

# Patient Information



## Recovering from a Heart Attack

This information booklet was funded by the generous donations received by  
The Sussex Heart Charity

## USEFUL NUMBERS (CARDIAC REHABILITATION)

<b>The Royal Sussex County Hospital</b>	<b>01273 696 955</b> <b>Ext: 64009</b>
<b>The Princess Royal Hospital, Haywards Heath Haywards Heath</b>	<b>01444 441 881</b> <b>Ext: 68280</b>
<b>Worthing &amp; Southlands Hospital</b>	<b>01273 446 019</b>
<b>St Richard's Hospital, Chichester</b>	<b>01243 831 829</b>
<b>East Surrey Hospital, Redhill &amp; Crawley Hospital</b>	<b>01737 768 511</b> <b>Ext: 66973</b>
<b>Eastbourne Hospital</b>	<b>0300 131 4450</b>
<b>The Conquest Hospital, Hastings</b>	<b>0300 131 5303</b>

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Kay Hyde, Caroline Jones and Louise Bergen-Gander.

This information booklet was funded by the generous donations received by

### **The Sussex Heart Charity**

Registered Charity Number: 1120998

Vist **[www.sussexheartcharity.org](http://www.sussexheartcharity.org)** to donate today or complete the form on page 35. Thank you!

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## MY PERSONAL CONTACTS & INFORMATION

Hospital Name:

Telephone No:

Ward Name/Extension No:

Hospital Name:

Matron:

Ward Sister/Manager

Nurses:

Other Members of staff:

Other Information:

## MY QUESTIONS?

Please use the space below to make notes regarding any questions you may have for any members of the cardiac team.

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## INTRODUCTION

We recognise that when you are told that you have had a heart attack this can be a worrying and anxious time. This booklet is intended to give you a clear understanding of what has happened and what to expect following your heart attack. It is also for your family/next of kin. Please keep it somewhere safe as you may wish to refer to it later.

We aim to give you an honest picture of the future and seek to address the major questions and concerns that may arise and guide you on how to reduce your risk of further heart problems. The majority of people return to leading normal lives within eight to twelve weeks or even sooner.

Please remember that this is a general guide to recovery and there will be individual differences.

The team looking after you will include doctors, nurses, pharmacists and your own GP.

You will also have a designated rehabilitation nurse and cardiologist:

Your Cardiac Rehabilitation Nurse is

Telephone & Extension

<input type="text"/>	<input type="text"/>
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Your Consultant Cardiologist is

Telephone & Extension

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If you or your family have any concerns or worries please do not hesitate to discuss these with your rehabilitation nurse or doctor.

## THE HEART AND HOW IT WORKS

The heart is a muscle which pumps blood through a system of blood vessels. It consists of two sides. The right hand side takes in blood from the veins and pumps the blood to your lungs to get oxygen. From your lungs the blood travels to the left hand side of your heart and then through the arteries to every part of your body. Blood carries oxygen and nutrients which are the body's fuel. The heart requires its own blood supply through what are known as the coronary arteries, enabling it to beat an average of 70 times a minute, 24 hours a day. There are three main coronary arteries with many smaller vessels leading from them. If the heart has to work harder and faster it will require more blood; these arteries are able to adapt to ensure that a good blood supply is maintained.

## CORONARY ARTERY HEART DISEASE

A fatty deposit called atheroma can build up in the lining of the coronary arteries over a number of years. This narrows the artery gradually reducing the amount of blood that can get through. This process is called atherosclerosis and is known as 'coronary artery heart disease' see figure 1.

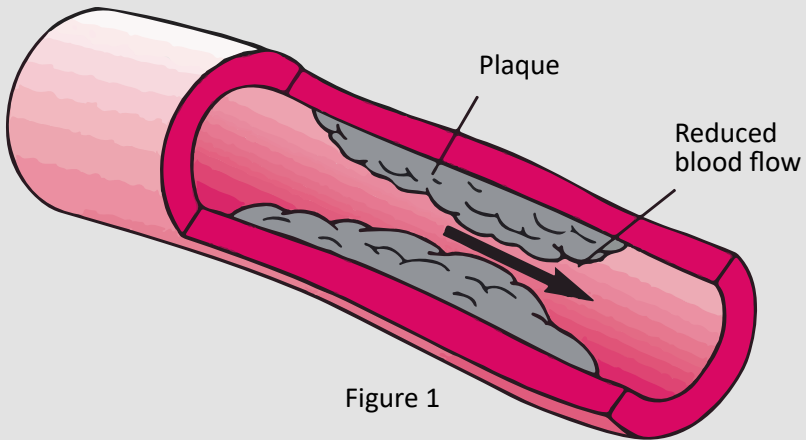


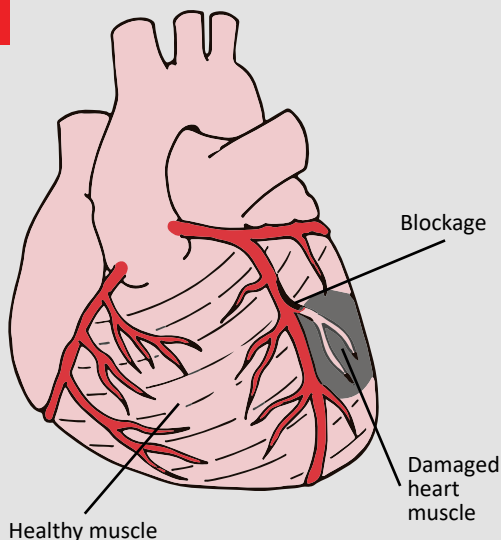
Figure 1

When the heart rate increases during exercise or in emotional situations, a discomfort can occur, usually in the centre of the chest and often affecting the left arm. In some cases the discomfort can occur in the right arm, the jaw or the neck. This is called angina and can vary from a dull ache to the sensation of a tight band across the chest. It is sometimes described as similar to indigestion. Occasionally, following a heart attack, you may develop angina. The discomfort is the result of inadequate blood supply to the heart muscle and may last for several minutes. It is usually relieved with rest and the use of Glyceryl Trinitrate (GTN) tablets/spray. (See under Medications -page 11). There are other symptoms which may be experienced and it can sometimes be difficult to distinguish between angina and a heart attack. It is essential therefore that you always seek help if you are unsure.

## WHAT IS A HEART ATTACK

A heart attack (also known as a 'myocardial infarction') happens when a coronary artery is completely blocked by the atheroma or a blood clot (called a 'thrombus').

When an area of the heart muscle is deprived of blood and oxygen a portion of this area will become damaged. It is usually only a small area that has been affected and the rest of the heart compensates by taking over the workload. However, there are some areas of the heart that if affected results in a larger area being damaged.



This leads to a more serious heart attack than others. The pain is often more severe than angina but symptoms do not necessarily relate to the severity of the disease, and people do differ. There are other symptoms which may be experienced, including feeling sweaty, short of breath, clammy or nauseated.

A heart attack is often a sudden and dramatic event, but it is a result of a process that has been going on for a number of years. It should be recognised as a warning that you have heart disease. From this you can see what positive steps you may take to stop yourself having more problems in the future. The fact that you have had one heart attack does not mean that you will have another one.

## WHAT CAUSES A HEART ATTACK

It is still not completely known what causes the narrowing of the arteries. However there are a number of factors that can contribute, called 'risk factors'. These are divided into two groups: modifiable and non-modifiable.

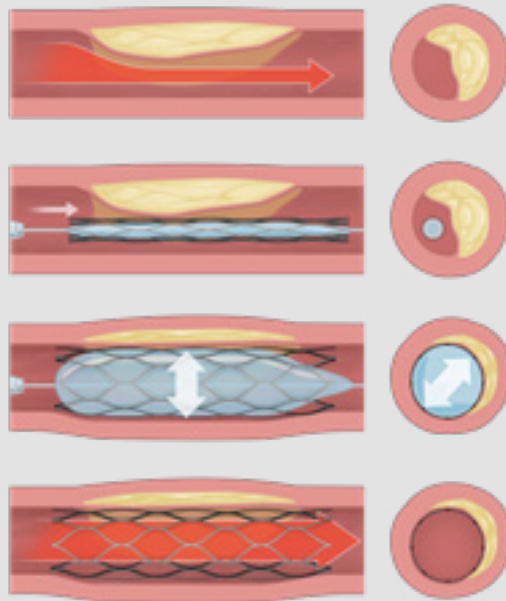
Generally, the more risk factors people have the more likely they are to develop heart disease but in some cases there are no obvious reasons. Risk factors will be discussed in more detail later in the booklet (see page 20+).

## WHAT HAPPENS WHEN YOU EXPERIENCE A HEART ATTACK

An electrocardiogram (ECG) is performed for diagnosis usually in the ambulance. Most people will be treated with a Primary Angioplasty. This is an emergency procedure to open up the underlying artery and restore blood flow to the heart muscle. It takes place in the cardiac catheter laboratory and is performed under a local anaesthetic. It involves inserting a small catheter into one of the main arteries in the leg or arm.



This is then passed gently up to the heart and a dye is injected which shows up any narrowing of the arteries. A small balloon is then positioned within the narrowing, squeezing the fatty deposit (plaque) out of the way. To keep the artery open, a stent may be placed in the artery. You will need to lie flat for a few hours after this emergency procedure, and you will be advised as to when you can get out of bed.



## MEDICATION

In the initial treatment of a heart attack, and subsequently, a number of medicines may be prescribed. The aim of these medicines is to try and restore and maintain blood flow through the arteries supplying the heart and then to protect the heart from further attacks (secondary prevention). Common treatments are outlined below. As with all treatments, specific medicines are not always suitable for everybody so do not worry if you are not prescribed all of these medicines. However, if you have any questions regarding your medication or if you think you have developed any side-effects from your medicines please discuss these with your pharmacist, doctors or cardiac rehabilitation nurse.

## ANTI-PLATELET DRUGS

**ASPIRIN** reduces the risk of heart problems by affecting the 'stickiness' of the platelets and blood cells that clump together to form clots. Aspirin is considered for all patients following a heart attack and if tolerated this treatment is continued indefinitely. The usual dose is 75mg once a day. This is best taken with or after food as the main side effects of aspirin relate to irritation of the stomach lining.

In addition to aspirin a second antiplatelet medicine – either CLOPIDOGREL or TICAGRELOR or PRASUGREL – is usually given to treat the heart attack and to reduce the risk of a blood clot forming within the stent. This combination will be for a defined time period (often 12 months) after which the second medicine is stopped and the aspirin is continued indefinitely. If you are allergic to or intolerant of aspirin then clopidogrel is usually substituted as the long term treatment. You will be informed of the required duration of combined therapy when you are discharged from hospital. If you are unsure please contact the hospital team for clarification prior to either medication being stopped.

## BETA-BLOCKERS

Beta-blockers block the action of hormones such as adrenaline and as a result prevent the heart from beating as quickly and as forcefully. They have been shown to reduce the risk of a further heart attack in people who have already had one. Commonly used medicines in this class are BISOPROLOL, CARVEDILOL or METOPROLOL. These medicines are also used to prevent chest pain (angina), lower blood pressure, in the management of heart failure and in the treatment of some rhythm disorders. Beta-blockers may not be suitable for patients with asthma as they may constrict the airways causing wheezing/asthma attacks. Common side effects include fatigue, tiredness, cold hands/feet and sleep disturbances. Occasionally male impotence may occur.

## ANGIOTENSIN CONVERTING ENZYME INHIBITORS (ACE INHIBITORS)

These medicines help the heart muscle to recover following a heart attack and are particularly beneficial if there has been any damage to the main pump of the heart (the left ventricle) and in patients with diabetes. They block the action of a chemical called angiotensin which causes narrowing of the blood vessels along with salt and water retention. The most commonly used medicine in this class is RAMIPRIL. Ideally the dose of these medicines needs to be increased until the target dose has been achieved - for ramipril, 10mg per day. However, it is not always possible to achieve this dosage by the time you leave hospital so please discuss with your doctor if you are on a lower dosage as this may still need to be increased. These medicines are also used to lower blood pressure and in the management of heart failure.

The most common side-effect is a persistent dry, irritating cough which is generally worse at night. They may also affect the function of your kidneys - your doctor will check for this by taking a blood test a few days after starting this treatment and each time the dosage is increased.

## CHOLESTEROL (LIPID) LOWERING DRUGS

Reduction of high cholesterol reduces the risk of further heart attacks as well as angina and strokes. The latest guidelines suggest all heart attack patients will benefit from these medicines. The aim is to reduce the non-HDL cholesterol by at least 40% (NICE guidelines). Other sources suggest specific 'targets' for cholesterol levels so for those of you that prefer numbers - aiming for a total cholesterol of less than 4mmol/l and an LDL cholesterol of less than 1.8 mmol/l (equivalent to a non-HDL cholesterol of 2.5 mmol/l) or even lower.

The most commonly prescribed drugs are known as the statins which act by blocking the production of cholesterol by the liver. ATORVASTATIN is most commonly prescribed, is started in hospital and will be continued long term. You will need a blood test to check your cholesterol level after about three months to make sure the levels have reduced sufficiently and as statins may very occasionally affect the liver this will be checked at the same time. You can arrange this with your GP.

Most people who take a statin have no side-effects, or only minor ones. These include: headache, pins and needles, abdominal pain, bloating, diarrhoea, feeling sick, and a rash. However, you should tell your doctor if you have any unexpected muscle pains, tenderness or weakness. This is because a rare side-effect of statins is an important form of muscle inflammation.

Grapefruit/grapefruit juice should be limited to no more than one small glass per day for patients taking atorvastatin (makes side effects on the muscles more likely) and should be avoided altogether if prescribed simvastatin.

## GLYCERYL TRINITRATE (GTN) TABLETS/SPRAY

As a result of a heart attack some patients subsequently experience chest discomfort or pain (angina); GTN in the form of tablets or a spray may be used for the rapid relief of such attacks. The medication works by widening the coronary blood vessels supplying the heart. GTN is absorbed quickly into the bloodstream from under the tongue.

If you experience chest pain follow the instructions on 'What to do if you get chest pain' on page 14.

Other side-effects with this medicine are headaches, facial flushing and even fainting.

The tablets are sensitive to exposure to air and lose their strength quite quickly. They should always be stored in their original container and the pack should be replaced 8 weeks after first opening. GTN spray has a much longer shelf life (lasts until the expiry date printed on the container).

## OTHER MEDICINES

Other medicines may be prescribed which could include:

- Medicines to control your blood pressure
- Medicines to reduce fluid retention - diuretics (water tablets) and/or aldosterone antagonists
- Medicines to prevent chest pain - other anti-angina treatments
- Medicines to manage diabetes - tablets or insulin injections may be required
- Medicines to control heart rhythm disturbances

## HOW DO I OBTAIN SUPPLIES OF MY MEDICATION?

On discharge from hospital you will be supplied with a minimum of 2-weeks supply of any new medicines by our hospital pharmacy. A supply of existing medicines will also be made if needed. If you have any questions about your medicines please ask to speak to a member of the pharmacy team on the ward. The hospital doctor will write to your General Practitioner (GP) with details of all your medication and you should obtain subsequent supplies from your GP.

## POSITIVE POINTS

- Most people make a full recovery after a heart attack
- Your heart is not worn out - it was a small part of an artery, not the heart which caused the heart attack
- It is normal to feel tired and weak for a while after a heart attack
- Getting out of breath is good when you exercise to get fit
- Most sudden twinges of pain are due to muscular tension
- Exercise, going out, and having fun are very important
- A heart attack usually only affects a small part of the heart, the rest of it is as good as ever
- After a heart attack many people become stronger, fitter and happier than they have been for years

(Adapted from the Heart Manual, Bob Lewin 1997)

## THE STAFF

During your stay you will be seen by a Cardiologist and members of the multi-disciplinary team. Progress will be reviewed each day. You will be allocated a nurse on each shift. If you have any concerns or questions do not hesitate to ask them.

## PLANNING FOR DISCHARGE

- Your rehabilitation nurse will be available to discuss any individual concerns that you or your family/next of kin may have prior to discharge.
- While in hospital you will be encouraged to gradually increase your activities. By the time you leave hospital you should be showering, dressing and walking around without assistance.
- It is advisable not to be at home alone for the first week following discharge so that you can get plenty of rest and not have the worry of household chores.
- You will be given a minimum of 2-weeks supply of any new medicines on discharge and the medicines prescribed will be discussed with you before you leave.
- If you live outside the area we will refer you to the rehabilitation nurses at your local hospital.

You will be contacted by your rehabilitation nurse following discharge. However if you have any concerns please ring us on the contact number on page 28 of this booklet.

**It is advisable that you contact your GP within the first week of discharge. Also, do make sure you obtain a repeat prescription from your GP before your tablets run out.**

Some family and close friends may find it hard not to be over-protective. It may be beneficial to discuss with them what you would find most helpful for them to do for you. In the initial period it is common to feel tired, have poor concentration and experience loss of appetite. It is probably wise to restrict visitors to close family and friends for the first two weeks.

## WOUND CARE

It is normal for the small puncture wound to feel tender after the Primary Angioplasty procedure and you may develop some bruising.

In the highly unlikely event of your wound bleeding, lie down flat, get a family member/friend to apply pressure to the area. If bleeding does not stop in ten minutes, call an ambulance and keep pressing.

If a hard tender lump develops under the skin around the area of the incision ring the Cardiac Care Unit on **01273 664484** for advice.

Your hospital stay is generally between 2-4 days. Initially you will be encouraged to rest in bed but then to gradually increase your activities as the days progress. Healing of the damaged area of the heart muscle takes approximately six weeks during which a strong scar will form. By this time the heart should be working as effectively as before.

## CONSULTANT FOLLOW UP

Most patients will be seen in outpatients by the Cardiology team or have a telephone follow-up between 6 and 12 weeks after discharge. This is to review your progress, discuss medication and to assess if any further tests need be done. It is useful if your partner, member of your family or a friend can come with you to the appointment as it can be difficult to remember exactly what the doctor has said. It may be helpful to write a list of questions to ask the doctor. Make the most of your outpatient appointment and use it as an opportunity to gain further knowledge of your condition. Also ensure that you take an up to date list of any medications and doses taken.

## FEELINGS AND EMOTIONS

Recovery from a heart attack takes time and you can feel you are on an emotional roller-coaster. There could be a number of emotional reactions after a heart attack. These include:

**Shock** - this is an early reaction and you can have a feeling of numbness to other issues. It can be difficult to concentrate and take things in so please ask and ask again.

**Fear** - can be as a result of feeling out of control of your life. These feelings will subside as you begin to understand what has happened to you and how you can take control of your life again.

**Denial** - some people's reaction can be to deny that the heart attack has happened. This can help us to cope with the initial turmoil that is going on in our lives, but it is important to learn to accept the situation and find out what we can do to help ourselves. Having a heart attack can be thought of as a negative event but we can take positive steps to aid recovery.

**Anger** - you can feel angry in general or specifically at hospital staff, family, friends. There can also be feelings of guilt. This is a normal reaction - 'Why me?' Talking to staff and visitors is very beneficial; anger needs to be dealt with prior to concentrating on your recovery.

**Depression** - this is common after any life-changing experience. Symptoms can include loss of appetite, poor sleeping patterns, loss of interest in the outside world. Some people find that they are weepy for no apparent reason. There is no harm in crying and it can often be a release of emotional tension. If feelings of depression persist please see your GP and talk to your cardiac rehabilitation nurse.

**Acceptance** - of what has happened is the stage at which you find you can move forward. Your life may have changed but it can be both happy and rewarding. Family or close friends can also go through similar emotions - sharing your fears and hopes is always helpful.

## WHAT TO DO IF YOU GET CHEST PAIN

The information below is for you if you have already been diagnosed with coronary heart disease and have a glyceryl trinitrate (GTN) spray or tablets. (Sometimes you may experience pain or discomfort and often this will be angina that you can manage at home with your GTN.)

However, it could be a **heart attack**. Here's what to do if you feel:

- **A crushing pain, heaviness or tightness in your chest**
  - **A pain in your arm, throat, neck, jaw, back or stomach**
  - **You may also become sweaty, feel light-headed, sick or become short of breath**
1. Stop what you are doing and sit down and rest.
  2. Take your GTN spray or GTN tablets, according to your doctor or nurse's instructions. The pain should ease within a few minutes - if it doesn't, take a second dose.
  3. If the pain does not ease within a few minutes after your second dose, call 999 immediately.
  4. If you're not allergic to aspirin, chew one adult tablet (300mg). If you don't have any aspirin or you are not sure if you're allergic to aspirin, you should rest until the ambulance arrives.

**Even if your symptoms don't match the above but you suspect you're having a heart attack, call 999 immediately.**

## GETTING GOING

When you return home you should continue to increase your level of activity gradually. If you have stairs at home you should be able to climb them as well as before, but you will find it more tiring and you will need to take your time. You may climb the stairs as often as you need.

To begin with, the aim should be to regain your independence with activities of daily living (e.g. washing, dressing, housework, cooking). During this convalescent phase you should progressively introduce these activities to improve your stamina. If you are not usually involved in some of these activities it is a good idea to do them anyway. This will speed up your recovery and you will find it easier to get back to whatever you normally do.

Prolonged inactivity after a heart attack can lead to muscle wasting and low morale, which means not only do you have to get over your heart attack, but you also have to get over the weakness and lack of confidence caused by avoiding activities. It is quite natural to notice various sensations coming from your chest area. This is usually due to you paying more attention to that area (not surprisingly!).

## WALKING

Walking is the best exercise for you when recovering from a heart attack because it takes no special equipment or skills, and is rhythmical so easier to keep to a steady level of exertion.

**Physical activity, such as walking, as part of a rehabilitation programme can reduce the risk of further serious problems after a heart attack by 20%.**

There are some important points to remember when you are walking:

- Warm-up by doing your mobility exercises (see page 16). This stimulates your heart and increases your circulation in preparation for your walk.
- Walk at a brisk but comfortable pace - you should be able to walk and speak in sentences without becoming breathless.
- Do not walk after meals; wait for at least 1-2 hours.
- Wear flat comfortable shoes and non-restrictive clothing; dress appropriately for the weather but allow for a rise in your temperature during exercise.
- Aim to walk continuously for the length of time advised; slow down before you need to stop and rest if you need to.
- Avoid hills if possible for the first two weeks. If this is not possible adjust your speed to allow for the increased effort of walking uphill or downhill.
- Avoid extremes of temperature.
- Do not worry about the speed or distance of your walks - the most important thing to focus on are your feelings during exercising.

## FEELINGS WHEN EXERCISING

As a guide, aim for level 11 to 12 on the Borg Scale initially (the first 2-3 weeks) and as your body becomes accustomed to the exercise, increase up to level 13. You should not exceed level 14. After you finish exercising you should rest and feel recovered within 10 minutes.

If it takes you more than 10 minutes to recover fully you have overdone it and should take it a little easier next time. Take care in extremes of temperature.

BORG SCALE - RATE OF PERCEIVED EXERTION	
6	No Exertion
7	Extremely Light
8	
9	Very Light
10	
11	Light
12	
13	Somewhat Hard
14	
15	Hard
16	
17	Very Hard
18	
19	Extremely Hard
20	Maximal Exertion

## MOBILITY EXERCISES

These exercises should be performed immediately before going walking. Repeat each exercise 5-10 times.

- Place your hands on your shoulders and make large circling movements with your elbows, first backwards and then forwards.
- Link your hands together in front of you and take both arms over your head, stretching straight up towards the ceiling (hold for 3-4 seconds).
- Hold both arms straight out from your sides and then rotate your upper body as far as you can to the right (try to keep your hips facing forwards). Repeat to the left.
- Start standing up straight then bend to the side stretching your hand down the outside of your leg towards your knee. Do not bend forwards or bend your knees. Repeat to the other side.
- Start standing up straight then lift one knee as high as you can and tap it with your opposite hand. Repeat with the other side.
- Start standing up straight then lift one knee as high as you can, then turn your knee out to the side and lower to the starting position. Repeat with the other side.
- Start standing up straight with your hands on your hips, with feet pointing forwards and shoulder width apart; bend at your knees and waist as if to sit on a chair then straighten up to the starting position. Do not bend your knees past 90 degrees/a right-angle.



## HOME ACTIVITY PROGRAMME

The following are guidelines only, not rules. Use your own common sense. Try to do a little more each week as suggested in the programme. Do not force yourself to continue with activities if you feel too tired. Do try new activities gently - it is natural to be apprehensive. As long as you take your time and pay attention to how you are feeling you will not over do it.

### Week 1

- Rise, wash and dress each day
  - Have a lie-in in the mornings and take a nap after lunch
  - Sedentary interests: reading, music, TV, board/card games
  - Make tea, coffee, snacks
  - Lay the table
  - Up to one hour of non-stressful paperwork
  - Mobility exercises followed by walking - 5-10 minutes once or twice each day
  - Avoid straining or lifting more than 5kgs (11 lbs) in weight
- 

### Week 2

- Light housework - dusting, washing up, making beds (not changing beds)
  - Light gardening - weeding, trimming, watering with a hose (not digging)
  - Prepare simple meals
  - Continue to have a rest after lunch
  - Mobility warm-up exercises followed by walking - 10 minute walks once or twice each day
- 

### Week 3

- Short shopping trips and carrying light shopping
  - Small social outings: visiting friends, eating out, cinema
  - Mobility warm-up exercises followed by a 15 minute walk twice each day (include some gentle hills if you feel up to it)
- 

### Weeks 4-5

- Commence cardiac rehabilitation classes
  - Moderate housework - vacuuming, sweeping, laundry, ironing
  - Normal meal preparation
  - Sports: cycling, swimming, golf (start with short sessions at a driving range), ideally after physiotherapy assessment and commencement of the rehabilitation programme
  - You may resume driving if you feel ready - start with short journeys
  - Mobility warm up exercises followed by a 20-30 minute walk twice each day
  - Avoid straining or lifting more than 7 kgs (15 lbs) in weight
- 

### Weeks 6-8

- Heavy housework - cleaning windows, scrubbing floors, decorating, washing the car
- Heavy gardening - mowing, digging, moving heavy bags of compost etc...
- Mobility warm up exercises followed by a 30 to 40 minute walk twice each day

## CARDIAC REHABILITATION PROGRAMME

This involves attending a 2 hour class twice a week for 12 sessions. The class consists of 1-hour graduated exercise session and 1-hour informal health education talk. The programme commences approximately 4-6 weeks following your heart attack though this will be assessed individually when you and your rehabilitation nurse feel the time is right. A referral will then be made to the physiotherapist running the programme. They will arrange for you to attend the hospital for an exercise assessment and will advise you of a date to start the rehabilitation programme. Rehabilitation nurses also attend during the classes.

The cardiac rehabilitation programme is an ideal chance for you to maximise your exercise capability, to gain confidence and to attend talks about staying healthy. It is also helpful to meet with other people who have been through a similar experience to you. Our aim is to cater for all ages and abilities.

Before you have completed the programme please discuss your on-going exercise plan with a member of the Cardiac Rehabilitation Team. It is much harder to get started again if you have a break. This next stage is to encourage long term activity through referral to our local cardiac support group, called 'Take Heart', or another community programme. Information will be given at rehabilitation classes. This group is held close to the hospital and is a great way to exercise. It is also run for all ages and abilities and offers social events and regular newsletters. For people who do not like group participation, some form of individual activity programme must be considered.

## DRIVING

Your cardiac rehabilitation nurse will inform you when you are able to drive following your heart attack. We advise you to tell your insurance company about your heart attack. This is to ensure that your cover is sufficient and that you do not have any problems with claims in the future. The British Heart Foundation has information about sympathetic Insurance Companies. If you hold a Passenger Carrying Vehicle (PCV) or Large Goods Vehicle (LGV) licence, you will need to inform the DVLA. The doctors will be able to advise you if there is a possibility of regaining your licence, usually following an exercise test after 3 months.

Do not feel undue pressure to return to driving, do it when you feel ready. When your confidence has returned, start off with short journeys and in the beginning try to avoid situations which can be stressful such as driving in heavy traffic and motorway driving. If you do get angina whilst driving you will need to discuss this with your GP.

## WORK

Most people will be able to return to their previous jobs. Everyone's recovery is at their own pace. You will know what your job involves and you must be honest with yourself about how and when you will be able to cope. If your job is not physically demanding or there are only light duties involved you may be able to return at 6-8 weeks. If there is any possibility that you can return part-time, building up to full-time, do consider this.

Some people with jobs that involve heavy manual work or other factors may not return to work for 10-12 weeks. This should be discussed with your GP, doctor and employer. This is not a time to make hasty decisions about work, it is a time to consider what effect work has on you and if any changes can be made. If you are nearing retirement age, there may be a possibility of retiring a little earlier if this is what you wish.

## RESUMING YOUR SEX LIFE

It is important to return to your normal sexual relationship. Sex is no different to any other form of exercise. The general guideline is that sex will be no more effort than climbing two flights of stairs comfortably. Most patients will feel happy to return to sex after two to three weeks, others may be a little sooner, some a little longer. You and your partner may feel a little anxious about going back to your sexual relationship, so do discuss your feelings with each other. If there are any problems please discuss these with your GP, hospital doctor or cardiac rehabilitation nurse.

Some tips that may help;

- **Keep the bedroom warm and try to avoid cold sheets**
- **Avoid sex when you have had a heavy meal or too much alcohol**
- **Choose a time when you both feel relaxed; avoid sex if you are tense or tired**
- **Choose a position that you are both comfortable with**
- **If angina is provoked then take a GTN tablet/spray prior to sex**

Learning to be with each other again is important, give each other time to come to terms with what has happened, cuddles and hugs are an important sign of affection.

After a heart attack impotence is rare -it occurs in 1% of cases. It is usually due to emotions but in certain cases can be due to medications (particularly Beta Blockers). Please do not hesitate to discuss any queries regarding sex with your cardiac rehabilitation nurse.

## HOLIDAYS AND AIR TRAVEL

A holiday can be helpful to you and your family's recovery. It is sensible to leave this until you feel you can fully benefit and enjoy the break, usually at six to eight weeks. Suitability to travel is up to your doctor and it is useful to discuss this with them. Do make sure that you take adequate medication with you, and it is sometimes helpful to make some simple notes about what has happened, or to obtain a doctors letter to take with you, depending on your destination.

When booking your holiday do take out holiday insurance and discuss with the travel agent or airline any special requirements.

It is not a good idea to carry heavy cases for long distances so do take advantage of any help that is available at the airport or hotel.

Give yourself enough time to get to your destination and plan your trip with care. Flying should be no problem to people who have made an uncomplicated recovery from a heart attack. If you have any specific queries please discuss these with your doctor or rehabilitation nurse. There are some simple measures that you should take to look after yourself when you are flying:

- **Medication should be kept in hand luggage**
- **Move around the aircraft regularly**
- **Take no more than modest amounts of alcohol**
- **Drink plenty of fluids**
- **When you are sitting, move your legs and feet regularly**

## RISK FACTORS ASSOCIATED WITH HEART DISEASE

Although you have been told you have coronary heart disease, you can reduce the likelihood of fatty deposit build up in your arteries. This can be achieved through lifestyle changes (risk factor reduction). Knowing your risk factors will encourage you to deal with them and help you feel more in control of your heart disease.

Non-Modifiable Risk Factors (things that you can't change)	
<b>Family History</b>	The risk of heart disease is increased if close relatives have been diagnosed with Coronary Heart Disease
<b>Age</b>	Coronary Heart Disease risk increases as we become older
<b>Gender</b>	Men are more likely to suffer from heart disease than pre-menopausal woman
<b>Ethnic Origin</b>	There is a known higher risk in the Asian population

Modifiable Risk Factors (things that you can change)		
Smoking	Diet	High cholesterol level
Weight	Diabetes	Excessive stress
High blood pressure	Inactivity	Excessive alcohol

**The four main risk factors associated with heart disease are all modifiable, smoking, high cholesterol, hypertension (high blood pressure), and inactivity.**

Reducing your risk factors can minimise your risk of further heart problems.

## SMOKING

Research shows that cigarette smoking is the most significant preventable risk factor.

- The risk of heart disease in smokers is 2-3 times more than in a non-smoker. This risk increases with the total number of cigarettes smoked per day and the total numbers of years having smoked.
- Smoking increases the thickness of the blood and roughens the artery lining.
- It increases blood pressure and speeds up the heart. It also increases cholesterol levels.
- From the moment you stop smoking the risk of a heart attack starts to decline and is halved within 2 years of giving up.

However, we recognise that stopping smoking a difficult thing to do, but it is one of the most important things that you can do to aid your recovery. It is never too late to give up.

**IT IS ESSENTIAL THAT YOU STOP SMOKING. CUTTING DOWN IS NOT ENOUGH.**

## WAYS TO STOP SMOKING

- The smoking cessation programme at the hospital will offer motivational support and treatment to help you remain off cigarettes. This is a free and friendly service.
- Nicotine replacement therapy can be beneficial to aid smoking cessation.
- Tell your family and friends that you have given up so that they can be supportive.
- Try to stop smoking with a member of your family or a friend you can support each other.
- Some people find it helpful if people at home can get rid of all evidence of cigarettes.
- It can sometimes help to save the money that you would have spent on cigarettes to treat yourself.
- Drink sugar-free squashes and flavoured waters rather than tea or coffee. This can stop the habit of having a tea or coffee with a cigarette.

## CHOLESTEROL

It is saturated fat in our diet which affects blood cholesterol. However, cholesterol is also manufactured by the liver, and although it is necessary that we have some cholesterol, by eating too much saturated fat this results in more cholesterol than we need. Cholesterol levels are measured by a blood test. If the levels are too high it causes the arteries supplying the heart muscle to furl up. Total cholesterol levels are broken down into three components:

**HDL cholesterol (good cholesterol) – this level should be above 1 mmol/l**

**Non HDL cholesterol - this level should be below 2.5 mmol/l**

**Triglycerides - this level should be below 1.5 mmol/l**

Ask your doctor what your cholesterol level is. You need to be aware. If your cholesterol is found to be high, it will be necessary to reduce the amount of saturated (animal) fat in your diet (see section on diet). In addition statins will be prescribed. These tablets will probably need to be taken for life as once you stop taking them the body will revert back to overproducing cholesterol.

## DIET

Following a sensible, healthy diet is important for everyone and even more so if you have had a heart attack. Changing your diet can help reduce high cholesterol levels, lower raised blood pressure, control your weight and protect your heart.

Following a healthy diet is not necessarily about eating less and cutting out your favourite foods. However, it does mean making lots of small changes to the types of food you buy, how often you eat certain things, and how you cook food. It is not a special diet, it should be an enjoyable long-term lifestyle change to your eating habits.

To reduce the risk of heart disease by diet it is important to follow the Mediterranean style diet. This diet is much more effective at protecting your heart than just cutting back on your total fat intake as with a low fat diet. The main messages of the Mediterranean diet are as follows:

- Eat oily fish such as salmon, mackerel, pilchards and herring once per week
- Eat a minimum of 5 portions of fruit and vegetables per day
- Reduce your intake of saturated (animal) fat. Replace these with mono unsaturated fats (olive oil/rapeseed oil)
- If you drink alcohol limit it to sensible limits and have a few alcohol-free days in the week -see page 24
- Avoid using salt as this can cause raised blood pressure, use other herbs and spices to add flavour
- Try and aim to be a healthy weight for your height
- Try using more fresh rather than processed foods if possible
- Keep to a low sugar diet if diabetic

## WEIGHT CONTROL AND DIET

Being overweight increases your risk of raised blood pressure, high cholesterol and diabetes and therefore your overall risk of heart disease. Losing weight is not always easy so it is important to be motivated, set realistic goals and targets, and have good support.

A 10% decrease in your weight can be of significant benefit to your health. This is also often more realistic and achievable than the goals we set for ourselves. The benefits of a 10% weight loss are as follows:

- a decrease in blood pressure
- a 10% decrease in cholesterol
- a 50% decrease in the risk of developing Type-2 diabetes
- can improve blood sugar control by 30-50% in those who already have diabetes

The key to losing weight and keeping it off is making lots of small changes that you can continue forever. Weight loss should also be a slow and steady process (1-2 lb or 0.5-1 kg per week) if you want to keep it off for good.

## STRESS

Stress is subjective and often difficult to assess. However patients commonly attribute their heart attack to stress. It is classed as an indirect risk factor as excessive stress can have the following effects:

- 'Fight or flight' response leading to increased heart rate and blood pressure. This results in the heart having to work harder for longer.
- People react to stress differently and it may be that an unhealthy lifestyle is adopted to cope with stress and this in turn leads to problems for e.g. smoking, poor diet and lack of exercise.

## COPING WITH STRESS

Some people who have lived with a high level of stress over a long time are not always aware of being stressed and have an inability to relax.

Relaxing is a skill which has to be learnt. Support and guidance can be offered from your rehabilitation nurse.

The most important factor is to recognise when you are stressed and adopt techniques to cope with it.

A few tips to reduce stress:

- Take time out for yourself, try to relax
- Learn to say no
- Set realistic goals

## HIGH BLOOD PRESSURE (HYPERTENSION)

This can increase the risk of a heart attack or stroke, and if not controlled can cause the heart muscle to become less efficient. If you have high blood pressure, even a small reduction can reduce your risk of having another heart attack. You are given 2 readings when your blood pressure is measured:

**Systolic** - the pressure during the pumping phase of the heart (this is the higher number).

**Diastolic** - the pressure during the resting phase of the heart (lower number).

The recommended 'target' for your blood pressure may depend on other medical conditions, your age and whether the readings are taken in a clinic or at home.

Please check with your healthcare provider to find out what your blood pressure target is.

It can be very helpful to have a blood pressure machine at home so that you can check your blood pressure and also ensure your medicines are prescribed at the right dose for you.

## INACTIVITY

Regular exercise is essential for the health of your heart. Medical research has shown that patients who make a commitment to exercise regularly dramatically reduce the risk of further cardiac problems.

Your body will adapt to whatever your regular level of activity is. Inactivity leads to inability - your ability to exert yourself will be less than someone who has a more active lifestyle. This means not only will you have less strength and stamina, but you will have a weaker, less efficient cardiovascular system and body in general. Unfortunately housework and 'being busy' is not likely to be enough exercise.

If an inactive person starts to become more active, they will initially find it hard, but in time their body adapts to this new level of activity, and it then becomes easier - they get fitter!

This adaptation to activity is called a training response. Within your body physical changes take place:

- Increased lung expansion and oxygen absorption
- Stronger and more efficient heart beat
- Better circulation to deliver oxygen and nutrients to muscles and other organs
- Reduced blood pressure
- Increased muscle strength and tone
- Stronger bones
- Improved stamina
- Better resistance and recovery from infections
- Weight control -burn more calories and reduce body fat
- Reduced cholesterol
- A reduction in fat deposits forming in arteries
- Better posture and co-ordination
- Reduced stress and tension by burning up adrenaline
- Lifts spirits and helps to put problems in perspective

Also, after a heart attack exercise stimulates small arteries in the heart to grow and take over the work of the blocked arteries.

As well as all these benefits, confidence and morale also improve with increased activity. This means normal everyday activities should become less of a burden and more enjoyable.

Chronic inactivity leads to the reverse of all the above and is the most common risk factor for coronary heart disease. Surveys have shown that 7 out of 10 adults in the UK do not take enough regular physical activity to achieve health benefits which protect their heart; yet 8 out of every 10 adults think they are physically fit!

## EXCESSIVE ALCOHOL

Drinking too much can:

- Increase your blood pressure
- Affect your cholesterol level
- Lead to weight gain

It is advisable to have 2 alcohol free days a week.

Recommended levels are:

**Women** : = 2 units a day - 14 units a week

**Men** : = 2 units a day - 14 units a week

Units of alcohol =

x1 Half a pint of beer = 1 Unit

x1 Pint of beer (ABV 5.2%+) = 3 Units

x1 125ml glass of wine (ABV 12%) = 1.5 Units

x1 25ml measure of spirit (ABV 40%) = 1 Unit

## DIABETES

It is important for patients with diabetes to concentrate on modifying other risk factors as well as maintaining good control of their diabetes.



# LIFESTYLE MANAGEMENT

Below is a chart for you to fill in to enable you to identify any risk factors you may have and make plans to modify them if possible.

RISK FACTOR	YES	NO	ACTION PLAN
SMOKING			
EXERCISE			
DIET			
WEIGHT			
STRESS			

## CARDIAC REHABILITATION CONTACTS

Please telephone your local Cardiac Rehabilitation number if you have any queries after your operation.

<b>The Royal Sussex County Hospital</b>	<b>01273 696 955</b> <b>Ext: 64009</b>
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<b>The Princess Royal Hospital, Haywards Heath Haywards Heath</b>	<b>01444 441 881</b> <b>Ext: 68280</b>
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<b>Worthing &amp; Southlands Hospital</b>	<b>01273 446 019</b>
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<b>St Richard's Hospital, Chichester</b>	<b>01243 831 829</b>
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<b>East Surrey Hospital, Redhill &amp; Crawley Hospital</b>	<b>01737 768 511</b> <b>Ext: 66973</b>
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<b>Eastbourne Hospital</b>	<b>0300 131 4450</b>
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<b>The Conquest Hospital, Hastings</b>	<b>0300 131 5303</b>
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## COMMUNITY PHASE 4 CARDIAC REHABILITATION CLASSES

### WHAT IS PHASE 4?

Upon successful completion of the programme run by the hospital cardiac rehabilitation team, patients are referred for ongoing exercise called Phase 4 programmes. These are community-based exercise programmes providing long term maintenance of changed behaviour.

Phase 4 (Long-term Maintenance of Changed Behaviour) is vital if patients are to gain long term benefits, since habitual exercise over months and years is likely to limit the progression of any underlying coronary disease.

Phase 4 classes are available for cardiac patients who have attended the Cardiac Rehabilitation sessions provided by your local hospital. They are run by instructors who are qualified in exercising heart patients.

### WHO CAN USE THE SERVICE?

Brighton and Hove City Primary Care Trust patients admitted to the Royal Sussex County Hospital or the Princess Royal Hospital in Haywards Heath, following Myocardial Infarction (Heart Attack), Coronary Artery Bypass Surgery, Valve Surgery, Internal Cardioverter Defibrillator and Angioplasty & Stent insertion. We also see patients from the District General Hospitals along the south coast at RSCH.

The service is available to all patients over 18yrs.

**Please discuss your suitability to attend your local Phase 4 classes with your Consultant, GP or Cardiac Rehabilitation Nurse.**

## USEFUL PHONE NUMBERS & WEB LINKS

<b>Albion Ward</b>	<b>01273 523175</b>
<b>Lewes Ward</b>	<b>01273 523176</b>
<b>Cardiac Care Unit Level 6A</b>	<b>01273 664484 or 01273 523177</b>
<b>The Sussex Heart Charity</b>	<b>01273 523026 <a href="http://www.sussexheartcharity.org">www.sussexheartcharity.org</a></b>
<b>NHS Direct - health advice</b>	<b>0845 46 47</b>
<b>NHS Smoking Helpline</b>	<b>0300 1231044</b>
<b>Alcoholics Anonymous</b>	<b>0800 9177650</b>
<b>Somerville Foundation</b>	<b>01473 252007</b>
<b>The British Heart Foundation</b>	<b>0300 3303311 <a href="mailto:hearthelpline@bhf.org.uk">hearthelpline@bhf.org.uk</a></b>
<b>Cardiomyopathy UK Helpline</b>	<b>0800 018 1024</b>
<b>Peer Support Volunteers Live Chat</b>	<b>01494 791224 <a href="http://www.cardiomyopathy.org">www.cardiomyopathy.org</a></b>
<b>ICU Steps</b>	<b><a href="http://www.icusteps.org">www.icusteps.org</a></b>
<b>Heart Valve Voice</b>	<b><a href="http://www.heartvalvevoice.com">www.heartvalvevoice.com</a></b>
<b>Society for Cardiothoracic Surgery</b>	<b><a href="http://www.scts.org">www.scts.org</a></b>

## USEFUL FACEBOOK GROUPS

You can use Facebook to search and join groups for additional information and support. The groups listed as 'Private Groups' are accessible once you have requested to join and been approved by the group moderator.

<b>Pulmonary Hypertension Association</b>	<b>@PulmonaryHypertensionAssociation</b>
<b>Pumping Marvellous</b>	<b>Private Group</b>
<b>Sudden Cardiac Arrest UK</b>	<b>@SuddenCardiacArrestUK</b>
<b>SCAD Alliance</b>	<b>@SCADAlliance</b>
<b>Aortic Dissection Support Group</b>	<b>@AorticDissect</b>
<b>Mitral Valve Repair</b>	<b>@MitralValveRepairResources</b>
<b>Endocarditis Support Group</b>	<b>Private Group</b>
<b>Open heart surgery (CABG)</b>	<b>Private Group</b>

## Cardiac Patient Involvement Group

We are a group of patients who have had experience of the Sussex Cardiac Centre – either as an in-patient or an out-patient, either cardiology or cardiac surgery.

**New members will be very welcome and membership is free.**

We meet every 3 months in a relaxed and informal environment (alternate Mondays and Wednesdays 5:00- 6:30 pm) to:

- **Provide an opportunity for staff working in the Sussex Cardiac Centre to hear patient's views, for example reviewing patient information and advice on feedback questionnaires and focus groups**
- **Provide an opportunity where patients can raise issues that are important to them, for example information to patients on waiting lists, privacy and dignity issues**

What you have to say is important to us and as a result of our discussions we can make changes to benefit other patients.

**If you are interested and would like further information please contact:**

**Sarah Young**  
Nurse Consultant Cardiology

**Tel:**  
01273 696955 ext. 67850

**Email:**  
Sarah.young10@nhs.net



# YOUR LOCAL, INDEPENDENT HEART CARE CHARITY

This booklet was designed and published by:

## The Sussex Heart Charity

Since 1987 we have supported all levels and areas of care for cardiac patients across Sussex. From producing patient information, introducing new standards of care, purchasing innovative medical equipment and a long list of community-based projects.

The Sussex Heart Charity has worked tirelessly to raise funds to help ensure that your journey as a cardiac patient is as efficient and effective as possible, offering you the best and most advanced care available.

We are passionate about medical advances and the continuous Training & Development of nurses and other medical personnel. Many of the staff you have been in contact with recently will have benefited from the services we provide in one form or another.

Not only that, you will have experienced medical equipment purchased by us during your hospital stay and your Cardiac Rehabilitation.

We are a charity and are funded entirely by donations from generous supporters who believe in our mission to Improve, Support and Fund.

Our work is never ending and we'd like to ask if you would kindly help us with our mission...

A donation would help us help more people like you. More than one in four deaths in the UK are caused by Heart Disease, that's nearly 170,000 people every year.

We want to change that!

We have included a form at the rear of this booklet which can be removed and completed.

**Thank you!**





# YOUR LOCAL, INDEPENDENT HEART CARE CHARITY

## Our mission is to:



### IMPROVE...

the care, treatment and rehabilitation of persons suffering from cardiac conditions.



### SUPPORT...

the hospitals of Sussex by funding equipment, staff development and training.



### FUND...

community projects, research, awareness and lifesaving equipment.

[www.sussexheartcharity.org](http://www.sussexheartcharity.org)

tel: 01273 523 026

email: [info@sussexheartcharity.org](mailto:info@sussexheartcharity.org)

The Sussex Heart Charity  
Southpoint, 8 Paston Place  
Brighton  
East Sussex  
BN2 1HA







## MAP OF RSCH SHOWING CARDIAC CENTRE



### Getting to the Royal Sussex County Hospital by Bus

Bus services 1, 7, 7A, 14C, 23, 40X, 42, 47, 52 and 57 all stop at the hospital.

Timetable details are available from: Brighton & Hove Bus Company on:

**01273 886200** or online at [www.buses.co.uk](http://www.buses.co.uk)

### By Train

Brighton has a mainline railway station

For timetable details please call:

**03457 484950** or online at [www.nationalrail.co.uk](http://www.nationalrail.co.uk)

## YOUR DETAILS

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

TITLE:

FIRST NAME:

SURNAME:

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN:

POSTCODE:

TELEPHONE:

MOBILE:

## SET UP A STANDING ORDER YOURSELF

The following details can be used to set up a standing order via your own online banking.  
Please let us know so we can tell you how we use your generous donations.

ACCOUNT The Sussex Heart Charity

SORT CODE    -    -

ACCOUNT NUMBER

## OR YOU CAN PROVIDE US WITH INSTRUCTIONS TO CONTACT YOUR BANK AND SET UP A STANDING ORDER FOR YOU

I / WE WOULD LIKE TO DONATE: £  PER MONTH £  PER QUARTER £  PER YEAR

BANK NAME \_\_\_\_\_

BANK ADDRESS \_\_\_\_\_

ACCOUNT NAME(S) \_\_\_\_\_

SORT CODE   -   -

ACCOUNT NUMBER

STARTING   /   /



## SINGLE ONE-OFF DONATION

Please don't send cash in the post  
Payable to: The Sussex Heart Charity

I HAVE INCLUDED A DONATION OF £ \_\_\_\_\_

### GIFT AID

Yes I would like you to claim Gift Aid on my donation  
I want all donations I've made to you in the past four years and all donations in future to be treated as Gift Aid donations until I notify you otherwise.  
I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.  
We will claim 25p on every £1 you donate.

SIGNATURE \_\_\_\_\_

DATE   /   /

## PLEASE CONTACT ME ABOUT YOUR WORK AND EVENTS

In line with General Data Protection Regulation (GDPR) we are NOT allowed to contact you unless you give us permission.  
Please choose your preferred method of contact.

PHONE  TEXT  EMAIL  POST

PLEASE RETURN YOUR COMPLETED FORM TO:

**FREEPOST: THE SUSSEX HEART CHARITY** (No need to write anything else on the envelope but please use capitals)

# A local charity, looking after local people...



The Sussex Heart Charity is vital for patients with heart conditions and essential for development and education of staff looking after them.

**J Paice – Arrhythmia Specialist Nurse**

A fantastic local charity which makes such a positive impact for cardiac patients in Sussex, both directly funding equipment and posts, and indirectly through supporting education of staff.

**S Young – Nurse Consultant Cardiology**

The SHC does so much work to help our patients and helps us deliver the best care that we can to them, for which we are very grateful.

**C Huggett – Cardiac Rehabilitation Cardiac Nurse Specialist**

An incredible charity making a huge impact on both patients and the professionals that look after the patients lives.

**A Frappell – Heart Failure Clinical Nurse Specialist**

The Sussex Heart Charity has provided so much support over the years to my professional development, and to the provision of resources for my patients. It is a huge asset to the local population, and we are extremely grateful for the work that the charity do.

**J McQueen – Heart Failure Nurse Specialist**

The Sussex Heart Charity has supported the nurses by providing funds for various courses and conferences. This support has a huge impact on the standard of care that the patients receive...

**S Senith – Junior Sister**



## The Sussex Heart Charity

[www.sussexheartcharity.org](http://www.sussexheartcharity.org)  
[info@sussexheartcharity.org](mailto:info@sussexheartcharity.org)

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