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Cardiac surgery

Patient Information and Advice

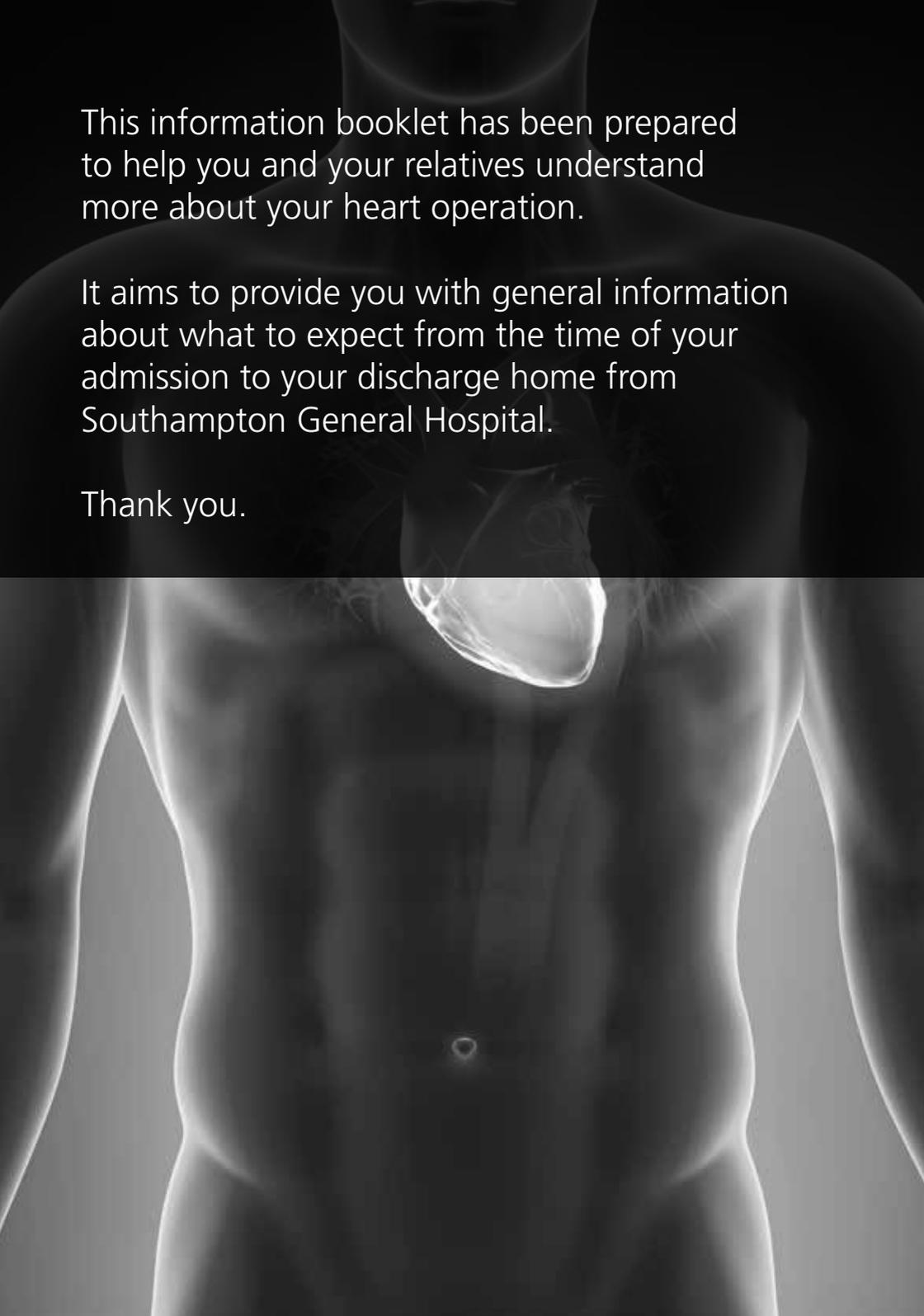


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This information booklet has been prepared to help you and your relatives understand more about your heart operation.

It aims to provide you with general information about what to expect from the time of your admission to your discharge home from Southampton General Hospital.

Thank you.

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Cardiac outpatients or whiteboard

If you have been referred by a cardiologist and have attended outpatients to meet with a cardiac surgeon, you are known as an elective patient. These patients wait at home and are booked to come in for their surgery.

If you have been admitted to hospital because you require urgent cardiac surgery you are known as a 'whiteboard' patient. This group of patients wait for

their surgery either in their local district hospital or in Southampton General Hospital. While waiting for surgery, a number of investigations will be undertaken to assess exactly what heart operation you require and to ensure that you are ready for your surgery. If not already in Southampton General Hospital, you will be transferred from your local hospital by ambulance in order that your surgery can be carried out here.

Pre-assessment

Elective patients will be seen in the cardiac outpatient clinic, you will be seen by the consultant cardiac surgeon and also the nurse practitioner who will carry out the pre-assessment for your surgery.

The nurse will take a detailed medical history, check your blood pressure, carry out a physical examination and take a set of blood tests.

Infection control

During your pre-assessment in the cardiac outpatient clinic, we routinely swab for Methicillin Resistant Staphylococcus Aureus (MRSA) and Methicillin Sensitive

Staphylococcus Aureus (MSSA). Two swabs will be taken: one from your nose and one from your groin. If either of these swabs is positive, we will contact you and your GP.

Reducing the risk of MRSA Infection

Many germs can live on the skin of healthy people, including MRSA. Usually they do not cause any problem, but if they get into a wound or the blood they can cause infection.

To reduce the risk of MRSA infection, you will be given a special liquid disinfectant soap for personal use when you attend your pre-assessment appointment. This soap reduces the risk of MRSA infection, and should be used two days prior to your operation and on the morning of your operation.

By the time of your operation you should have had three showers or baths and washed your hair once with the pink chlorhexidine 4% liquid. Bring the liquid soap with you into hospital as the washes will continue until you have had five washes over five days.

Following these instructions will help stop any harmful bacteria settling on your skin which could cause an infection. If you would like further information, please ask the nurse or doctor looking after you, or refer to the more detailed trust leaflet on MRSA which should be available on all wards.

For the soap to be effective you must:

- not dilute the soap as this will make the lotion ineffective
- start using the liquid soap two days before your operation day
- use it every day for five days
- wet the skin and apply directly onto your skin using a clean wet cloth or hands (preferably under a shower but a bath may be used).
- wash from head to toe, avoiding your eyes
- pay particular attention to folds of the skin, e.g. under the arms, groin area
- Leave the soap on your skin and hair for 60 seconds before rinsing off from head to toe
- dry using a clean towel and dress in clean clothes
- on the day of your operation also wash your hair with the liquid soap.

Cancellations

It is with regret that sometimes we have to cancel operations. This is unfortunate and can be for a variety of reasons. These reasons will be explained to you. We fully

appreciate that this is a stressful time for you and your family and we will endeavour to provide you with a new date for surgery within one month.

Common types of cardiac surgery

Coronary artery bypass grafts and heart valve repair or replacements are the most frequent heart operations performed at Southampton. However for some people it will be necessary to perform other types of cardiac surgery. Along with this booklet you should also receive

a British Heart Foundation booklet "Having Heart Surgery" which will give you further information. Please note that the British Heart Foundation booklet gives general information about surgery and is not specific to University Hospital Southampton NHS Foundation Trust.

Coronary Artery Bypass Grafting (CABG)

You will have had an angiogram which will have shown that you have a narrowing (stenosis) in one or more of your coronary arteries. The surgery required for this type of heart disease is known as Coronary Artery Bypass Grafting, or CABG. This operation involves the joining of a blood vessel onto the heart to bypass the narrowed

coronary artery – we term this as a graft or grafting. (See diagram)

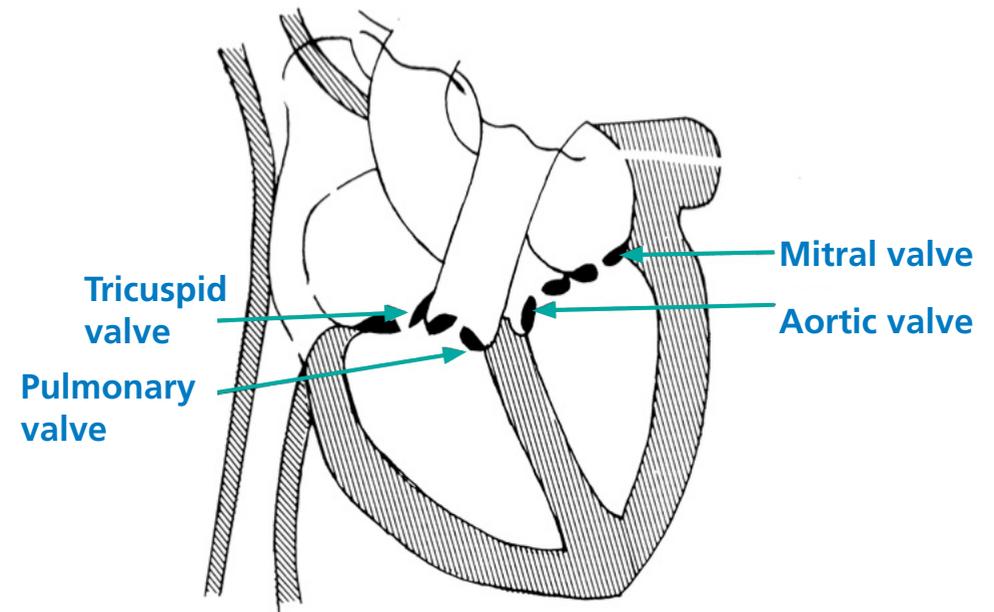
Usually veins from the legs or occasionally an artery from the arm can be removed and used as the new graft. The artery running down behind the chest wall, called the internal mammary artery, is frequently used in a similar way.

Heart valve repair or replacement

The heart has four one way valves to help the flow of blood around the body and lungs. You may have had a scan of your heart called an "echo" which is used to identify how the heart pumps can identify leaky (regurgitation) or narrowed (stenosed) heart valves. This prevents the normal flow of blood through the heart. The two

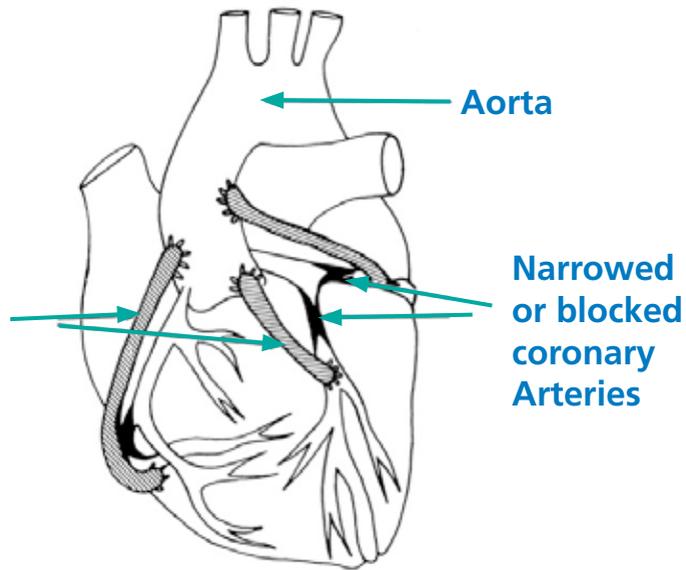
most commonly affected valves are called the mitral and aortic valves. These valves can be repaired or replaced. Your surgeon may attempt to repair the valve. Should a repair not be possible, you will have it replaced with an artificial valve, either made of mechanical parts or of natural tissue. (See diagram below)

Heart valves



CABG

Grafts from the Aorta bypassing the blocked coronary arteries



Valve Replacements

Types of valve: mechanical and tissue

When you see the cardiac surgeon they will discuss the advantages and disadvantages of both mechanical and tissue valves. Although the surgeon may advise which they feel is the best type of valve for you, the final choice will be yours.

Mechanical valves

The advantage of having a mechanical valve is that they are more hard wearing than tissue valves.

Thereby, avoiding the need to have further surgery in the future.

You may initially be aware of your valve making a quiet ticking noise similar to the sound of a ticking watch, especially when it is quiet. This will become natural to you and your family. It is normal for the valve to do this.

The disadvantage of having a mechanical valve is that you will have to be on a tablet called Warfarin for the rest of your life.

Warfarin

Warfarin is a tablet that thins your blood in order to prevent it clotting around the mechanical valve. When taking Warfarin you are required to have regular blood tests to make sure that your blood is not too thick or too thin. This blood test is known as the International Normalised Ratio (INR), and before you go home from hospital the Doctor will give you a target INR range to keep your clotting levels safe for you.

Your GP or local hospital will continue to monitor your INR levels and will instruct you on the dose of Warfarin you will need to take and how often you will need to have blood tests.

Warfarin **MUST NOT** be stopped without medical advice.

Tissue valves

The tissue valves used at Southampton General Hospital are made from bovine (cow) tissue. The major advantage of having a valve made of tissue is that you do not need to take Warfarin after your surgery.

At present we know that these valves last approximately ten to 15 years depending on your age. If you choose a tissue valve you may need a further operation in the future to replace it if it wears out.

Dental treatment and valve surgery

If you are awaiting heart valve surgery, a dental assessment is required to ensure that you are in good dental health. It is important to maintain good dental health if you have valve surgery. This is important as bacteria around your teeth can cause infections in your heart.

Your hospital stay – what to expect

Admission day

You will be sent an appointment to be admitted at 2pm and to report to the cardiac reception on E level. On arrival you will see a member of the nurse practitioner team. They will start the preparations for your operation and take you to your ward bed. If you have any questions about your operation or the care you will receive, the nurse practitioner will be happy to answer them for you.

Please be aware that while we aim to take you straight to your ward bed, unfortunately this is not always possible and we may ask you to wait in the waiting area. During this time we will keep you informed regarding the status of your bed.

Unless informed otherwise your operation will be the following day. Your position on the theatre list will not be confirmed until the operating list is distributed at approximately 4.30pm.

Being admitted the day before your surgery provides time to prepare you for the operation. You will meet the surgical team responsible for your operation, the anaesthetist and you will sign a consent form. Your skin may be marked with a pen to identify the site of your operation and you will be nil-by-mouth for a period of time before your operation. The ward nursing staff will inform you when to stop food and fluids as this will be determined by your position on the operating list.

Operation day

It will be necessary for you to take a bath or shower in antibacterial soap / shampoo and it may be necessary to have your body hair removed with clippers from your chest and legs, depending on your operation. Nursing staff will assist you to do this. To help you relax you may be given a pre-med, consisting of tablets and/or an injection, and this may make you feel drowsy.

You will then be taken to the operating theatre department on a trolley and then on to the anaesthetic room where you will be anaesthetised for your surgery.

During your operation a number of other tubes, lines and drains will be inserted, while you are asleep, which you will be aware of when you wake up. These include:

- a drip in the side of your neck and in each arm to both monitor your vital signs and give you medications

- chest drains at the base of your wound to drain any excess blood left from the operation
- a small tube in your bladder to drain your urine, called a urinary catheter.

You will also be attached to the ECG monitor which measures the electrical activity in your heart, a blood pressure cuff and an oxygen monitor.

Cardiac high dependency or intensive care – post surgery

Following your operation you will be taken to either the cardiac intensive care (CICU) or cardiac high dependency unit (CHDU) where you will stay for a minimum of one night.

During your stay in the CICU or CHDU you will be monitored very closely. After your surgery you will be kept asleep until the surgeons, doctors and nurses are happy that your condition is stable.

Cardiac intensive care (CICU) and cardiac high care (CHDU) further information

The purpose of this section is to provide you and your family with information about the time you will spend in the cardiac intensive care unit (CICU) and/or the cardiac high dependency unit (CHDU) after your heart surgery.

You and your family may be anxious about some aspects of what is going to happen. We hope this answers some of your questions and helps you

to understand more clearly what will happen to you and how you are likely to feel after the operation.

A team of surgeons, anaesthetists, physiotherapists, pharmacists and nurses will be working closely together to provide your care. It is our aim to provide the highest standards of care and support for you and your family throughout your stay.

Philosophy of care

We aim to provide you a high standard of care. We are always looking to improve the service we offer to all our patients and their families. We welcome any suggestions you may have. Please direct any suggestions to any nurse or the nurse in charge.

We hope that you do not have any cause for complaint.

If you do, please bring this to the attention of the appropriate person as soon as possible so that it may be resolved quickly.

Please feel free to ask any questions about your progress. If you or your family wish to talk to the doctor, then this can be arranged.

Locations of CICU and CHDU

CICU is located on D level, north wing, 1st floor up from the main entrance. The CICU is a very large unit, and there are two entrances to it ~ the Blue and Pink entrances.

Each entrance has an intercom system which will need to be pressed to gain access to the Unit. This is to ensure a secure environment is maintained while you are asleep and recovering. If there is no reply when your visitors press the intercom, please continue to try, it may be that the staff are away from the answering machine, but will try their best not to keep your visitors waiting.

Inside each entrance there is a waiting room with a telephone and toilet facility. There are no food or drink facilities for visitors inside the secure area.

CHDU is located on D level in east wing, 1st floor up from the main entrance. Visitors are asked to use the telephone at the entrance of CHDU to inform them of their arrival. The nursing staff will inform them whether it is an appropriate time for visiting.

What is the difference between CHDU and CICU?

The team will assess you to decide whether you will go to CICU or CHDU for the initial period of recovery after your surgery.

CHDU is also used as a step down area for patients from CICU before returning to the ward. This is to enable a safe level of care to be offered to those who no longer require intensive care, but who are not quite ready for the more independent ward areas.

You should be aware that, unlike the ward areas, both of these units will have a mix of male and female patients in the same area. The staff will however always keep your privacy and dignity a high priority. If you or your family have any specific concerns about these matters, please discuss them with the nursing staff prior to your operation.

What will happen in the CICU and CHDU?

The purpose of CICU and CHDU is to provide you with the care you require for the initial recovery period after your surgery. Both units have specialised resources to look after you. A nurse will be with you at all times when you are on the breathing machine (ventilator) to make sure all is running smoothly.

While you are on the ventilator, you will be kept asleep with a drip of sedation medicine. Most patients are kept asleep for two to six hours after their surgery. Once we are happy that your condition is stable, we will stop the sedation drip that is keeping you asleep.

Before we wake you up we will give you some pain relief and anti sickness medications via your neck line. When you start to wake up and are breathing for yourself we will remove your breathing tube and put an oxygen mask over your face. Many patients do not remember this happening.

Both units can be very busy and noisy. As you wake up

you may hear unfamiliar noises. These include the alarms of the monitoring equipment. These alarms are to inform the nursing staff of changes in your condition and that of the other patients

During your stay in CICU or CHDU you may feel quite sleepy due to the effects of the anaesthetic. Your nurse will explain what is happening, and what the next steps will be to help you towards your recovery. It is our aim to keep you comfortable and pain free at all times. If you are uncomfortable or feel sick please ask the nurses to give you some medication to relieve this. They will ask you at regular intervals if you require anything to keep you comfortable.

If you normally wear glasses, a hearing aid or false teeth, they will be with you. On CICU these may have to be collected from the ward before they are returned to you. Please feel free to prompt the nursing staff to do this. Please also feel free to discuss any other specific needs that you may have.

When can I eat and drink again?

After approximately two to four hours of being fully awake the nurses will start you with sips of water and this will be increased gradually. Your nurse will inform you when you can start eating.



What next?

Most patients will stay in CHDU overnight and return to the ward the following day. You may stay in CICU and CHDU longer than one night, and this is quite routine and does not mean there is anything wrong. You and your family will be kept up to date on your progress at all times.

On returning to the ward, it is normal to still feel very tired as your recovery continues. The ward staff will guide you into a gentle rehabilitation programme.

We welcome enquiries at any time during the day or night. We would advise your family to ring on the day of surgery and the ward staff will let you know be an appropriate time to ring. Information about you is confidential, therefore, it is preferable if only one or two members of your family make enquiries and then pass it on to the rest of the family. Please be aware confidentiality issues also mean there is a limit to the amount of information we can give over the telephone.

When can I have visitors?

On CICU and CHDU we have an open visiting policy. This means you may have visitors at any time. We only permit two visitors per patient bedside at any one time.

Visitors are asked to telephone or use the intercom at the entrances to CHDU and CICU to make the nurses aware of their intentions to visit. You may be asked to wait in the visitors' room.

If you would like to bring children as visitors, it is recommended that you discuss this with the nursing staff first and it to be for a short period of time only.

Due to the anaesthetic making you sleepy, you may not remember having visitors on the day of the surgery.

You will require toiletries for the time you are in CICU and CHDU. You will also require nightwear which should be loose fitting.

Cards and family photographs are welcome in both units. Unfortunately fresh flowers are not allowed on any of our wards due to health and safety regulations and infection control.



Recovery

Your operation is unique to you and everybody recovers differently, but below is a typical timeline of the recovery for a patient. Please remember that you will recover at your own pace. It is important not to compare your progress with that of other patients.

Day one

Your progress post operatively will be monitored closely. Your urine output, drainage into the chest drains and blood tests will all be observed. Your chest drains are likely to be removed. It is important for your oxygen levels to remain good, therefore it will be necessary for you to wear an oxygen mask. It is anticipated that you will be transferred back to the ward during the day.

You will be given breakfast and may be assisted into a chair as early as day one post operatively. Your urinary catheter will be removed at midnight going into Day Two, provided you are drinking enough to produce good amounts of urine.

Day two

You will be assisted out of bed today and will be seen by a physiotherapist. You will have resumed your normal diet by this point.

You will have routine checks which will include an ECG and blood tests.

Day three

Under the supervision of the nurses and physiotherapists you will gently increase your mobility day by day. By day three you may be mobilising out to the bathroom. If you have not had your bowels open, please ask for a laxative.

If you have had a mechanical heart valve, your neck line, pacing wires and a drain will be removed. You will have an ECG to assess whether we can remove the pacing wires.

Your discharge plans will be re-discussed.

Day four

The nursing and therapy teams will increase the lengths of your walks and you should be independent with your hygiene needs.

For the majority of patients, your neck line, pacing wires and a drain will be removed. You will have an ECG to assess whether we can remove the pacing wires.

You will have routine checks which will include an ECG and blood tests.

If you have had a valve replacement or repair, you will require a echocardiogram before you go home.

Days five to discharge

Between days five and your discharge home the following events will take place:

- You will be seen by the rehabilitation nurse who will answer any questions you may have about going home, and give you advice about rehabilitation groups in your area.
- You may be required to climb the stairs in preparation for discharge.
- Medication you need to take home will be ordered and we aim to discharge you by 11am.
- On the day of discharge you may be given a letter to deliver to your GP. If you are not, it will be sent in the post.

Pain Control

Cardiac surgery is a major operation and it is normal to expect some discomfort. You will be given pain control medication regularly

in the post operative period, but if you do suffer pain, please discuss this with your nurse who is able to assist you in managing your pain.

Nutrition

It is important to recommence your normal dietary intake as soon as you are able as this will help your recovery.

Please speak to the nursing staff if you feel sick, as there are medications to help with this.

You will receive protein supplements and a multivitamin in the first three days after your operation. You are encouraged to take these to help with your recovery and wound healing.

Physiotherapy following heart surgery

Physiotherapy following heart surgery is very important. After your surgery, your lungs are less inflated and you may have some phlegm. It is important that you re-inflate your lungs and clear any phlegm in order to avoid a chest infection. The way to do this is by

early mobilisation (i.e. sitting out of bed, deep breathing exercises and walking).

It is also important that you maintain good blood flow around your body. You do this by regular leg exercises and early mobilisation.

Walking

Early walking is important in your recovery. Walking will naturally make you take deep breaths and will therefore help to re-inflate your lungs and loosen any phlegm. The physiotherapist and nursing staff will assist you to start walking. Look out for the walking signs, they are positioned every ten metres along the corridor. Try to increase the number of signs you walk past each day.

When walking you should feel slightly breathless but be able to hold a conversation. This will help ensure you exercise at the correct level. The therapy team can also give you advice on how to best to manage your daily activities and increase your exercise tolerance once home.

Coughing

Coughing is important in order to clear your chest. To lessen the discomfort of coughing, you may want to hold a rolled up towel to your chest, over the wound site. Ask your nurse to provide the towel.

If you are struggling to clear your phlegm with coughing please try the breathing exercises below as they will lessen the amount of coughing required in order to clear your phlegm.

Breathing exercises

The Active Cycle of Breathing (ACBT) is a breathing technique used to clear phlegm and re-inflate your lungs.

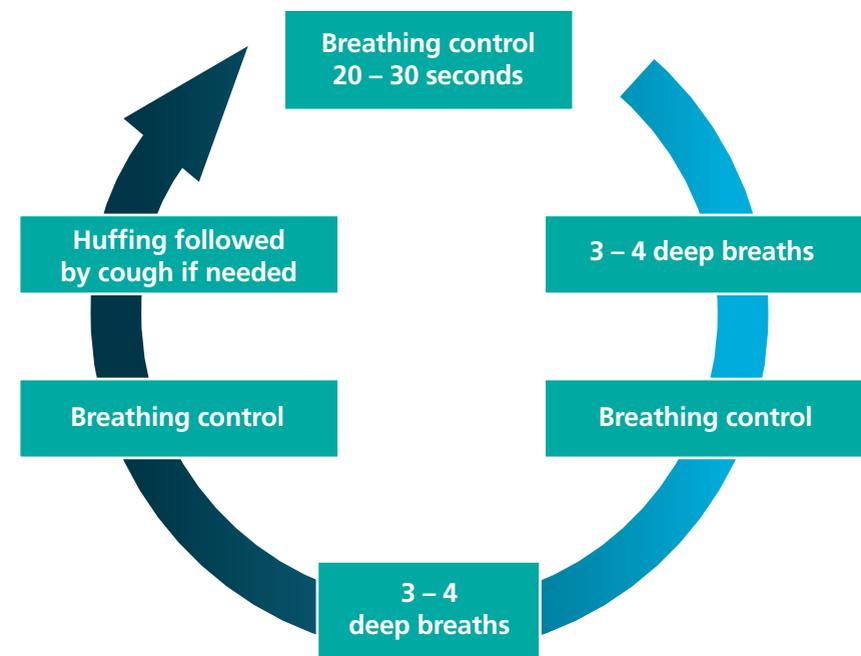
There are three parts to ACBT:

- breathing control
- deep breaths
- huff or cough.

Firstly, find a comfortable well supported position, ideally sat out in the chair or upright sitting in bed.

Relax your neck, upper chest, shoulders and arms.

The active cycle of breathing



Breathing control

- Rest your hand lightly on your stomach.
- Breath in and out quietly and gently through your nose if you can.
- As you breath in, your stomach should rise.

Deep breaths

- Deep breaths help to get the air behind the sputum that is stuck in your airways. Try to hold each deep breath for the count of three as this will also help to re-inflate your lungs.
- Take a long, slow deep breath in through your nose and out gently through your mouth.
- Try to breathe right down to the bottom of your lungs, expanding your ribcage.
- Aim to do three to four deep breaths before returning to breathing control.

You may need to do a few cycles of deep breathing and breathing control before doing a huff (see below) if your phlegm is sticky.

Huff

- A huff is similar to a cough but you aim to keep your mouth and throat open.
- Imagine you are trying to steam a mirror right in front of you.
- Take a breath in and then exhale the air out forcefully through an open mouth.
- If you wheeze as you exhale you are huffing too hard.

Cough

- After doing a huff you may need to do a good strong cough and bring your phlegm out into a pot or tissue. When coughing always use a rolled up towel to support your wound.

Your therapist will advise you on how often you will need to do your breathing exercises.

Pain

Ensure that your pain is under control. Some discomfort is normal, but if it is affecting your breathing

or movement, ask your nurse to provide you with some pain relief.

Circulation exercises

These exercises will improve the circulation in your legs and are important to reduce the risk of blood clots.

You should do these exercises three times a day, when you are in bed or sitting on a chair.

Straight leg raise

- Lie on the bed with your legs straight or if you are sat in a chair slowly straighten one leg.
- Lift one leg up.
- Keeping your leg straight, draw your foot towards you and hold for five seconds.
- Repeat five times on each side.

Knee bend and straighten

Sitting on a chair or in bed, bend and straighten your leg ten times on each side.

Ankle circles

Move your foot in a circle, repeating ten times with each foot.

Bottom squeeze

Squeeze the muscles in your bottom and hold for five seconds. Repeat five times.

Marching on the spot

Sit on a chair and march on the spot ten times.

Arm exercises / precautions

It takes approximately 12 weeks for your chest bone (sternum) to heal. Therefore it is very important you are not pushing through your arms to move yourself around. For example it is habit for most of us to push through our arms to get in and out of bed, or a chair. Instead of using your arms, use your legs and bottom to shuffle backwards and forwards. You can put your arms across your chest when moving to avoid using them. It can also be useful to rock backwards and forwards a few times to get some momentum before attempting to stand from a bed or chair.

Despite not being able to push and pull with your arms, it is still important to maintain range of movement in your shoulders. Below are some simple exercises that will help you to do this.

Shoulder shrugs

Lift your shoulders up towards your ears.

Shoulder rolls

Roll your shoulders forwards and backwards.

Arm raises

Lifting one arm forwards and upwards as high as is comfortable. Repeat with the other arm.

Repeat all exercises five to ten times each, three times a day.

Sit to stand

Practice standing without the use of your arms. A dining room chair would be ideal.

Repeat all exercises five to ten times each three times a day.

Walking

Walk daily and increase the time spent walking by approximately five minutes each day.

Early recovery at home

Prior to going home an occupational therapist may assess you for any equipment needs you may have (e.g., chair or toilet raisers to aid standing from low surfaces). The therapy team will also provide you with some general exercises designed to increase your strength and exercise tolerance. You are advised to continue these exercises until your cardiac rehabilitation begins.

Continue your arm exercises above, with the addition of:

Heel raises

Stand with finger tips resting on a table or the back of a chair for balance and raise up on tip toes (do NOT lean on your arms).

Step-ups

Using the first step on your stairs or a step within your house. Step up onto the step with one foot and bring your other foot up to the other one. Then step down with the foot you initially stepped up with first.

Questions

If you have any questions regarding advice on your recovery the nursing staff and therapy team will work with you to meet your individual needs.



Occupational therapy (OT)

Following your heart surgery it is very important to adhere to the post-operation precautions, i.e., not pushing or pulling up through your arms.

- domestic tasks such as cooking, shopping, laundry, housework and gardening
- leisure activities.



This may initially impact of your ability to complete activities in and around your home such as:

- washing and dressing
- getting up from the chair, toilet and bed

Things to consider before you have your surgery

- Have you got an armchair at a comfortable height to get out of? Is it too low that you need to use your arms? Is it too high that your legs are not touching the floor?
(Equipment such as raised toilet seats can be borrowed from the Red Cross loan store)
- Is your bed at a comfortable height to get up from? If you were struggling prior to admission, you may need to explore different beds available within your property that are at a comfortable height for you.
- Most toilets are quite low in height. Does your toilet height need raising to make this transfer easier for you?
- If you are walking safely the therapists will not routinely complete the stairs assessment with you. If you have a concern please notify the nurse looking after you. The therapist may suggest whether putting a bed temporarily downstairs is a preferred option, should the stairs be a concern. The OT can assist you in planning this and can discuss provision of additional equipment such as a commode for use downstairs.

If you are unable to organise the above, i.e., you do not have an alternative chair that is of a comfortable height for you and you are not able to access the Red Cross, or have other concerns regarding managing at home after your surgery then you may need to see an occupational therapist while you are an inpatient on the wards.

Please bring some clothes in with you when you come into hospital so that after your operation you can begin to return to normal activities of daily living. The nursing staff, OT and physiotherapist will assist you in returning to activities. On discharge you will be able to care for yourself but will require

assistance with other tasks such as cooking and shopping. Initially, we recommend you have someone with you to assist in your activities of living. If you have any concerns regarding how you will manage activities as listed below please ask to see an occupational therapist on your ward.

- showering and bathing
- dressing
- cooking
- cleaning
- shopping.

To access the occupational therapist while you are an inpatient, please enquire with the nursing.

Advice on returning home

It is important to continue mobilising, progressively building up your exercise tolerance. Do not do too much too soon.

You will need to have someone stay with you for the first two weeks after returning home. If this is not possible you will require convalescence in your local hospital, or we may be

able to get you home with support services visiting you in your own home. This will be discussed with you when we are planning for your discharge.

This is important to protect your chest bone (sternum) and allows you to gently ease yourself back into your normal routine.

Dos and Don'ts

- It is advisable not to plan any holidays until after your follow up appointment. You are advised not to fly in the first eight weeks after your operation.
- You will not be able to drive any vehicle for four to six weeks.
- You will not be able to lift anything heavier than a kettle half full of water for six to eight weeks.
- Your follow up appointment will be six to eight weeks after your operation and may be with your local cardiologists or with the surgeon at Southampton.
- You will not be able to return to work for at least eight weeks (12 weeks for a more physical job). If you require a sick note for your employer, please ask your nurse when discharge is being mentioned. If further sick notes are required your GP will be able to provide these for you.
- Your daily activities will have to build up gradually. You will get given a booklet following your operation with this information.

You will be invited to a cardiac rehabilitation programme which is an important part of your recovery. The aim of this rehab programme is to help you return to normal life and health following your surgery.

The cardiac rehabilitation team at Southampton General Hospital will see you prior to your discharge to give you further advice on returning home. You will be referred to your local area cardiac rehabilitation team.

The contact number for Southampton cardiac rehabilitation team for advice is:

023 8120 6673 (answer machine is available for leaving a message)

Please refer back to the physiotherapy section for general exercises designed to increase your strength and exercise tolerance for after your discharge until the cardiac rehabilitation begins.

Useful contact numbers

University Hospital of Southampton NHS Trust (Switchboard)

023 8077 7222

If you have any questions relating to your surgery or regarding the date of your surgery, please contact the nurse case manager team.

Nurse case manager team

023 8120 8686

Ward E4

023 8120 6473

Cardiac nurse practitioners

023 8120 8182

Cardiac high dependency

023 8120 6836

Ward E3

023 8120 6472

Cardiac intensive care

023 8120 6121

Consultant secretaries
(for outpatient appointments)

Mr Viola/Mr Kaarne/Mr Lavrsen

023 8120 5911

Adult congenital nurse specialist

023 8120 4739

Mr Tsang/Mr Livesey

023 8120 6234

Pulmonary hypertension nurse specialist

023 8120 4739

Mr Barlow/Mr Ohri

023 8120 4938

Southampton cardiac rehabilitation advice line

023 8120 6673

Mr Velissaris/Mr Miskolczi

023 8120 4056

Patient Advocacy

Liaison Service (PALS)

023 8120 8498

Cardiac Admissions Office

023 8120 4847

