



University Hospital
Southampton
NHS Foundation Trust

Recovering from a heart attack

Information for patients



About this booklet

If you are reading this booklet it is likely that you have been admitted to hospital due to a heart attack (also known as a myocardial infarction or M.I.).

This booklet has been produced by the cardiac rehabilitation team to help you and your family understand more about your condition. We hope it will provide you with clear information about what has happened and help to answer some of the questions you are likely to have around getting back to normal.

The cardiac rehab team

A nurse from the cardiac rehabilitation team will visit you while you're in hospital. They will provide information about your condition and discuss your treatment and recovery. They will be able to offer advice on when to resume your usual activities, how to make any necessary lifestyle changes, and how you can protect your heart in the future.

It is common to worry after a heart attack, but it's important to remember that getting better and feeling confident again can take time. You will soon be able to do most of the things you used to do again.

Advice line

If you have any questions or require advice after leaving hospital, you can telephone the cardiac rehabilitation team on: **023 8120 6673** (Monday to Saturday). If you reach the answerphone, leave your name and telephone number and we will call you back as soon as possible.

Please note, this number is not for medical emergencies.

What causes a heart attack?

Heart attacks are caused by the blood supply to the heart being suddenly interrupted.

Your heart is a pump at the centre of the body's circulation system – a muscle that delivers oxygen and other vital nutrients to all of your cells. Your heart muscle needs its own supply of oxygen and nutrients so that it can pump blood around your body. Your heart gets its blood supply from its coronary arteries, which are on the outside of the heart.

Heart attacks are usually the result of a process called coronary heart disease. This is when the inside of the coronary arteries become narrowed because fatty deposits (atheroma) have built up within the artery walls. The fatty area of the atheroma in the artery wall is called a plaque. If a plaque cracks, a blood clot will form to try and repair the damaged artery wall. The blood clot can totally block your coronary artery, causing part of the heart muscle to be starved of blood and oxygen. If this happens, the affected part of your heart muscle will die because of insufficient oxygen. This is called a heart attack.

What happens during a heart attack?

Symptoms of a heart attack can include discomfort and pain in the chest, which can start off as a dull ache, and may feel very severe. Some people describe the feeling as a heaviness or pressure, while others describe it as a tight band around the chest. For some people, the chest pain can feel similar to indigestion or heartburn. It is common to feel sick (nausea), short of breath and to sweat profusely.

On admission to hospital, a rapid assessment will be made by a specialist team who will decide on the most appropriate treatment. This will be discussed with you.

How can I reduce my risk of further heart problems?

It is not known exactly what causes coronary heart disease, but we know that some things can make it more likely. These things are called risk factors. If you can reduce these risk factors you can significantly improve your health. Little can be done about some risk factors such as hereditary and age-related heart problems, however there is a lot you can do to reduce other risk factors:

- Do not smoke
- Stay physically active
- Keep your total cholesterol level below 4 mmol/L
- Keep your blood pressure below 140/90 mmHg
- Keep to a healthy weight and body shape
- If you are diabetic, ensure blood sugar levels, cholesterol and blood pressure are controlled
- Eat a healthy, well-balanced diet
- Drink alcohol within recommended limits
- Learn ways to manage stressful situations
- Avoid recreational drug use

Going home from hospital

The length of your stay in hospital will depend upon the severity of your heart attack, the treatment you have received and your home situation. Your heart has a great capacity to heal. Within a few weeks a scar will form in the damaged area and, in a lot of cases, your heart can recover and be able to pump just as well as before.

Activities after leaving hospital

If you develop any chest pain while performing the activities on the opposite page, it is very important to stop and rest. If the pain subsides within a few minutes, contact your GP's surgery for advice.

If at any point you experience chest discomfort lasting for more than 15 minutes, which is not relieved by resting or is associated with feeling unwell, you should telephone 999 for the ambulance service. Remember that getting help quickly could be vital.

Week one

On discharge from hospital, continue with the same routine and go at a slow pace. You may use the stairs at home but try to avoid unnecessary trips.

Things you should do:

- Get up and dressed every day.
- If possible take a shower rather than a bath. If you have to bathe, ensure the water is warm, not hot.
- Light activities such as reading, watching TV, listening to the radio or using a computer.
- Try to take an afternoon rest for one to two hours.
- Receive only a few visitors at a time.
- Carry out simple household tasks, such as laying the table, washing up, making a cup of tea and preparing a light meal.
- Take a gentle stroll around the garden or a very short walk of no more than a few minutes.
- Sleep and rest – try to get plenty of sleep. Afternoon rests during the first few weeks are beneficial for your recovery.

Do not:

- drive a car
- do gardening
- play sports
- vacuum or make beds
- lift, push or drag heavy objects
- stand for long periods
- carry out any activity that makes you short of breath
- bathe for two days if you have a groin wound

Week two

Follow the first week's guidelines. As long as the weather is not bitterly cold you may take a short, gentle walk each day. Start by walking for five minutes and build up to ten minutes by the end of the week, preferably on flat ground and not within one hour of eating a meal. Make sure you take slow strolls not power-walks.

Week three

Start building up to longer walks that last ten to 15 minutes per day. If you are feeling well enough, you can increase the frequency of your walks to twice a day. Remember to keep the pace steady and not get out of breath.

Things you should do:

- prepare meals
- light gardening, planting or weeding
- light carrying
- try and take a rest period during the day

Do not:

- dig the garden or mow the lawn
- run or play active sports
- undertake strenuous or heavy DIY (including climbing ladders or decorating)

Week four

Continue to increase the duration of your daily walk to 15 or 30 minutes. If you are used to walking and feel well enough you can build up to two to three miles per day (maximum).

Weeks five to eight

Your recovery period is almost complete. If you are not experiencing any chest pain or discomfort when carrying out your daily walk, you may wish to start another form of exercise such as swimming, golf or cycling. Always start slowly and build up gradually. Cease exercise if you feel breathless or have chest pain or discomfort. If you experience chest pain or discomfort when you exercise, report it to your GP.

Finally, despite all the do's and don'ts, it is important to use common sense during the period of your recovery. You should gradually, not immediately, return to a normal and active life.

Everyone progresses at a different rate and everyone will have good and bad days. It all depends on how much you feel you can do: pace yourself to the rate of your own body's physical recovery.

Advice on everyday life

It is perfectly normal to feel tired when you are discharged from hospital. This may last several weeks. Some of the medication you have been given may initially make you feel tired but this usually wears off.

Many people feel a range of emotions after having a heart attack. These can include feeling worried, fearful, frustrated or vulnerable. Anxiety and mild depression are common, as are fears about future health, returning to work, financial worries, when to return to hobbies or exercise and resume sexual relations with a partner. Learning to communicate with those close to you will help.

If you feel you are depressed, speak to your GP or cardiac rehabilitation nurse. It's important to seek treatment, because depression can make it more difficult for you to make a full recovery, as well as make any necessary lifestyle changes.

Returning to work

You may be able to return to work four to six weeks after your heart attack. The final decision rests with your GP and will depend on your progress and the type of work that you do. A gradual return to work may be advisable. Don't be surprised if you find yourself tired at first. If you are self-employed or work from home, resist the urge to start work too early in your recovery.

Driving

Your right to drive a car after a heart attack is determined by DVLA regulations and you will not be able to drive for between one to four weeks, depending on the type of treatment you have had. The cardiac rehabilitation nurse will discuss this with you before you go home.

If you have a group one driving licence (car or motorbike), you do not need to inform the DVLA. If you have a group two licence (LGV/PCV), you must inform the DVLA and follow their guidelines for renewing your licence.

You must inform your insurance company of your condition.

Sexual activity

Most people can return to having sex after a heart attack. Like any other form of physical activity, sex can temporarily increase your heart rate and blood pressure. This increases the work of the heart and, in people with coronary heart disease, may occasionally lead to breathlessness or chest pain. However, sex is just as safe as other equally energetic forms of physical activity. People with heart disease and their partners are often understandably anxious about how sex may affect the heart. If you have any concerns, speak to your GP or cardiac rehabilitation nurse.

Please note that some drugs prescribed for heart disease can cause impotence. If this happens, talk to your GP. It may be easily resolved by altering your medication.

Medication

It is very important that you take the medications prescribed to you after a heart attack. They have both immediate and long-term benefits and should not be stopped without professional medical advice. Plan ahead and make sure you have an adequate supply of medication at all times. If you have any questions about your medication please ask your doctor or pharmacist.

Anti-platelets

These help to prevent blood clots. Examples include aspirin, clopidogrel, prasugrel and ticagrelor.

Platelets are one of the components of blood and contribute to clot formation. Anti-platelet drugs are prescribed to make platelets less sticky and therefore less likely to form a clot. The drugs work via different mechanisms and are used in combinations to improve their effectiveness.

If you are due to have a procedure (such as a medical or dental operation), seek advice from your specialist heart doctor (cardiologist) before you stop taking anti-platelet drugs, even if you are stopping for a short period of time.

ACE inhibitors

These help to protect the heart. Examples include ramipril, enalapril, captopril and lisinopril. ACE inhibitors control blood pressure and regulate hormones that can have a detrimental effect on the heart after a heart attack. They can help to prevent and manage heart failure.

Beta-blockers

These help to improve the pumping of the heart. Examples include bisoprolol, atenolol, metoprolol and nebivolol. Beta-blockers regulate the heart rate and help it to pump more efficiently. This decreases the workload on the heart. Beta-blockers can help to manage angina and heart failure. They can also lower blood pressure.

Statins

These help to lower cholesterol levels. Examples include atorvastatin, simvastatin, pravastatin and rosuvastatin.

Cholesterol contributes to the build-up of fatty deposits inside your blood vessels. These deposits narrow them and make them more prone to clotting. Statins interfere with the body's production of cholesterol and reduce levels in the blood. They also have a protective effect on the blood vessel itself. More cholesterol is produced in the evening which is why statins should be taken at this time. Other drugs such as fibrates or ezetimibe, which also have effects on cholesterol, are used for some patients – with or instead of statins.

Smoking

Do not smoke. There is no safe amount. Cigars, roll-ups, electric cigarettes, pipes or cigarettes (with or without filters) all allow chemicals into the bloodstream. These chemicals are harmful to the lining of the arteries. They also raise the risk of blood clots by making the blood sticky. This dramatically increases the likelihood of stents blocking. Carbon monoxide, a gas released when tobacco burns, reduces the amount of oxygen the blood carries to the heart. When you smoke, your heart has to work harder and receives less oxygen. If you continue to smoke it increases the risk of further heart problems.

A cardiac rehabilitation nurse will discuss this with you and a referral can be made to a smoking cessation team to assist you. If you are struggling with withdrawal symptoms at the moment, please inform the nurse looking after you. Nicotine replacement therapy can generally be prescribed.

NHS Smokefree stop smoking service: **0300 123 1044**

Healthy eating and drinking

Healthy eating reduces the risk of heart disease and other illnesses. Healthy eating is, therefore, important for you and your family. If necessary, try to encourage them to change their eating habits as well.

A healthy diet is not necessarily achieved by eating less. It involves thinking about the types of food you buy and the way you cook them. A good diet for the heart is a Mediterranean-style diet, which includes more bread, fruit, vegetables, fish and less meat. Replace butter and cheese with products based on plant and vegetable oils. Also:

- Aim to eat at least five portions of a variety of fruit and vegetables every day. Different fruits and vegetables contain different combinations of vitamins and minerals, so aim to eat a variety.
- Cut down on the amount of fat you eat. Replace saturated fats with unsaturated fats. Use low-fat spreads and vegetable oils such as olive or rapeseed oil instead of butter, hard margarine or lard.
- Replace whole milk with skimmed or semi skimmed milk and full cream yoghurt with low-fat yogurt or fromage frais.
- It is recommended that you eat two to four portions of oily fish a week such as salmon, trout, fresh tuna, herring, mackerel or sardines.
- Reduce the quantity of meat in your diet. Remove the skin from chicken and the fat from meat before cooking.
- Grill, steam, microwave or bake. Avoid frying.
- Eat plenty of foods that are rich in fibre such as wholegrain bread, cereals, pasta and rice.
- Limit the quantity of salt you eat by using less both while cooking and at the table.

Cholesterol

We recommend that your cholesterol is kept below 4.0 mmol/L. You will be prescribed a drug called a statin (see page 9) which reduces cholesterol and also helps prevent another heart attack.

Ask your GP to check your cholesterol level two to three months after a heart attack. This will determine whether or not you are achieving your target cholesterol level.

Alcohol

Moderate drinking (one or two units a day), may offer some protection from coronary heart disease, especially in men over 40 and women who have been through the menopause. However, we would not advise you to start drinking if you don't already. There are safer and healthier ways to protect your heart: take more physical activity, have a healthy diet and stop smoking.

If you drink alcohol, it is important to keep within the guidelines:

- Men and women should not regularly drink more than two to three units of alcohol per day.

These guidelines apply whether you drink every day, once a week or occasionally. If you drink too much, allow your body 48 hours to recover. Have at least two alcohol-free days a week.

One unit of alcohol equals:

- one small glass of wine (100ml)
- half a pint of normal strength lager, beer or cider – remember that many beers and ciders have a higher volume than this
- a pub measure of spirits (25ml)
- a small glass of sherry or port (50ml)

Exercise

Regular exercise will be of benefit to your wellbeing and long-term recovery.

Benefits of exercise:

- helps to prevent further coronary artery disease
- helps to reduce stress
- helps decrease blood pressure
- helps lower cholesterol
- helps with weight loss

The best type of exercise is cardiovascular. Examples include walking, cycling, swimming and dancing. Being physically active at work and home is not a substitute for regular, cardiovascular exercise.

Once fully recovered you should aim for 20-30 minutes of moderate exercise, five times a week. You should feel warm and breathe more heavily than normal but still be able to talk. Remember to build up slowly over a period of time even if you were very active before the heart attack.

Blood pressure

It is important to have your blood pressure checked regularly by your GP or practice nurse. Raised blood pressure increases the risk of coronary heart disease and strokes. High blood pressure (also known as hypertension) rarely makes people feel ill. It can cause headaches in a very small number of people but only if their blood pressure is very high. The following are linked with raised blood pressure:

- not doing enough physical exercise
- being overweight
- having too much salt in your diet
- drinking too much alcohol

Simply addressing the above can help to reduce your blood pressure; however, sometimes medication is also required.

Genes are another factor. If one or both of your parents have or have had high blood pressure you have a greater chance of developing it too.

It is recommended that your target blood pressure is 140/90 mm/Hg or lower.

Diabetes

People with diabetes are at greater risk of developing coronary heart disease. It is very important to ensure that you control your blood sugar, blood pressure and cholesterol. This will help to keep your risk as low as possible.

If you don't have diabetes, you can greatly reduce your risk of developing it by controlling your weight and doing regular physical activity.

Stress

Stress has not been proven to cause coronary heart disease, but stress can become a trigger for unhelpful behaviours such as smoking, drinking too much alcohol, eating poorly and not getting enough physical exercise. These behaviours can limit your recovery and increase your risk of further coronary heart disease.

Stress is part of everyday life and at times can be unavoidable. A stressful situation triggers the release of adrenaline into the bloodstream which increases the heart rate and oxygen levels to the heart and muscles. These physical reactions help the body cope when faced with a dangerous situation but can also cause the symptoms that make you feel anxious and stressed.

There is a lot you can do to manage stress or anxiety. You may find it helpful to learn about techniques for managing stress. Some people find that physical activity, yoga or other relaxation techniques can help. If you think you are stressed or very anxious, talk to your GP who will be able to help you decide how best to manage it.

Holidays and air travel

A holiday can be helpful to your recovery although it's advisable to stay in familiar surroundings for the first four to six weeks. If you need to travel within the first few weeks following your heart attack, plan your trip carefully and allow plenty of time to get to where you are going. Make frequent stops on long car journeys, at least every two hours. Please remember to get help with your luggage.

If you are travelling abroad, make sure your travel insurance gives you adequate cover. Guidelines on flying will vary between airlines. Travel by most airlines is permitted ten days following a heart attack but you may find that your travel insurance will not cover the holiday. Therefore it may be appropriate that you postpone travel until your condition is more stable and you are fully recovered. If a holiday has been planned, travel should always be discussed with your doctor to ensure adequate recovery time.

We recommend in future you discuss your medical insurance with your GP before purchasing, as the health declarations are very detailed and will be checked if you need to make a claim. If you are travelling to Europe or Switzerland, it is recommended that you apply for a European Health Insurance Card (EHIC). Forms are available at your local post office and also on the NHS website. The EHIC entitles UK citizens to some free or reduced-cost medical treatment but is not a substitute for medical insurance.

The British Heart Foundation has additional information on their website:

www.bhf.org.uk

Cardiac rehabilitation

After you are discharged from hospital you will be referred to your local community cardiac rehabilitation team. They will continue to support you through your recovery. You should be invited to a cardiac rehabilitation programme, which usually starts about four weeks after you have left hospital.

Cardiac rehabilitation programmes and services vary throughout the UK, but programmes usually include one or more of the following:

- Exercise
- Education
- Relaxation and psychological support

Your programme will usually require you to attend one session lasting one to two hours, once or twice a week for roughly six weeks. Cardiac rehabilitation programmes are usually run in a hospital, community centre or leisure centre. It's important to note that the exercise session is aimed at helping you gain confidence again and improve your own level of fitness under supervision. It is designed for people of all levels of fitness.

People who follow a cardiac rehabilitation programme can get fitter and recover more quickly. The information and support you get from the programme can help you to make healthy lifestyle choices. Cardiac rehabilitation has been found to reduce the risk of dying from coronary heart disease. It also helps to reduce some of the risk factors for the disease.



The story so far...

Heartbeat is a registered charity dedicated to providing support to the Wessex Cardiac Centre (WCC), its patients and their loved ones so they can receive the best possible care and support.

Heartbeat has raised over £16 million, helping the WCC become and remain a Centre of Excellence for cardiac care in the UK. We receive no funding of any type and rely solely on the donations of our generous supporters.

Key Services

We fund Heartbeat House, a home from home providing free accommodation for the Wessex Cardiovascular and Thoracic Centre patients' relatives, located just a few minutes walk from the hospital. For information about staying at Heartbeat House please ask the Ward Sister or phone Heartbeat House on **023 8039 0548**.

Heartbeat are continually funding projects to ensure the Centre remains at the forefront of cutting edge services. Heartbeat continues to help patients, loved ones and medical staff in many ways, including:

- Funding specialist equipment
- Providing patient literature
- Funding educational and training grants for medical staff

We are also taking the message of keeping healthy out to the community through our 'Healthy Heart' campaign, offering on the spot health checks to staff at businesses and organisations.

It is thanks to the generosity of many individuals and organisations that we are able to fund these projects past and present.

With an increasing number of patients being treated by the WCC, there are always more ways in which Heartbeat can help and ensure that the cardiac care these patients receive continues to get even better.

We look to develop prevention and rehabilitation across the community.

For more information on our work please visit our website at: **www.heartbeat.co.uk**

Registered Charity No 1116510
Company Limited by Guarantee No 5924982

Please help Heartbeat make a difference

Mr/Mrs/Ms First name Surname

Address

..... Postcode

Telephone Email

I would like to receive more information on:
Events / Projects / Healthy Heart Campaign

How to make a donation

1 By Cheque

I enclose a cheque for £.....
made payable to Wessex Cardiac Trust.
Please send cheques to the address at
the bottom of this form.

2 By Credit or Debit Card

Donations can be made via our website:
www.heartbeat.co.uk or call the Fundraising
Team on **023 8070 6095**. We regret that we cannot
accept American Express or Diners Club cards.

3 Direct Debit Mandate

We are very grateful for any amount you are able to give.
Please complete the Direct Debit section below.



I / we wish to pay Wessex Heartbeat the amount of £..... monthly / quarterly / annually,
until further notice.

Instructions to your Bank or Building Society to pay by Direct Debit

Bank name.....

Bank address

Account name(s).....

Account number..... Branch sort code

Starting on..... Signature..... Date

By completing your details below, we can reclaim an extra 25p for each pound you donate.



I am a United Kingdom taxpayer and want this donation and all future donations to be treated as Gift Aid until I notify you otherwise.

Signature Date

Please send this form to:

Heartbeat, Rotary Heartbeat House, 152-154 Tremona Road, Southampton, SO16 6HW

T **023 8070 6095**
E **info@heartbeat.org.uk**



All data is protected under the Data Protection Act and not shared with any other organisation. Wessex Heartbeat would like to keep you updated with our work. If you do not wish to receive information from us please tick the box

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Useful contacts

NHS 111 service
Contact the NHS 111 service if you need medical help or advice fast but it's not a 999 emergency.
Telephone **111** www.nhs.uk

Heartbeat House
Offering accommodation and support for patients in the cardiac unit and their families.
Telephone: **023 8039 0548** www.heartbeat.co.uk

British Heart Foundation
Charity offering a range of information and resources.
Telephone: **0300 330 3322** www.bhf.org.uk

NHS Smokefree
Support to help you stop smoking.
Telephone: **0300 123 1044**
www.smokefree.nhs.uk

Benefits information
Further information on sick pay, fit notes and benefits is available at:
Telephone: **03444 111 444** (Citizens advice)
www.gov.uk www.citizensadvice.org.uk

University Hospital Southampton NHS Foundation Trust
Southampton General Hospital
Tremona Road
Southampton
Hampshire
SO16 6YD

Telephone: **023 8077 7222**

Advice line

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Please note, this number is not for medical emergencies.

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsupporthub@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **www.uhs.nhs.uk/additionalsupport**

www.uhs.nhs.uk

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