Guy's and St Thomas' NHS
NHS Foundation Trust

Having heart surgery

Your name: _____

Your surgeon's name: _____

Your cardiologist's name: _____

Your operation: _____

Your cardiologist (heart specialist) believes the best way to manage your condition is for you to have heart surgery. Your cardiologist should have talked to you about the alternatives to heart surgery and why we believe this is the best option for you. This booklet is not meant to replace these discussions, but we hope it will make you feel more comfortable with your decision to have this procedure.

The aim of this booklet is to provide you and your family with information about what is involved in heart surgery. It explains the procedure, including risks and benefits, as well as what to expect when you come to hospital. If you have any questions or concerns, please speak to a doctor or nurse caring for you.

Contents

showing we care

Types of heart operation

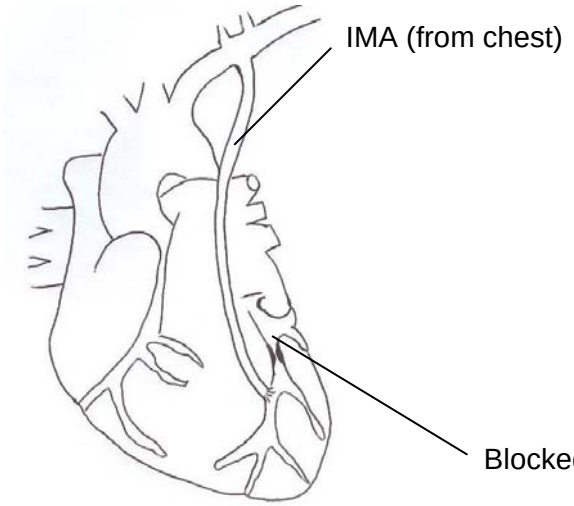
Coronary artery bypass grafts, heart valve repair/replacement or a combination of the two, are the most frequent heart operations performed. They are described below. There are various other less common operations which your surgeon will explain to you if necessary.

Most patients will have a vertical incision (cut) on the front of the chest and the breastbone will be divided to open the chest. A small number of patients may have incisions on the side of the chest, which may be less invasive and allow a more rapid recovery. Limited incision or 'keyhole' surgery may be offered to selected patients. Your surgeon will explain which approach is best for you but the general principles of recovery are similar for most types of heart surgery.

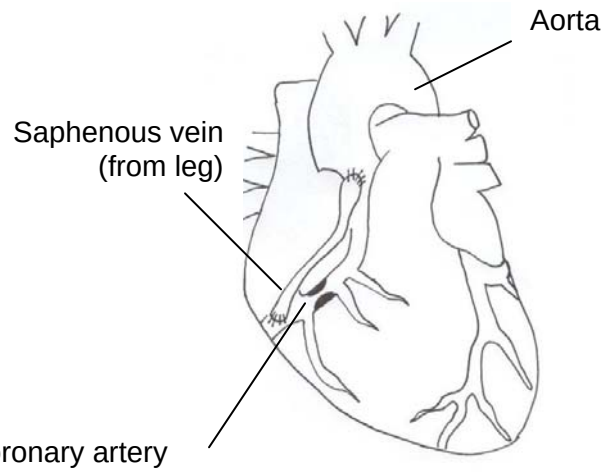
Coronary artery bypass grafts

This operation involves the grafting (surgical attachment) of a blood vessel to bypass a blocked or narrowed coronary artery. One end of the graft is stitched to the aorta (the main artery carrying blood from the heart to the body) and the other to the coronary artery beyond the narrowing or blockage.

The artery running down behind the breastbone (the internal mammary artery) is the most commonly used graft, being used in 92% of cases of coronary artery surgery (see picture 1). Veins from the legs (such as the saphenous vein) or occasionally an artery from the forearm can also be removed and used as a graft (see picture 2).



Picture 1: Internal mammery artery (IMA) graft



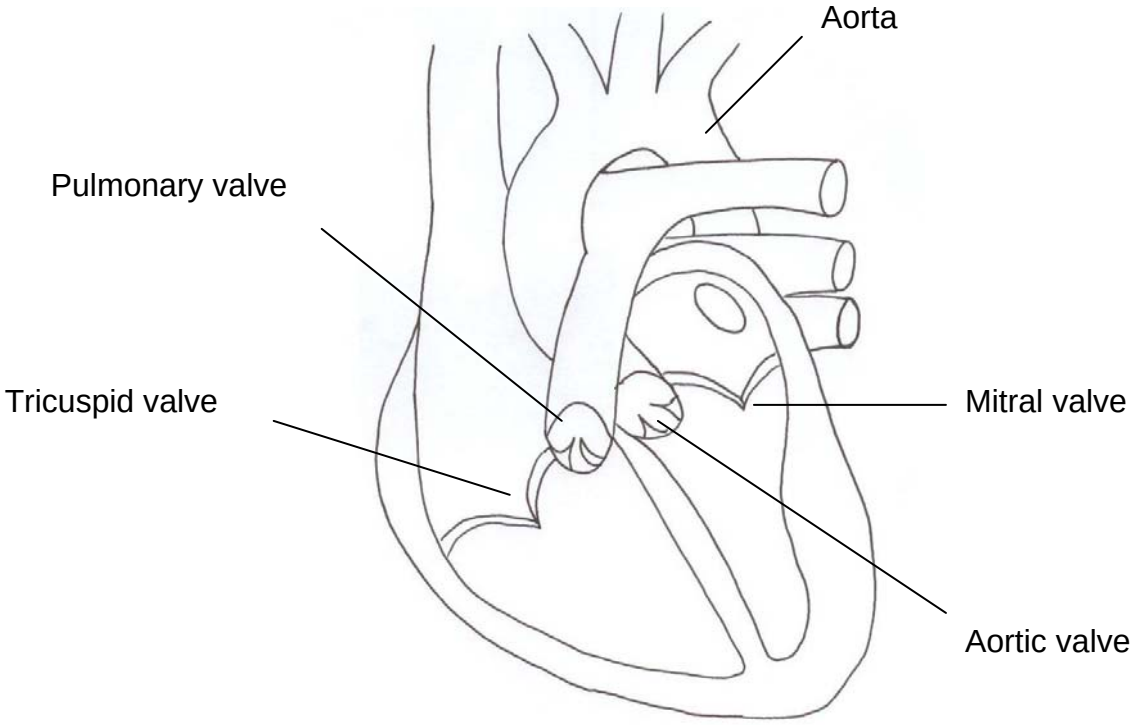
Picture 2: Saphenous vein graft

Heart valve replacement/repair
The heart has four chambers, each with a valve at its outlet. These valves open and close with each heart beat. They can be affected by disease causing a leak (regurgitation), or a narrowing (stenosis), preventing the normal flow of blood through the heart. The two valves most commonly affected are called the **mitral** and **aortic** valves.

Sometimes the surgeon is able to repair your own valve; this is only possible for the mitral and/or tricuspid valve. In other cases the valves are replaced with valves made of moving mechanical parts or of natural tissue.

Mechanical valves are the hardest wearing and effectively last forever but patients must take anticoagulant drugs such as warfarin for life to reduce the risks of clots forming on the valve.

The body readily accepts tissue valves. They are ‘inert’ and do not cause rejection. With tissue valves, patients need blood-thinning treatment much less often. However, tissue valves do not last indefinitely and may wear out after some years, in which case another operation may be necessary. The surgeon will discuss the most suitable choice of valve with you and help you towards the best decision for you.



Preparing for your operation

While you are waiting

The waiting list
After your first appointment with the surgeon you will be placed directly on the waiting list according to your individual needs.

Operation date
Your surgeon will tell you roughly how long you will have to wait for your operation, and may give you a date whilst you are in the clinic. If not, the admissions coordinator (tel: 020 7188 3894) will contact you to discuss the operation date. If there is a date or period of time that is inconvenient for you to be admitted to hospital for your operation, please let the admissions coordinator know when discussing admission dates.

What should I do if my symptoms change?
If your condition worsens please see your GP. In the event of sudden deterioration, call an ambulance.

Smoking
Smoking is one of the most important factors contributing towards coronary heart disease. It is also an important cause of chest complications after cardiac surgery. We strongly encourage all smokers to quit so as to reduce the risk of postoperative complications and the risk of heart problems in the future. If you need advice on how to quit, we can refer you to someone in your local area or you can speak to the cardiac rehabilitation team. Details of groups and services can also be obtained from the NHS Smoking Helpline – 0800 169 0 169.

Things to plan before admission

There will be lots of things to plan for your operation and recovery period and it is useful to think about these things early on.

Employment

- If you are working, talk to your GP about working before the operation.
- Speak to your employer about time off after the operation. You will need to take 8–12 weeks off work depending on your recovery and what job you do.

Accommodation for your relatives while you are in hospital

- There is limited accommodation available at our hospitals. If your relatives require accommodation, it should be arranged as soon as you know your admission date. Prices are available on request.

  For information about accommodation at St Thomas' call **020 7188 0225**. For information about accommodation at Guy's call **020 7188 0474**. Both lines are open Mon–Fri (9am–5pm).

Travelling from hospital

- It is important to plan how you will get home from hospital after your operation. You will be fit to travel as a passenger in a car. You may decide to travel home by train or coach but you must have someone to accompany you and to carry your bags. It is also advisable to use a taxi to get to the station.
- If you feel that you need to use our patient transport service, a member of the transport team needs to assess whether you are eligible. This involves a brief telephone interview and is completely confidential. Assessments must be carried out at least 48 hours before your appointment. If you think you may be eligible for the transport service, please contact the **patient transport assessment team** on **020 7188 2888**.
- You will not be able to drive for six weeks after your operation.

Holidays

- If you are planning a holiday before your operation, it is a good idea to discuss this with your doctor. The British Heart Foundation has a list of travel insurance companies who offer services for heart patients. In general, air travel is discouraged before surgery.
- After your operation you should not plan any holidays until after your follow-up appointment, which is normally six to eight weeks after your operation.

Your recovery at home

You will be given our leaflet **Going home after your heart surgery**, which gives advice on your recovery at home. If you do not have a copy, please ask your doctor or nurse for one.

- Some patients like to go to a convalescent home after the operation, especially if they live alone. Convalescent homes provide a home-like environment for patients recovering from a long-term illness or operation, however, this service is not available on the NHS. If you feel you are able to afford convalescence, please discuss this option at your clinic appointment. Alternatively you may wish to make your own enquries at your GP surgery or with your local authority.
- If you live alone and cannot afford to go to a convalescent home, please see your GP about getting some help in your own home.
- If your profession has a benevolent society or if you are a member of a Friendly Society, they may own or be willing to fund your stay in a convalescent home.

It is very important that you avoid any activity that will place a large force on the chest during the first six weeks, as this will hinder the healing of the breastbone and could lead to complications. This includes not lifting bags of shopping, not lifting children, not digging, mowing the lawn or hoovering, not riding a bike and not attending the gym. **For this reason, you will need a family member or friend at home with you at all times to give general support for the first week after discharge. This may mean that they need to take some time off from work.**

Pre-admission clinic

The pre-admission clinic aims to prepare you for your operation, both psychologically and physically.

In the clinic you will meet members of the surgical team and have some important tests. You may be at the clinic for four to five hours, or possibly longer if special tests are required.

Tests
All patients will have:

- blood tests
- an electrocardiogram (ECG), which records the electrical activity of the heart
- a chest x-ray
- swabs taken for methicillin resistant staphylococcus aureus (MRSA).

Some patients will also have an echocardiogram (an ultrasound scan that checks your valves and how your heart is pumping).

While you are in hospital

On the ward

Once you are in hospital you will meet the anaesthetist and members of the surgical team.

The anaesthetist is the doctor who is responsible for putting you to sleep and taking care of you during the operation and in the early stages afterwards. The anaesthetist will want to know the following:

- If you have had a general anaesthetic before.
- If you or any member of your direct family (a blood relative) have ever had any problems with anaesthetics.
- If you have any other medical conditions apart from your heart, particularly those for which you have been prescribed medication.
- If you have or have had any breathing difficulties in the past, such as asthma or bronchitis, and whether you have ever been in hospital for a chest complaint.
- Whether you are allergic to any medicines.
- If you are or have been a smoker.
- If you have had problems with swallowing, or have difficulty moving your head and neck.

All this information will help your anaesthetist look after you. You should have received a copy of our leaflet **Having an anaesthetic** – if you do not have a copy please ask your nurse for one.

Giving your consent (permission)

The staff caring for you may need to ask your permission to perform a particular treatment or investigation. You will be asked to sign a consent form that says you have agreed to the treatment and that you understand the benefits, risks and alternatives. If there is anything you do not understand or if you need more time to think about it, please tell the staff caring for you.

Remember, it is your decision. You can change your mind at any time, even if you have signed the consent form. Let staff know immediately if you change your mind. Your wishes will be respected at all times. If you would like to read our consent policy, please ask a member of staff.

Survival and complications

The vast majority of patients undergoing heart surgery survive. Approximately 98 of every 100 patients undergoing first time cardiac surgery survive. There are a wide variety of complications which can occur after cardiac surgery, some of which are serious, others relatively minor. The main ones are described in more detail below.

Your consultant will be responsible for obtaining your consent for surgery and will discuss your chances of survival with you at the time of consent. Please ask him at the time if you have concerns about particular complications.

You can get further statistics on heart surgery, including having the procedure at St Thomas' at www.scts.org/patients.

If you do not have access to the internet, you can use one of the computers in the Knowledge and Information Centre free of charge (please see the back page of this leaflet for more details).

Some complications explained

Infection

The most common sites for infection after heart surgery are the lungs (chest infection), surgical wounds, and the urinary bladder (cystitis). You will receive regular physiotherapy and be taught ways to prevent a chest infection after your operation. If necessary, you may receive a course of antibiotics however this should not increase your length of stay.

Surgical sites can become infected because bacteria, both on our bodies and in the environment, can enter the area and cause infection. Rarely, serious surgical wound infections may require further surgery. All cardiothoracic surgical patients receive antibiotics at the start of their operation, and we follow strict procedures in the operating theatre and on the wards to try to prevent wound infections. Ensuring your own personal hygiene is also imperative and helps to prevent infection.

Despite all precautions, infections can still occur in a minority of patients. Those at increased risk are patients with diabetes, smokers and patients taking certain medication such as steroids. Most infections resolve with appropriate treatment.

Stroke

The possibility of having a stroke is very worrying for patients. A stroke may be apparent immediately after the operation, or may occur hours or days after surgery. The majority of patients who have a stroke after heart surgery make a full recovery. Risks of stroke are much more difficult to predict than risk of death, however the patient's age and stroke history, as well as the type of operative procedure and whether the patient has peripheral vascular disease are all contributory factors.

Bleeding

There is a risk of bleeding after heart surgery because the surgery involves opening blood vessels and chambers of the heart. It is necessary to use medications to stop the blood from clotting during this time. The surgeon will stop as much bleeding as possible before the chest is closed, but some persistent bleeding is normal and expected. For this reason, drainage tubes are placed in the chest so that blood loss can be measured. If bleeding is excessive, it may be necessary to go back to the operating theatre to treat the cause of the bleeding. This usually happens within the first few hours after surgery.

Kidney failure
The kidneys may not work properly after heart surgery, however, kidney function returns typically within days. In severe cases, temporary dialysis (support from an artificial kidney machine) may be required. Kidney function is routinely tested before surgery.

Lung injury
Sometimes lungs may not work very well after surgery, particularly in patients who have existing chronic lung disease and smokers. Lung injury is treated with special breathing apparatus or prolonged ventilation in intensive care.

Atrial fibrillation and rhythm problems
Atrial fibrillation (where the heart beats irregularly) is common after heart surgery, and occurs in 25–30 out of every 100 patients. Symptoms include palpitations, sweating, nausea and dizziness. This is easily treated with medication, and should not delay your recovery.

A minority of patients, particularly those having heart valve surgery, may have problems with bradycardia (slow heart rate). In most patients, this resolves itself with time however between one and two in 100 patients will need a pacemaker implanted. This is a small procedure that will be performed during your time in hospital.

Confusion and delirium
Occasionally patients may experience episodes of confusion/delirium after heart surgery which may be distressing for you and your family. This is usually short term and managed with a specialist team. For more information about delirium, see our leaflet **Delirium - information for patients, relatives and carers.**

Final preparation for your operation (after you've been admitted)

Skin preparation
If you are male, we may ask you to clip the hair from your chest, either the night before or on the day of the operation. All patients having coronary by-pass surgery will be asked to clip the hair from their legs, groins and maybe arms. There are clippers for you to use on the wards.

Clipping is preferable to shaving as it carries less risk of cutting the skin. If you are worried about clipping ask your nurse to help you. When you have finished the nurse will check the areas. **Please do not shave your chest, legs or arms before you are admitted.**

Showering
The night before the operation you will be asked to have a shower using an antibacterial solution, which we provide. Just before putting on your theatre gown on the day of surgery you are asked to have another shower using the same solution. This is to ensure that your skin is clean to reduce the risk of infection.

Fasting
You will not be allowed to eat or drink from midnight on the day of your operation. This is so that food does not come up and damage your lungs whilst you are under anaesthetic.

Personal belongings
The nurse will pack and list your personal belongings with you, either on the evening before or the morning of your operation. This is so that they may be stored safely until you return to the ward. Your washing equipment will be passed on to the overnight intensive recovery unit ready for your transfer there after your operation. We strongly advise against bringing unnecessary valuables into hospital, but any valuables which you may not be able to send home can be locked in a safe.

Sleeping the night before your operation
The ward staff will be able to tell you whether you are first or second on the operating list. If you would like a sleeping tablet to help you sleep they will ensure it is prescribed for you. It is not unusual to be anxious the night before your operation. Be assured that the nurses will support you in every way possible.

On the day of your surgery
If you are first on the operating list the nurse will wake you at approximately 5am. As well as having your second shower you will need to remove any make up or jewellery you may be wearing. You will then be asked to rest until it is time for your pre-medication.

Pre-medication (pre-med)
You will be given a tablet prescribed by the anaesthetist, which will make you feel drowsy. Just before giving you this, the nurse will do a number of checks to ensure you are safely prepared for surgery. He/she will check your name-bands, and ensure all jewellery, dentures, contact lenses, and any prostheses you are wearing are removed. After having your pre-med you must stay in bed as it may make you feel drowsy. The nurse will ensure that you have your call bell in case you need anything. When the time comes for you to go to theatre you will be taken on a trolley accompanied by a porter and a nurse.

In the operating theatre
On arrival in the operating theatre department you will be greeted by the theatre staff and then taken to the anaesthetic room where you will meet the anaesthetic team. They will need to ask you some simple questions to check your identity, and you will be connected to an ECG monitor. A small probe will then be placed on your finger to check the amount of oxygen in your blood. It is normal and likely that you will be given oxygen to breathe through a simple facemask at this point.

The anaesthetist will then place a small tube (or ‘cannula’) into a vein in your arm. This is usually done after an injection of local anaesthetic, and a little sedation if you need it. The anaesthetist will then give you the anaesthetic via the cannula in your vein, and you will drift off to sleep.

Once you are asleep the anaesthetist will need to place a breathing tube in your windpipe, some more small tubes in a vein in your neck, and a long tube that is placed in your stomach and allows us to monitor the function of your heart throughout your surgery using sound waves (an echocardiogram). You will not feel any of these; they are only placed once you are asleep.

Overnight intensive recovery unit
Immediately after the operation you will be transferred to the overnight intensive recovery (OIR), where you will be closely monitored and looked after by a nurse while you are asleep and ventilated. Patients rarely remember their time in the unit as they are hazy from the anaesthetic.

OIR is located on the second floor in the North Wing of St Thomas' and is accessed via the North Wing lifts. Intensive care (ICU) is situated on the first and second floors of the East Wing. OIR and ICU are similar, however most patients stay in OIR for 12–48 hours before returning to the high dependency unit or the ward. Sometimes patients go to the intensive care unit immediately or 24–48 hours after their operation for extended intensive therapy.

High dependency unit
This is located on Doulton Ward. You are normally transferred to the high dependency unit the morning/day after your operation. However, some people are considered for what is known as 'rapid recovery' which means you will wake up from your operation more quickly. If this is appropriate for you, you will wake up in OIR and be transferred to the high dependency unit that same evening. Remember, everyone is different and people recover at different rates so try not to worry if it takes you a little longer than the times stated. You are usually in the high dependency unit for 24 hours.

Whether you are in OIR or on the high dependency unit, you will be helped and encouraged to get out of bed and sit in a chair, providing you are recovering well. This is good for breathing, circulation and helps maintain the strength of the legs.

When you arrive at the unit from theatre you will have various tubes and items of equipment attached to you as discussed below:

- **Breathing tube (ventilator tube):** Following your surgery you will be kept asleep for a few hours. This is to ease the work of your heart and lungs following your operation. During this time the breathing tube (endotracheal tube) that was inserted in the anaesthetic room before surgery is still connected to a breathing machine (ventilator), allowing the machine to breathe for you. This may sound frightening, but remember you will be sedated and unaware of what will be happening. When you are ready we will begin to reduce your sedation and you will feel yourself starting to wake up. While the tube is in, you will not be able to speak. We will ask you to communicate with us by asking you to nod your head and squeeze your hands to answer questions. Once you are sufficiently awake and breathing for yourself the tube will be removed and an oxygen mask will be placed over your nose and mouth. Sometimes, because of the effects of the surgery and the anaesthetic, patients find they need to cough in order to clear secretions. A physiotherapist will visit you on the day after your operation to assess your lungs and will advise you of the best way of clearing any secretions. Occasionally patients have a sore throat and a husky voice for a couple of days after the tube is removed.

  When you awaken you may feel a little confused, as you may not know where you are or what time it is. The environment is also different from the ward as there are no windows in the unit and only electric lighting. It can also be quite noisy at times as the monitors bleep and alarm. **Do not worry!** This is all part of the equipment used to monitor your progress, and your nurse will offer you reassurance.

- **Cardiac monitor:** This is a machine that is mounted on the wall behind your bed. You will have tabs on your chest that will be wired up to the monitor. This allows us to see your heart rate and rhythm. We also do continuous reading of your blood pressure and this is displayed on the monitor. We will also be monitoring the oxygen level in your blood using a small electrical sensor attached to your finger.

- **Drips and tubes:** You will still have the small tubes in your arms and neck that were placed by the anaesthetist before surgery. These allow us to monitor your blood pressure as well as

allowing us to take blood samples without discomfort. We can also use these tubes to help keep you hydrated and give you the drugs you will need. Any small stitches required are usually removed 48 hours later.

- **Urinary catheter:** This is a small tube that goes into your bladder and drains urine into a measuring bag. This enables us to monitor your urine output and saves you from worrying about going to the toilet whilst you are asleep.

- **Chest drains:** These are tubes that are placed around your heart and lungs to drain away any blood that accumulates after the operation. These tubes are connected to drainage bottles at the side of the bed. They are removed 24–48 hours after your surgery or when they have stopped draining.

Will I experience any pain?
After your operation you may experience some pain. It is important to tell the nurse if you have pain. The nurse will ask you to score your pain on a scale of zero to three – zero being no pain and three severe pain. This allows us to assess and treat your pain as everyone has different pain thresholds and experiences pain differently.

Whilst in the OIR you will receive a continuous infusion of painkilling drugs. We will aim to reduce your pain to a minimal level where you can comfortably breathe, cough to clear your secretions and move.

Drinking and eating
Immediately after waking up from your surgery you will not be able to eat or drink anything. Once you are awake and the breathing tube is removed then you can start to take sips of water. Once back on the ward you will be able to start drinking other fluids and then progress to a normal diet.

The next morning
The morning after your operation we will help you have a wash in bed. You may then be transferred back to the high dependency unit or the ward or you may need to stay a little longer in the unit so that we can monitor your progress.

Telephoning and visiting
Relatives are welcome to telephone at any time during the day or night. However we greatly appreciate if only one member of your family (preferably next of kin) telephones us and then passes on the information to other family-members and friends. This allows us to keep everyone up to date on your progress whilst allowing us to spend valuable time caring for you.

Close family are welcome to visit you in the unit if they wish. Visiting is restricted from 3pm to 7pm. However, it is not appropriate for visitors to arrive during the first two to three hours after your operation, as you will usually be sedated and will have no knowledge of visitors being there. Family members can arrange a suitable time to visit by telephoning **020 7188 5617** and speaking to the nurse in-charge or the nurse looking after you. A maximum of two people are allowed to visit per day for infection control purposes. We ask that young children under the age of 12 are not brought in to the unit because of the nature of the environment. Although visiting may be prearranged, it may not always be possible to do it in the time allocated as this may depend on the level of activity of the unit.

Please be aware that relatives will be asked to leave the ward for a short period whilst other patients are admitted. This is to ensure the confidentiality and safety of all patients. In cases of emergency, attempts will be made to contact relatives. There is no overnight facility or visitor area for OIR due to it being based in a theatre area. Visitors are therefore asked to wait in the pre-operative admissions ward or downstairs in the main reception area. The staff on the unit will be very happy to answer any questions or concerns that you or your relatives may have.

Recovery on the ward

From the high dependency unit you will be moved to the main ward, where you will stay for approximately three to five days. We take the privacy and dignity of our patients very seriously. Your care will be received alongside people of your own sex. Please see our **Single sex accommodation** leaflet for more details.

During your stay we will encourage you to walk about the ward and on the corridors. Exercise is an important factor in your recovery. The physiotherapist and the nurses on the ward will guide you as to what is the right balance of exercise and rest for you. Each day you will be encouraged (according to how well you are) to start caring for your self. By the time you go home you will be able to wash yourself, have a shower, dress yourself independently and walk up and down stairs providing you were able to do so before your operation.

Your chest wound

The stitches in your chest wound will dissolve after two to three weeks and the wound will heal. The dressings on your wounds will be moved on the fourth day after your operation and there is no need to cover the wound following this unless a small amount of oozing persists. Just below your chest wound you will have two or three small stitches from where your chest drains were removed. The nurse on the ward will remove these four days after the drains were taken out.

In most cases, for the surgeon to operate on your heart, it is necessary to divide the breastbone. Small wires are inserted to hold the bone together to allow it to heal. These wires stay there permanently and rarely cause any problem. They do not rust, and they will not affect any airport security scanners in the future.

It is common for the wound to feel numb and sometimes itchy in the weeks after the operation. Some people are aware of a lump at the top of their chest wound at first. This is due to wound healing and as time passes this will gradually disappear.

Your wound will take eight to 12 weeks to heal. Because of this, it is very important that you do not lift anything. If your wound does not heal, you may need another operation to rewire and set the bone.

Female patients

We advise female patients to wear a bra after surgery for support. This should not be underwired as this may press on your wound. It is advisable to wear it for a few hours each day to begin with, so that by the time you go home you will be able to wear it all day.

Your leg wounds

Sometimes it is necessary to remove veins from one or both legs. Most stitches are dissolvable but others will be removed seven to ten days after your operation. It will take a while for the circulation in your legs to adjust and your affected leg(s) may swell, especially around the ankle and foot. This is to be expected and will gradually improve. You may need to use some mild painkillers in the meantime. You can help the circulation in your legs by:

- putting your feet on a stool when sitting
- not crossing your legs, as this restricts the normal flow of blood in the veins
- going for walks.
- wearing support stockings if your surgeon advises.

Some numbness and discomfort associated with the leg wound may be expected until it is completely healed. There will also be some bruising, but this will gradually improve over the first month.

Your forearm wound(s)
An artery from your forearm may have been used for grafting. Stitches in this wound are usually dissolvable. If they are not, clips are usually removed ten days after your operation. You may experience some numbness or loss of sensation around the wound, which may extend to the thumb. This is usually temporary.

Pacing wires
You may be aware of some external wires in place just below your chest wound. These are inserted at the time of your surgery and may be required temporarily to maintain an adequate heart rate. They will normally be removed on the fourth day after your surgery but if they are removed later in your stay, you must remain in hospital for six hours after their removal.

Mood swings and poor concentration
During your stay in hospital and for the first few months after your operation you may experience changes in your mood. This may affect you in different ways. Some people feel depressed, some cry for no apparent reason and some people become easily irritable. It is important to remember that these mood changes are only temporary and will gradually resolve. It will help if your family is made aware that these changes are normal and temporary. If you need to talk to someone in the period after you have been discharged, you can call the cardiac rehabilitation advice line at the hospital on **020 7188 0946**, Monday–Friday (9am–5pm). If you feel unduly depressed, or have continuing problems, let your GP know.

Sleeping patterns and rest
There may be a change in your sleeping pattern, in that you may not be able to sleep throughout the night. This is quite common after your operation. You may find that your normal sleeping position is not comfortable in the early days after the operation due to soreness around the chest. It is important to continue taking your painkillers regularly. Some people have found it more comfortable to sleep lying on their back, sitting up slightly. In time you will find the position most comfortable for you.

Adequate rest is as important as exercise in your recovery. While you are in hospital there is a ‘rest period’ in the early afternoon, when we discourage visits from friends and relatives. This is particularly important for you in the early days following surgery. When you go home you should continue to take a rest in the afternoon. Try to limit visitors to one or two per day in the first couple of weeks as this also can be very tiring. This is important both in hospital and at home.

Increased awareness of heartbeat
It is very common in the early stages after surgery to find you are more aware of your heartbeat, especially when you are in bed. This is nothing to worry about.

Going home

Before you leave the hospital you should have walked up some stairs with a physiotherapist or nurse. We will also talk to you about what to do after you go home, and you will receive a copy of our leaflet, **Going home after your heart surgery**. If this is not given to you, please ask us for one.

Will I have a follow-up appointment?

You will be given an appointment for approximately six to eight weeks after your operation to see a doctor from your surgeon's team. At this appointment the doctor will check that you are making a good recovery. If you are having any problems they will be dealt with then.

Your long-term medical follow-up, however, will be arranged closer to home for you, either by your cardiologist or your GP.

The cardiac rehabilitation programme

You will be invited to attend a cardiac rehabilitation programme at your local centre. This is a valuable part of your care. The aim of this programme is to help you return to normal life and health following your surgery. You will be encouraged to choose the components that are of benefit to you. Programmes usually involve a supervised exercise programme, information and advice on healthy lifestyles and relaxation and stress management. You will also meet other people who have been through similar experiences to yourself.

Please contact the cardiac rehabilitation team at Guy's and St Thomas' on 020 7188 0946 if you haven't heard from your local team within a month of discharge.

Useful telephone numbers

Cardiac outpatients reception	020 7188 1063 / 1064
Cardiac outpatients nurse desk	020 7188 0928
Head of nursing, Carol McCoskery	020 7188 1084
Admissions coordinator	020 7188 3894
Nurse case managers for patients of Mr Blauth, Mr Bapat, Mr Young, Mr Roxburgh, Mr Sabetai and Mr Avlonitis	020 7188 1025 / 1085 / 7567
Nurse case managers for patients of Prof Anderson and Mr Salih	020 71889712
Mr Blauth's secretary	020 7188 1057
Mr Bapat's secretary	020 7188 1044
Mr Young's secretary	020 7188 1044
Mr Roxburgh's secretary	020 7188 1057
Mr Sabetai's secretary	0207 188 1077
Mr Avlonitis's secretary	020 7188 1077
Prof Anderson's secretary	020 7188 1071
Mr Austin's secretary	020 7188 1071
Mr Salih's secretary (for ACHD patients only)	020 7188 1071
Cardiac rehab telephone advice line	020 7188 0946 (Mon–Fri, 9am–5pm)
Accommodation office	0207 188 0276
Becket Ward	020 7188 0722
Doulton Ward	020 7188 8841
Intensive care	020 7188 1400
Overnight intensive recovery	0207 188 5617
Transport	020 7188 2888

Patient Advice and Liaison Service (PALS) – To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:
t: 020 7188 8801 at St Thomas' **t:** 020 7188 8803 at Guy's **e:** pals@gstt.nhs.uk

Knowledge & Information Centre (KIC) – For more information about health conditions, support groups and local services, or to search the internet and send emails, please visit the KIC on the Ground Floor, North Wing, St Thomas' Hospital.
t: 020 7188 3416

Language support services – If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.
t: 020 7188 8815 **fax:** 020 7188 5953

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