

# After Your Heart Surgery

**This leaflet explains about returning to your everyday activities after your heart surgery and is in addition to information in the British Heart Foundation booklet. If you have any further questions, please speak to a doctor or nurse caring for you.**

## When can I leave hospital?

**Most people will be discharged from hospital on Day 5 after their surgery, if not there will be a daily review thereafter.**

**Before you are discharged please make sure:**

- All plastic tubes or lines have been removed from your hands / arms.
- You have all your tablets and they have been explained to you.
- Your wounds have been reviewed and any dressings that are still needed have been changed for that day and you know what the plan is for them.
- You have your list of tablets.
- You have your discharge summary.
- You have a follow-up appointment.

We also ask all patients to kindly complete the friends and family discharge survey before leaving.

## After I leave hospital

You may notice the following while recovering from your surgery, after leaving hospital:

## **Shortness of breath**

It is normal to feel some shortness of breath when active at home, walking or climbing stairs, but this should improve over the first two to four weeks. Usually the more active you can be the more your breathing will improve. If you feel you are getting more short of breath or are feeling unwell please see your GP as soon as possible.

## **Tiredness**

You are likely to feel tired for a few weeks after leaving the hospital. It is important to be active during the day and to be as independent as possible. Adequate rest is also important for your recovery, so have a rest after doing any activity and plan to have a rest period during the day, rather like the after lunch rest period you had in hospital.

## **Change in emotions**

You may feel changes to your psychological or emotional wellbeing after your heart surgery these may include:

- a lack of concentration or forgetfulness
- feelings of irritation or frustration at the rate of your recovery
- low mood or tearfulness.

These are very normal feelings that should improve as you recover, are more active and feel the benefits of the surgery. If your feelings worry you, please see your GP or speak to your cardiac rehabilitation team.

## **Constipation**

This can be caused by

- the stress surgery puts on your body
- your reduced mobility
- a reduced appetite

- the side effects of some medication.

You may be sent home with some laxatives to help your bowel movements return to normal if you are constipated. If you continue to feel constipated please see your GP.

### **Change in appetite**

Your appetite may be reduced after your surgery and should gradually improve over a few weeks. It is important you have a regular intake of food and fluids to give you enough energy for your body to heal and to enable you to be active.

If your appetite is low, aim to

- Eat little and often, aiming to have three meals and two or three nourishing snacks throughout the day such as yoghurts, cheese, unsalted nuts, milky drinks or smoothies.
- If you are finding it difficult to prepare and cook meals, use tinned, chilled or frozen “ready meals” with added frozen or tinned vegetables.

Try to eat foods to help your recovery, including:

- Protein to aid healing, e.g. lean meats, fish, eggs, dairy products, unsalted nuts, beans and pulses. Please note soya milk contains a similar amount of protein to cow’s milk but oat, rice and nut based milks contain significantly less.
- Carbohydrates for energy - e.g. wholegrain breads, pasta, rice, potatoes, cereals and oats.
- Fruit and vegetables to provide vitamin and minerals to aid healing. If you cannot eat five portions of fruit and vegetables a day you may need an “A-Z” type vitamin and mineral supplement

which can be bought over the counter at supermarkets and chemists.

## **Diabetes**

You may find your diabetes is harder to control for a few weeks after surgery. This can be due to changes to your diet and activity levels, the healing process or if you develop any infection after surgery.

If there are changes to your diabetes medications you should monitor your blood sugars more regularly until you return to your normal diet and routine. See your GP if your blood sugar levels are significantly higher or lower than normal.

## **Difficulty sleeping**

Sleep and rest are important. Try to keep a day and night routine and sleep in a position in which you feel most comfortable. For the first four weeks it is recommended you sleep on your back. Try to move your position slightly throughout the night. Initially you may find it more comfortable to sleep in a more upright position than usual using extra pillows for support.

## **Changes to your usual medications**

You may have changes to your usual tablets when you are in hospital because of your surgery. If you are unsure of the reason for the changes please ask the nurse or doctor looking after you. Some medications will be reviewed at your post-operative follow-up appointment or with your GP. Your GP will renew your prescription of medications with which you are sent home.

## **Blood Pressure**

Tablets for high blood pressure (hypertension) are often reduced or stopped after surgery. This is because your blood pressure is often much lower than usual because of the surgery.

As you recover your blood pressure may rise and you may need to restart or increase the dose of your tablets. Please arrange to have your blood pressure checked by the practice nurse or GP two weeks after surgery to ensure your tablets are restarted or increased in good time. Keep regular blood pressure checks thereafter.

### **Looking after my wound(s)**

You must shower your whole body daily. It is recommended that you shower for six weeks rather than sit in bath water until your wounds are completely dry and healed. Do not use soap directly on the wounds, just rinse with water. Dry the wound areas gently by patting the area with a clean towel. Do wash your hands regularly.

- DO NOT let your pets near your wounds.
- DO NOT redress your own wounds.
- DO NOT use home remedies, creams, lotions or soaps on the wounds.
- DO NOT scratch open wounds.

Look at your wounds for any signs of infection or signs that the wound is not healing properly. If they appear red, hot to touch, more painful or you notice new discharge (oozing) or pus or a foul smell, see your GP or contact the ward as soon as possible.

Your wounds will have either dissolvable stitches (which do not need to be removed) or non-dissolvable stitches or clips (which do have to be removed). Any clips and stitches should be removed 10 days after the operation, please arrange an appointment with your practice nurse to do this.

If you have a leg or arm wound, this may take a little longer to heal than the other wounds. You may notice some increased swelling in the leg or arm from where the vein or artery was taken, as well as a temporary

loss of sensation or pins and needles. If swelling is still a problem or worsening, please see your GP. Elevate your legs when sitting down and regularly rotate and flex your ankles.

If you go home with any wound dressings you will need to visit the practice nurse to change them. Please be aware a district nurse will only visit you at home if you are completely housebound.

If you have any continuing concerns with any of your wounds please contact the ward or cardiac surgery preassessment team.

### **Will I be in pain?**

Pain or discomfort is common after heart surgery and may get slightly worse over the next few weeks as you get more active. This is not a reason to stop being active.

Keeping your pain under control is important for your recovery as it will make it easier for you to take deep breaths, cough and enable you to be active throughout the day. It will also help you to have a more comfortable night.

Take your pain relief regularly for as long as you need to, it is more effective to take the pain relief regularly than to take them once you are in pain. When you are ready to reduce the pain relief tablets do it gradually, by increasing the amount of time between taking them and reducing the number of doses per day. You should start by reducing the stronger pain relievers first (e.g. dihydrocodeine) and then the paracetamol.

If you feel the pain relief is not enough to control your level of pain please contact your GP.

If you are still coughing when you go home, make sure you use the

supported technique you have been shown on the ward - crossing your arms over your chest to help with pain control.

It is common for the nature of the pain or discomfort to change over the weeks and months after surgery as different parts of the body heal at different rates. It is usual to take at least twelve weeks before you are not aware of any discomfort, however for some people this can take up to one year.

### **When can I get back to normal activities?**

It is important not to resume some household tasks sooner than you should. Allow yourself time to recover and do not feel guilty about leaving the housework for a while or letting other members of the family share the workload.

You should avoid heavier household tasks such as hoovering or changing bed covers for at least six weeks. Other activities such as heavy gardening or DIY should be avoided for six to twelve weeks. Avoid walking a dog that is strong and likely to pull on the lead.

Walking is the best form of physical activity with which to start. When you go home continue to build on the progress you have been making during your stay in hospital.

After you leave hospital, try to walk every day for at least a few minutes outside the house. Each day try to walk a little further and if or when you can manage 15 to 20 minutes of walking, think about increasing the speed of your walking. You should aim to be walking for 30 to 40 minutes at a moderate pace by six to eight weeks after your operation but this will depend on any other limiting factors. You can split this into two or three shorter walks if needed.

You do not need to avoid climbing stairs at home or hills on your walks

but you may need to reduce your pace and you will therefore walk a shorter distance in the time you have.

If you had a graft taken from your leg, make sure you get your foot flat on the ground and walk normally.

You may feel tired after any activity so ensure you take regular rests throughout the day.

### **Preventing DVTs**

Walking is important not only to aid your recovery but also to prevent blood clots developing in your legs, called Deep Vein Thrombosis (DVT). If you develop new pain in your legs together with swelling and redness, contact your GP or go to A&E.

### **Lifting**

If you had an incision (cut) of the breastbone (sternotomy) you should avoid **heavy** lifting, pushing or pulling for up to three months after surgery to allow the breast bone (sternum) to heal. Avoid more strenuous exercises such as gym workouts, golf and swimming for three months.

You may feel discomfort in your chest, shoulders and upper back as muscles and ligaments have been stretched during the operation.

You should avoid lifting, pushing or pulling a weight of more than two kilograms (five pounds or a large bag of sugar) for the first four weeks. If your chest wound is healing normally you can start to increase the amount of weight by 5kg every two weeks at a pace that is comfortable for you, until you are managing your normal day to day activities. Carrying small everyday things such as a kettle is fine. If you lift, pull or push an object that feels it is causing strain across your chest then stop what you are doing and reduce the amount of weight. Some mild



discomfort around the wound is to be expected but avoid any activity which causes a significant increase in pain.

If your operation did not involve an incision of your breastbone, you can resume normal activities after two weeks or when comfortable for you. However it is sensible to gradually increase the amount of weight you lift.

### **Advice for women**

You may find wearing a bra is uncomfortable after your surgery but bras are very important to ensure your wound remains intact by providing support. You may find non-wired front-fastening bras useful.

If you are taking hormone replacement therapy (HRT) it is recommended you discontinue this four to six weeks before surgery and restart after full mobilisation. If you are taking oestrogen-containing contraceptives, it is recommended you discontinue these four weeks before surgery and restart at least two weeks after surgery. Progesterone-only contraception is suitable as an alternative before surgery. Please discuss this with your doctor.

### **Sexual activity**

It is safe for you to resume your sex activity after surgery, generally when you feel ready to do so. This may be within a few weeks although some people may prefer to take longer. As with other activities you should start gently and gradually build up the level of activity.

Be aware your partner may have their own concerns or anxieties about you resuming your sexual activities and talking to each other or your GP or cardiac rehabilitation team may help to ease their concerns.

### **When can I return to work?**

When you can return to work depends on the job you do and the

function of your heart.

Most people should be able to return to work six to twelve weeks after the surgery. When you do resume try to start on short days and light duties. Gradually build this up over two to four weeks. If you sit at a desk for long periods of time, try to get up and move around every 20 to 30 minutes.

### **When can I return to driving?**

If you have a Group 1 (personal licence) the DVLA states **no driving** for four weeks after surgery. However it is recommended you refrain from driving for six weeks to ensure the sternal bone is healed.

Before you resume driving make sure the seatbelt is comfortable across your chest and you can safely control your vehicle.

You do not need to inform the DVLA of your surgery but it is recommended you inform your insurance company for their records. If you are concerned you have any other medical condition or reason for your licence to be withheld please speak to your GP, cardiac rehabilitation team or see the DVLA website for more details.

If you have a Group 2 licence (for example taxi, bus, HGV) you are not allowed to drive for at least twelve weeks after surgery and you must inform the DVLA.

### **What about flying?**

It is recommended that you wait six to eight weeks before taking any short-haul flight. Talk to your doctor in your follow-up appointment to advise you if it is safe to fly.

### **Cardiac rehabilitation**

You will be referred to your local cardiac rehabilitation team when you

are discharged. Cardiac rehabilitation is recommended as part of your treatment pathway after surgery. Each cardiac rehabilitation centre will vary slightly but will offer a programme providing:

- a review of your recovery
- supervised exercise sessions
- relaxation and stress management
- educational talks / information on looking after yourself and your heart
- a personal review of your cardiovascular risk factors after your cardiac event
- an opportunity to ask questions and discuss any concerns you have
- additional support as needed to you and those closest to you.

Your local cardiac rehabilitation service is usually determined by your registered GP and may not be where you have received your surgery.

If you have not had contact from your cardiac rehabilitation team within two weeks of discharge please contact them directly.

### **What should I do if I have a problem?**

Surgeons will take every precaution to minimise risk, but there are some common complications that can follow heart surgery including:

- Wound infection. You may notice a wound opening, discharging or have a fever.
- Irregular heartbeat / atrial fibrillation. You may experience an abnormally fast heart rate.
- Water on the lungs (pleural effusion). Symptoms include shortness of breath or chest pain.
- Constipation

- Ankle swelling.

Your GP is your first contact if any of these problems arise after discharge. If your GP is closed and you feel it is urgent, you can

- attend a local walk-in centre (see the NHS Choices Website: [www.nhs.uk](http://www.nhs.uk) to find your nearest one).

Or

- if it is an emergency go to your nearest Accident and Emergency department or dial 999 for an ambulance (you do not need to come to St George's Hospital).

If you have a problem that is related to your admission or hospital stay or you develop a wound problem or infection please contact the ward on **020 8725 1508**.

### **Will I have a follow-up appointment?**

The ward clerk will arrange your outpatient appointment to see your surgical team about six to twelve weeks after your surgery. Additional tests or investigations may be arranged on an individual basis.

Details of your appointment will either be given to you at discharge or posted to you after you leave the ward. If you have not received your appointment within four weeks of discharge or have any concerns about your appointment, please contact the ward clerk on 020 8725 1508.

### **Useful sources of information**

The British Heart Foundation Website: [www.bhf.org.uk](http://www.bhf.org.uk)

Telephone: 020 7554 0000

### **Contact us**

**Contact details for further advice or information**

Benjamin Weir Ward Telephone: 020 8725 1508/1509

Cardiac Surgical Pre-Assessment Nurses Telephone: 020 8725 2292

Heart Helpline Telephone: 0300 330 3311 (Monday to Friday 9.00am to 6.00pm)

NHS Smoking Helpline Telephone: 0800 169 0 169

Quitline Telephone: 0800 00 22 00 Website: [www.quit.org.uk](http://www.quit.org.uk)

St George's Hospital Transport:

Telephone: 020 8725 0808 (Assessment for transport eligibility).  
020 8725 2120/2121 (Transport lounge)

**For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)**

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## **Additional services**

### **Patient Advice and Liaison Service (PALS)**

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.

Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

### **NHS Choices**

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

### **NHS 111**

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

**Tel:** 111

### **AccessAble**

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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