodarone can take a while to have its full effect. It is therefore given in large doses to start with, and is then reduced. You may become more sensitive to sunlight, so cover up your skin on sunny days, or use sun block.

Side effects of these drugs include loss of appetite, nausea, sickness, headache, flushing and dizziness.

Pain killers

Paracetamol: A good pain killer for mild to moderate pain, and helps if you have a fever. It has very few reported side effects. You must not take more than the recommended dose. Take 1-2 tablets 4 times a day. No more than 8 tablets in 24 hours

Codeine/ Dihydrocodeine: These are opioid drugs helpful for moderate levels of pain. They are stronger than Paracetamol, but have more side-effects. They should be taken 4 times in 24 hours. Best taken with food to avoid nausea and vomiting. They can also lead to drowsiness and constipation so be careful about driving or operating machinery. Co-codamol is a mixture of Paracetamol and Codeine.

Non-steroidal anti-inflammatory drugs (NSAID's): These include Ibuprofen, Diclofenac, Naproxen, Indomethacin, Celecoxib and Rofecoxib. These are helpful for reducing inflammation and pain. Especially pain caused by muscle strain, bone pain and arthritis. They should be taken with food to protect your stomach.

Side effects: some of these drugs may cause stomach irritation and bleeding, nausea, diarrhoea, rashes and swelling of the face in some people. Some are available with a coating to

protect your stomach (EC tablets). If you are allergic to aspirin, do not use these tablets. Do not take these drugs if you have asthma or raised blood pressure, unless prescribed by your doctor.

Tramadol: Opioid painkiller, which effects your nervous system. It is used for moderate to severe pain. Side effects may include nausea and vomiting, constipation, low blood pressure and hallucinations in some people. Take great care – if driving or operating machinery.

How to reduce your painkillers.

Your pain **must** be under control before you start to reduce your painkillers. If you are in pain, you will find it more difficult to get moving and to breathe deeply – both are important for your recovery. Everyone has a different threshold and tolerance for pain. Do not compare yourself with others.

- ◆ Reduce one painkiller at a time
- ◆ Reduce the dose that you take during the day first
- ◆ Then reduce the dose taken at night and first thing in the morning
- ◆ Use paracetamol as you need to (but no more than 8 tablets in a 24 hour period)
- ◆ If you take paracetamol and want to reduce these gradually, reduce the day-time doses first. Then reduce the night-time and early morning tablets.

**“Keep smiling.
You’ve got to take life in both hands and
make it happen.”**

Managing stress and tension

It is common to experience some anxiety after heart surgery, especially on leaving hospital. Some people think that stress played a part in their heart problem. Family members often feel very anxious. Many people start to feel more confident over the following weeks. For others stress can remain a problem.

There is evidence that reducing stress and tension can help your heart recover. This section will explain more about what is happening to you when you feel stressed and anxious. It suggests things you can do for yourself to make you feel better.

What is stress?

If you have difficulty sleeping, or are prone to worrying a lot, or have butterflies in your stomach, you may be experiencing some stress. Stress can be short-lasting, or can go on for months or years. Stress that wears us down can affect our health and wellbeing.

Stress changes our body chemistry – more adrenalin is in our blood. This leads to all sorts of normal signs and symptoms. You may experience:

- ◆ **physical** symptoms: pounding heart, breathlessness, sweating
- ◆ unhelpful **thoughts**: “I can’t cope, I’ll have a heart attack”.
- ◆ difficult **emotions**: anxious, frustrated, low, irritable
- ◆ stress-related **behaviours**: rushing, overeating, avoidance

One symptom can lead to another in a cycle. So, for example, you might notice that you are breathless and tired after a walk. This might make you **feel** worried. You might **think** “I’m never going to get over this”, “The slightest exercise makes me pant”, and “What if this damages my heart?” These thoughts might make you anxious. To feel safer you may **avoid** going out alone, or stop your exercise programme. Exercise is a safe and important aspect of recovering from heart problems, but stress can get in the way. Pains, including chest pain, a racing heart and breathlessness are common signs of stress. The more stressed you are, the more uncomfortable the

symptoms become. Following heart surgery, it is normal to be more aware of and worry about your heart. The worry may leave you even more stressed and the symptoms may get worse.

Checking

Some people regularly check their pulse, or monitor their blood pressure to make sure that everything is all right.

This checking can be unhelpful. Instead of making you feel reassured, checking can make you more worried and more aware of physical symptoms.

Breathing

Even low levels of stress can speed up your breathing. Over-breathing can cause many of the symptoms already mentioned – feeling dizzy, tingly and uncomfortable, and even panicky.

Panic attacks

You might have a churning stomach, a racing heart, rapid breathing, dizziness, and sweating. You might have a feeling of terrible fear and a pressing need to escape or call for help.

These attacks are the body's normal reaction to a feeling of threat or danger. It prepares the body to respond quickly to danger. It is an unhelpful reaction if it is caused by everyday stress and worry.

It is a horrible feeling, but panic attacks will not do you any harm. In fact, the panicky feelings will pass even if you do nothing at all.

Here are some ways of dealing with stress and tension:

If you practise the following advice, you could find a great improvement. Don't be put off if this doesn't happen straight away. It takes time to change your response to stress – weeks or months. If you know someone who will be supportive, tell them what you are trying to do. They can encourage you to take the time you need to practise new skills like relaxation.

Relaxation

Research evidence shows that people who practise relaxation improve their heart's recovery.

Try starting to practise relaxation every day. A relaxation tape may guide you. With practice you may find that you can recognise tension and relax in a few minutes or less.

There are all sorts of ways to relax. Try to slow down and relax completely at least once a day. Slow down and make time for a lazy bath, a walk, music, a good book or radio or television programme. If you allow yourself to relax you will get more done with the time left because you are refreshed. Try it and see.

Think about your breathing

Breathing techniques are a good relaxation method.

Try this:

- ◆ Lie down or sit with good support
- ◆ Place your hands on your stomach – your stomach should move out slightly as you breathe in, and drop back as you breathe out. Your chest should not move at all.
- ◆ Take a breath in, and then breathe out **slowly**. Allow yourself to feel heavier and more relaxed as you breathe out. Continue breathing gently to this rhythm for a few minutes.
- ◆ With practice you will be able go into this comfortable breathing style when you feel tense.

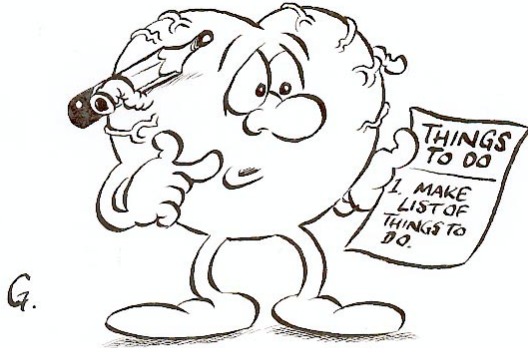
Exercise

Regular physical activity that you enjoy is a good way to reduce stress (and is very important for a healthy heart too). Walking, swimming, dancing, going to an exercise class – all sorts of activities are good for burning up adrenalin and relaxing tense muscles.

It may also help you feel more confident in yourself. Try to make time for some physical activity every day.

Plan your time

Are you someone who is always on the go, rushing, and restless? Here are some ideas:



- ◆ Take time to list all the tasks you have to do and write them down. Include time for relaxation and pleasure.
- ◆ Ask yourself how much each task really matters.
- ◆ Ask yourself whether it has to be you? Who else can help?

- ◆ Choose the most important tasks to do first. Leave the tasks that don't matter.
- ◆ Do one task at a time.
- ◆ If a task seems too big, try to break it into smaller tasks.
- ◆ Pace yourself. Stop rushing. Have a break. Relax. You will get on better if you feel relaxed and refreshed.
- ◆ At the end of the day, be pleased with what you have achieved.

You can learn to take life at a more relaxed pace and still achieve a lot.

Be aware of any unhelpful thoughts.

The way you think about things may be causing stress. You may be able to change your unhelpful thinking and feel better. Here are some ideas:

◆ **Avoiding negative thinking**

Dwelling on bad things will probably leave you feeling low. Try to balance these thoughts with the ordinary and good things that happen each day.

When things go wrong, try to be forgiving towards yourself and others. Ask yourself how much it really matters?

Worrying is not helpful, and does not prevent problems from happening.

Again, try to balance worries with thoughts about things that do go your way; remind yourself of how you have managed to cope in the past.

◆ **Avoiding 'should', 'ought to' and 'must' thinking**

Ask yourself who is setting these rules. Are you setting too high a standard?
Relax your standards if you are stressing yourself.

◆ **Unhelpful beliefs**

Your thinking may be influenced by mistaken beliefs about your heart and it's effects on your life. For example: "I will always have a weak heart. I must be very careful or I might damage the graft." Even: "I have a heart problem - my life is over - I'm useless now."

These are common unhelpful beliefs that are false. Here are some questions to help you question and change unhelpful thoughts:

1. Is this a fact or just a thought?
2. Is there a more helpful way of thinking about this?

Watch out for avoidance

After surgery you may feel cautious about getting back into the swing of things. Fears of causing more pain or problems might make you avoid exerting yourself, or going out much.

In fact, it is very important to develop your hearts strength. Gradual exercise is very important in recovery. As soon as possible, start getting out and about. You might have to build up slowly and pace yourself to start with. Going to a rehabilitation programme is a very good way to develop your confidence and return to your everyday activities.

Remember, for the majority of people, heart surgery allows you to do **more**.

If you have any concerns or questions please talk to your cardiac rehabilitation contact, or your GP, who may be able to help.

Sex is good for your heart.

If you have enjoyed a sexual relationship in the past, then it is **quite safe** to develop this again after heart surgery.

In fact, sex puts no more strain on your heart than walking up two flights of stairs, or taking a brisk walk. If you can manage these activities without chest pain or being out of breath, then you are certainly fit enough to enjoy sex if you want to.

Research has discovered that heart problems occurring during sexual activity are rare.

Here are some points that may help:

- ◆ There is no right or wrong time to start to have sex following heart surgery – discuss it with your partner. Make a start when you feel physically and emotionally ready.
- ◆ Work towards intercourse gradually. Spend more time kissing, caressing, cuddling and with foreplay. This allows your heart rate to gradually increase. It should also help you both to develop confidence again.
- ◆ Find a comfortable position that does not put pressure on your chest or restrict your breathing. Lying side by side might be a good position in the first three months after surgery whilst your chest wall is healing. Once everything has healed, your usual positions should be fine.
- ◆ Enjoy sex in a comfortable setting. For example: avoid extreme heat or cold; wait two or three hours after a big meal or drinking a lot of alcohol; and wear comfortable clothing that is easy to take off.

- ◆ If you develop chest pain or become very breathless, stop and take your GTN spray or tablets. You can use GTN before sex if you think it helpful. Be careful with Nitroglycerine patches or cream – these may rub off on your partner and give them a nasty headache!

- ◆ **You cannot take Viagra** if you take nitrate medications (GTN spray or buccal tablets, IMDUR, Isosorbide mononitrate or dinitrate) – it can lead to dangerous drops in your blood pressure, (as can anal sex) - seek information from your nurse or doctor.

- ◆ As you feel up to it, enjoy a full range of sexual activity.

- ◆ Problems with sex drive or sexual responses? Feeling nervous about resuming sexual activity may be the problem. A few initial disappointments are normal – don't be put off. Talk with your partner and aim to build up gradually. Some drugs may cause problems – speak to your doctor who may alter the dose or try a different brand of medicine. Don't be afraid to ask for help – there is often a simple answer. If difficulties continue, or if you have had long-standing trouble, your doctor can assess this and may refer you for specialist help.

Aim to return to your past sexual activity in your own time, and enjoy it!

Returning To Work

If you are of working age, returning to work will help you recover some normality into your life. It may be worth finding out if you can return to part-time work to start with, and build up slowly.

If you have any questions or concerns about getting back to work, speak to your doctor or rehabilitation nurse. Your local re-employment officer is another good source of help.

Financial help

If you need help in finding out about financial benefits, call the

Benefit Agency Customer Service Department

On tel: 0191 226 6047

If you live outside Newcastle, this department can give you details of your local service.

Maintaining a healthy heart

Your surgery has treated some of the problems caused by narrowed arteries. But surgery does not change the reasons that you had narrowed coronary arteries in the first place. To get the best from your surgery it is very important that you do what you can to prevent further artery narrowing. Here are some ideas:

Healthy food for a healthy heart

Some changes in what you eat may be a good idea following heart surgery. Make time to think about your diet. Watching what you eat will help keep your arteries clear and help you stay well.

For a healthy heart it is sensible to:

- ◆ Include two to three portions of oily fish each week
- ◆ Include starchy foods such as wholemeal bread, rice, and cereals.
- ◆ Choose foods lower in fat.
- ◆ Have five pieces of fruit and vegetables every day.
- ◆ Have regular meals and avoid snacks.
- ◆ Do not have sugary foods and drinks too often.
- ◆ Eat the right amount to be a healthy weight.
- ◆ Eat a variety of foods.

Eating less fat

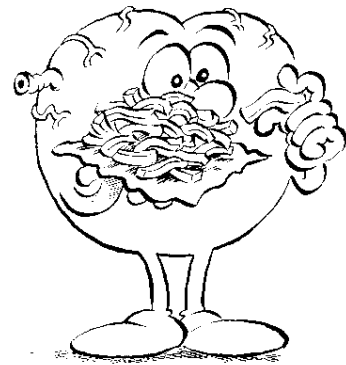
Try to reduce the amount of fat in your diet. Whilst we need a small amount of fat in our food to stay healthy, most people eat more fat than needed.

Raised cholesterol levels (more than 5 mmol/l.) put your arteries at much greater risk of becoming narrowed again. You may be taking drugs to lower your cholesterol level, but a healthy diet is also important. It is worth thinking about the sorts of fats and oils you eat. Different fats have different effects on blood cholesterol levels.

1. It is a good idea to use olive oil and rapeseed oil and spreads made from these. These contain **Mono-unsaturated fat**. This type of oil helps to lower the level of "bad" cholesterol in your blood.
2. Sunflower, corn and soya oil and spreads are made from **poly-unsaturated fat**. These lower the "bad" cholesterol, but in large amounts can also lower the "good" cholesterol in your blood. Use these spreads and oils with care.
3. Eat less animal fats (butter, cream, cheese) and processed foods (cakes, biscuits, pastry). These contain **saturated fat**. These fats raise the harmful cholesterol in your blood.

Spreads and oils contain all three types of fats, but in different amounts. The nutritional information on the food label can help choose the best one.

4. **Omega 3** fat is a type of polyunsaturated fat found in oily fish: mackerel, sardines, pilchards, herring, salmon and trout as well as in seeds and some nuts. It has a useful effect on the heart - it helps the heart to keep a regular beat and makes your blood less likely to clot. Include oily fish in your diet two or three times a week.



Ways to eat less fat:

- ◆ Use spreads and oils sparingly.
- ◆ Use semi-skimmed milk.
- ◆ Cheese is high in fat - use stronger varieties and less of it. Grated cheese goes further than sliced cheese.
- ◆ Thick cut oven chips are lower in fat than other varieties.
- ◆ Natural yoghurt or fromage frais can be used in place of cream or mayonnaise.
- ◆ Eat less cake, biscuits, and crisps.
- ◆ Choose lean meat. Have smaller portions of meat.
- ◆ Do not fry food.

Starchy foods

You can eat more of these foods: wholemeal bread, potatoes, breakfast cereals, rice, pasta, beans, pulses and other grains.

- ◆ Starchy foods are filling, low in fat, cheap and easy to prepare.
- ◆ They should form the basis of each meal; many people need to include bigger portions of these at mealtimes.
- ◆ Starchy foods are only "fattening" when high-fat ingredients are used in their preparation, e.g. cheese sauce on pasta.
- ◆ Crumpets, crispbreads, bagels, fruit malt loaf and teacakes can be useful as snacks - go easy on the spread. Choose wholemeal brands.

Enjoy more fruit and vegetables

It is recommended that we eat 5 portions of fruit and vegetables each day.

They can be fresh, frozen, cooked or raw.

1 portion = 100 grams (3- 4oz.)

- ◆ Try adding fresh or dried fruit to cereal.
- ◆ Have thick vegetable soup at lunch.
- ◆ Eat fruit between meals.
- ◆ Include two portions of vegetables with your main meal.

Using less salt

If you have high blood pressure using less salt may help.

- ◆ Many tinned and packet foods are high in salt, as are smoked foods - limit these in your diet.
- ◆ Use less salt in cooking and at the table.
- ◆ Herbs and spices can be used instead.
- ◆ Salt substitutes are not recommended.

Your weight

Try to keep your weight at a healthy level. If you are overweight your heart has to work harder.

The best way to lose weight is to eat a low fat, healthy diet, and to exercise regularly. Gradual weight loss is sensible – it is not wise to lose more than 1Kg. (about 2lb.) a week. Keeping a record of what you eat may help. If you find it difficult to lose weight, contact your nurse or doctor for advice and help.

Sensible alcohol use

Alcohol is fine if enjoyed in moderation. The current advice for the **maximum** amount of alcohol that you should drink is given in the box below. All alcoholic drinks are high in calories. Do not drink much alcohol if you are trying to lose weight or if you have high blood pressure.

Men: 21 – 28 units per week

Women: 14 – 21 units per week

1 unit = ½ pint of normal strength beer, or

1 glass of table wine, or

1 small sherry, or

1 standard single measure of spirits.

Stopping smoking

If you smoke: smoking is a big risk factor in heart disease. If you continue to smoke it will double your risk of further serious heart problems.

Everyone will advise you to stop smoking. Easier said than done? Help is at hand. Smoking cessation services provide:

- ◆ One-to one help
- ◆ Group support sessions
- ◆ Free nicotine replacement therapy for some people

Here are the telephone contact numbers for some local smoking cessation services:

Cumbria: 01900 324134

Durham: 0191 3336570

Gateshead and South Tyneside: 0191 451 6605

Newcastle and North Tyneside: 0191 2825970

Northumberland: 01670 813135

Sunderland: 0191 5656256 extension 45304

Your Blood Pressure

As your heart beats it pushes blood around your blood vessels. The pressure in these blood vessels is your blood pressure.

High blood pressure or hypertension is an important cause of heart problems.

High blood pressure makes your heart work harder. It leads to narrowing of your arteries, including your coronary arteries. High blood pressure can also cause strokes, kidney failure and eyesight problems. However, having high blood pressure usually does not make you feel unwell. It is an invisible symptom.

High blood pressure can be due to:

- ◆ Being overweight
- ◆ Eating too much salt
- ◆ Drinking too much alcohol
- ◆ Not enough exercise
- ◆ Heredity – running in your family

What to do about high blood pressure:

- ◆ Have your blood pressure *checked* regularly at your doctor's surgery.
- ◆ If you have been prescribed medicine to lower your blood pressure, please remember to take this regularly. If you have any concerns about this medicine, talk to your doctor. Do not stop taking this medication suddenly.

You can help to reduce your high blood pressure by:

- ◆ Being more physically active and fit
- ◆ Maintaining a healthy weight
- ◆ Reducing the salt in your diet (see section on healthy eating)
- ◆ Sensible alcohol use (see above section)

Diabetes

People with diabetes have a higher risk of developing heart disease. If you have diabetes it is very important to monitor and control your blood sugar to manage this illness. Please don't forget to attend for regular check-ups. Regular exercise is good for controlling diabetes as well as your heart, and for reducing high blood pressure and your weight.

Physical activity –have a look at the section on exercise – page 15.

“Build your exercise up gradually, increasing regularly and exercise every day. If you are offered a rehab. group, take up this offer – it's well worth it.”

Cardiac Rehabilitation Programmes

Cardiac rehabilitation programmes offer regular sessions of supervised exercise. This is tailored to the abilities of those who attend. There is a chance to learn more about your condition, ways to relax, and how to make a good recovery. Specialists provide information and answer questions on a number of health topics: healthy eating and lowering cholesterol, the importance of exercise, the difference between heart attack and angina, and information about your medication. The programmes are relaxed, sociable and fun.

Experienced nurses, and a team of other health and leisure professionals run the rehabilitation programmes.

There are many good reasons for coming along to one of the programmes:

- ◆ There is good evidence that people who go to cardiac rehabilitation programmes recover better, and keep doing well.
- ◆ It is an opportunity to learn more about your condition, recovering and staying well.
- ◆ It is a good introduction to enjoyable exercise.
- ◆ Most people report that they grow in confidence.

Normally you will be referred to your local rehabilitation service when you are discharged from hospital. You should expect to be offered a place on a programme about four to eight weeks following surgery.

If you do not hear from the rehabilitation service please get in touch with the local coordinator. Some telephone numbers are provided at the end of this information booklet. Your G.P. surgery should be able to tell you how to contact the local service.

Cardiac Support Groups

These are social meetings for people who have had heart problems and their relatives and friends. Activities vary from group to group. These may include talks, excursions, walks, social events and fund raising. There is the chance to talk to others who have had similar experiences. Some groups are involved in the planning of cardiac rehabilitation services. The following contact numbers and names were correct at the time of writing this booklet (but of course may change over time).

Alnwick Cardiac Support Group

Contact Jack Ronaldson on Tel. No. 01669 620373

Ashington Support Group

Contact Mandy Hall on Tel. No. 01670 816875

Berwick Support Group

Contact Phil Harris on Tel. No. 01890 820280 or Lesley Angell on 01289 356960

Carlisle Cardiac Support Group

Meet on the last Tuesday of each month at the Sands Centre at 7.30 pm.

Contact Judith Brannen or Hilary Quinn on Tel: 01228 814733

Freeman (Newcastle) Post–surgery Cardiac Support Group

The cardiac support group meets on the 4th Thursday of each month in St. Francis's Hall (situated behind the Freeman Hospital) at 7.30pm.

Contact Ian Murray on Tel: 0191 419 1048

Gateshead Cardiac Support Group

Contact Bob Harrison on Tel: 0191 410 2973

North Northumberland Cardiac Support Group

Contact Jack Ronaldson on Tel: 01669 620373 or Anne Robinson on Tel: 01670 534362

North Tyneside Cardiac Support Group

Meet on the second Tuesday of each month at various locations at 6.30pm

Contact: Ms Cath McBryde on Tel: 0191 293 4125

Royal Victoria Infirmary (Newcastle) Cardiac Support Group

Meet on the 4th Wednesday of each month at various locations.

Contact Lilian Henderson on Tel: 0191 2820133

Second Chancers (West Newcastle)

Social meeting on the 2nd Wednesday of each month at 7pm at Cochrane Street Social Club, Benwell. There is also a thriving walking group.

Contact Reg Hogg on Tel: 0191 2747051

South Tyneside Cardiac Support Group

Contact Pauline Slattery on Tel: 0191 4837925

Sunderland Cardiac Support Group

Contact David Wood on Tel 0191 5203238

Wansbeck Hospital Support Group

Contact Carol Ruddick on Tel. No.

01670 529389

West Denton 'Stepping Stones'

Contact Eddie and Sally Auld on Tel:

0191 242 2368



Newcastle and North Tyneside Leisure facilities

There are some excellent leisure facilities. It is worth calling in or telephoning to find out about facilities, classes, equipment and exercise referral schemes. You could telephone the physical activity coordinator in your area to find out what might suit you (their telephone numbers are on page 48). Here are some of the Tyneside facilities.

NAME OF CENTRE	ADDRESS	TELEPHONE
Lightfoot Centre	Wharrier Street Walker NE6 3BR	0191 265 5597
Newburn Leisure Centre	Grange Road Newburn. NE 15 8ND	0191 264 0014
Scotswood Sports Centre	Denton Road NE15 7HB	0191 274 3716
Denton Park Swimming Pool	West Denton Way NE5 2QZ	0191 267 5628
East End Pool	Corbridge Road Byker NE61DY	0191 278 8444
Fenham Pool	Fenham Hall Drive NE49XD	0191 274 7210
Eldon Leisure	High Friars Eldon Square NE1 7XY	0191 232 5917
Gosforth Pool	Regent Farm Road Gosforth. NE3 3HD	0191 284 3696
City Pool	Northumberland Road NE1 8SE	0191 232 1981
Elswick Park and Leisure Pool	Beech Grove Road NE4 6SQ	0191 273 7801
The Parks Sports Centre	Howden Road, North Shields	0191 2006364
Blue Flame Sports Club	Whitley Road, Benton	0191 2700885
Tynemouth Pool	Beach Road, Tynemouth NE29 9PX	0191 2006192
Killingworth Sports Centre	Citadel East, Killingworth	0191 2008267
Wallsend Sports Centre	Rheydt Ave. Wallsend	0191 2007120
Whitley Bay Leisure Centre	Whitley Bay	0191 2008540

Useful Contact Numbers and Websites

NHS Direct	Tel: 0845 46 47
British Heart Foundation	Tel: 020 793 50185 www.bhf.org.uk
Freeman Hospital	Tel: 0191 2843111
Royal Victoria Infirmary	Tel: 0191 2325131
Age Concern	Tel: 0191 2326488
Nexus Carebus	Tel: 0191 2320363
Department of Health website	www.doh.gov.uk
BBC Education Heart Special	www.bbc.co.uk/education/health/heart

Cardiac Rehabilitation Services:

Carlisle – 01228 814733

Gateshead - 0191 4820000

Freeman Hospital, Newcastle – 0191 2843111 extension 31399

Royal Victoria Infirmary, Newcastle – 0191 2825650

Newcastle Community Cardiac Rehab. Programmes – 0191 2724249

North Tyneside Healthy Hearts – 0191 2932736

Northumberland – 01670 782301

Sunderland – 0191 5699519

Physical Activity Coordinators:

Newcastle East - Rosie Milne – 0191 2244404

Newcastle West – Debbie Smith – 0191 2195518

Northumberland and North Tyneside- Ruth Challinor – 0191 2932736

Leisure centres in Newcastle and North Tyneside – see page 47

Smoking Cessation Services – see page 42

Cardiac Support Groups – see page 45

Benefits Agency customer help line – page 37

**Information produced by Members of the Newcastle and North Tyneside District Cardiac Rehabilitation Steering Group, February 2002.
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