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Important Contact Numbers

St James's Hospital	Phone 01 4103000
Keith Shaw Intensive Care Unit	Phone 01 4103398
Keith Shaw Ward	Phone 01 4103390
Private 3	Phone 01 4103217/3218
Robert Adam's Ward	Phone 01 4102088
Cardiothoracic Advanced Nurse Practitioners	Phone 01 4103338
Mr Jahangeer's Secretary	Phone 01 4151311
Ms Early's Secretary	Phone 01 4103535
Mr Tolan's Secretary	Phone 01 4103535
Mr Young's Secretary	Phone 01 4103534
Physiotherapist Department	Phone 01 4162503

Introduction

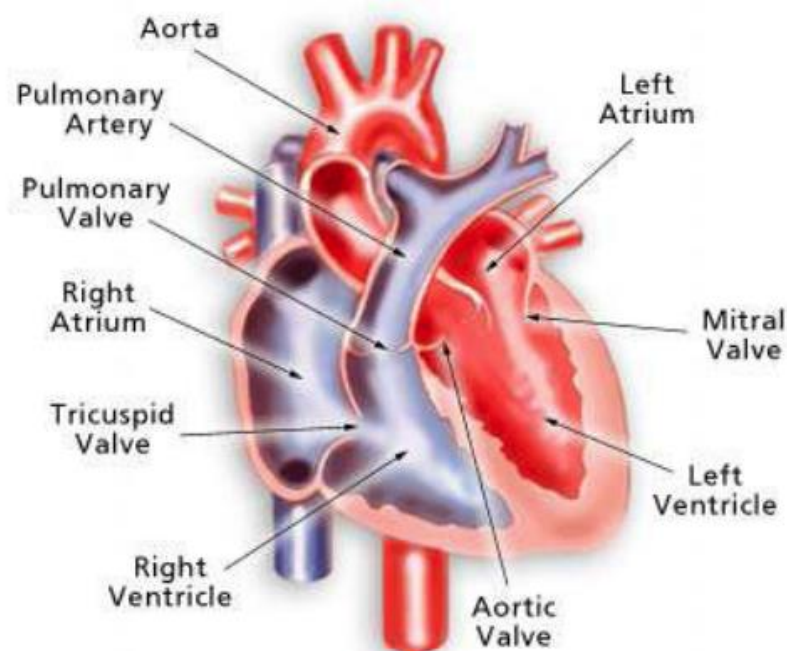
We understand that facing cardiac surgery can be an overwhelming experience. This cardiac surgery patient information booklet is designed to provide you with a basic overview of heart surgery, to provide you with a clear understanding of the procedure and what to expect during your stay in the hospital after surgery.

Whatever form of heart surgery you are having, what happens before and after your surgery is similar. This booklet gives you an idea of what to expect. This booklet does not replace the advice your doctors or the other health professionals looking after you may give you, but it should help you to understand what they tell you.

This booklet contains a lot of information; we suggest that you read small sections at a time. We suggest that any family or friends supporting you when you return home also read this information booklet so they know what to expect, too.

Your Heart

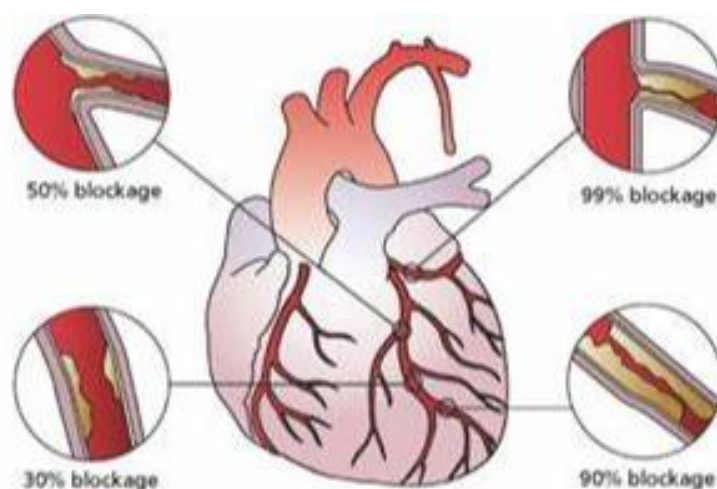
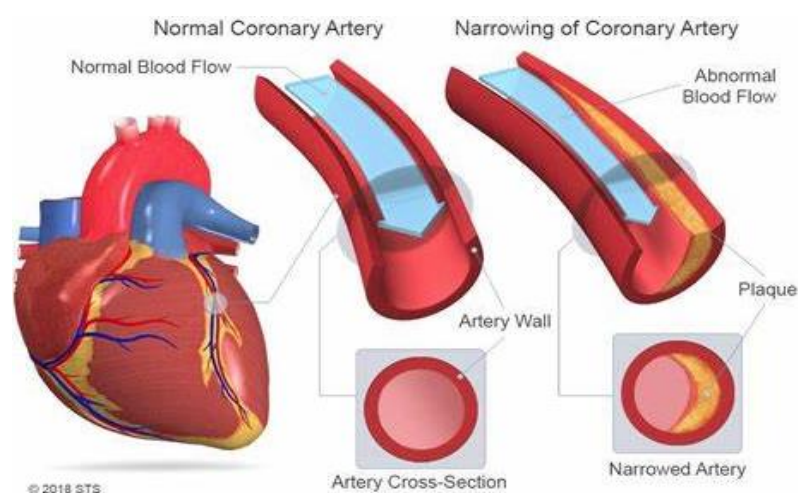
The heart is the organ responsible for pumping blood around your body. It is located in the chest cavity, behind the breast bone, known as the sternum.



Coronary Artery Disease (CAD)

There are several coronary arteries which supply oxygen and nutrients to the heart, sometimes these coronary arteries become blocked or narrowed due to a build-up of fatty deposits (plaque). A build-up of plaque can cause the arteries to become stiff and irregular. This is known as atherosclerosis or 'hardening of the arteries'.

Any narrowing or blockages in the arteries reduces the blood supply to the heart, which reduces the amount of nutrients and oxygen that the heart receives. Over time these arteries become blocked which impacts the normal function of the heart. These blockages can affect single or multiple arteries and can vary in size and location. If you have CAD, you may feel chest pain, irregular heart beat and or shortness of breath.



Blockages varying in severity can be seen in the above image

Causes of atherosclerosis

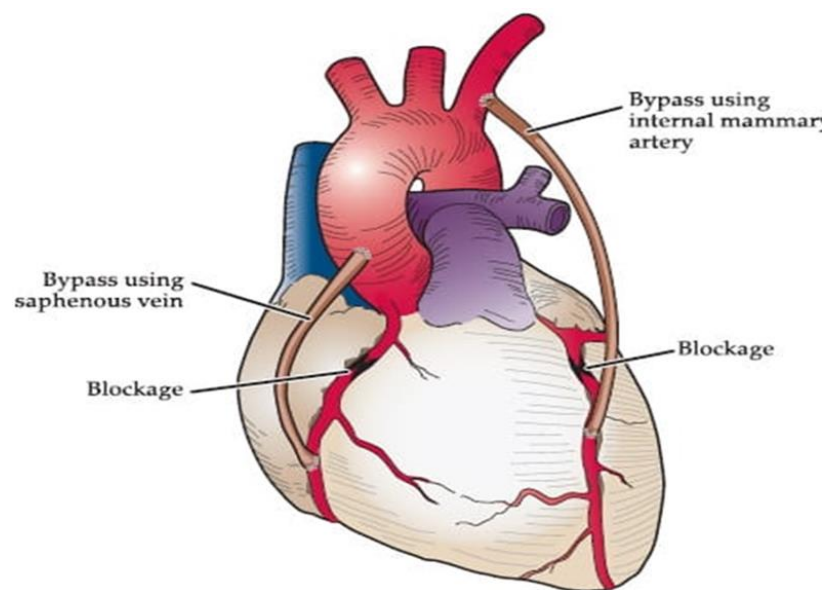
There are many causes of atherosclerosis commonly known as risk factors. Some risk factors can be changed whereas others cannot. It is important to eliminate as many risk factors as possible.

Risk factors include

- Smoking
- Diabetes
- Lack of physical activity
- Stress
- Age and gender
- Raised cholesterol
- High blood pressure
- Obesity
- Family history

Surgical Treatment for Coronary Artery Disease

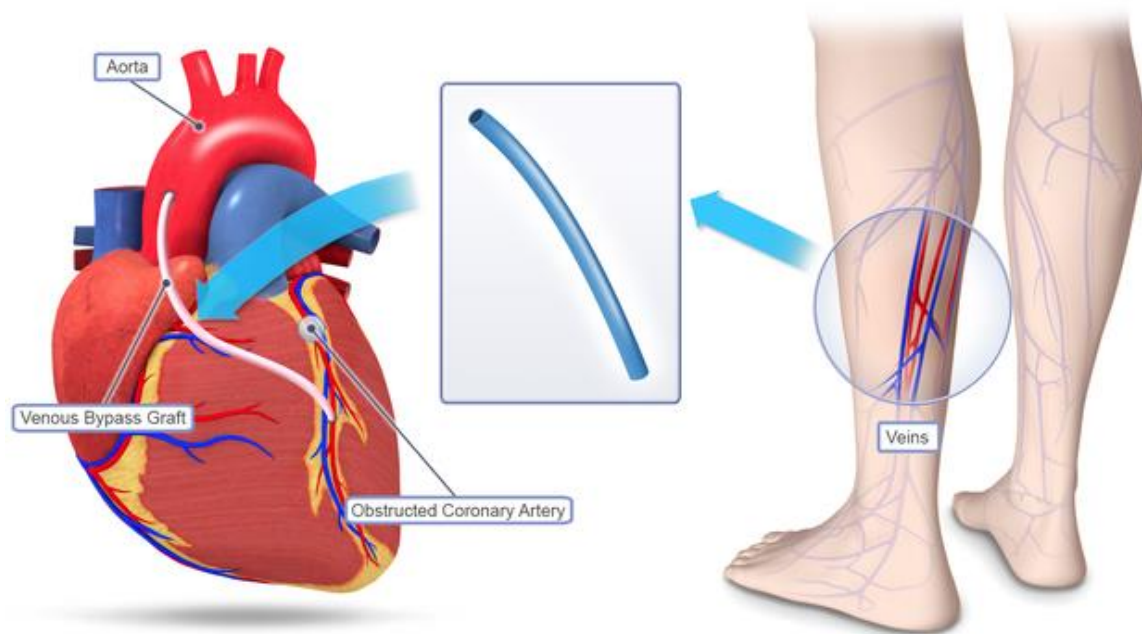
Coronary Artery Bypass Grafting (CABG)



Coronary Artery Bypass Grafting or CABG is used to treat people who have severe CAD. A CABG is a procedure performed by the surgeon where the sternum is opened and the affected artery or arteries are bypassed with a section of artery taken from your chest wall, or section of vein from your leg or arm. The internal mammary arteries are the most

commonly used arteries and these are taken from inside the chest wall. This creates a new route for the oxygen rich blood and restores the blood flow to the heart muscle.

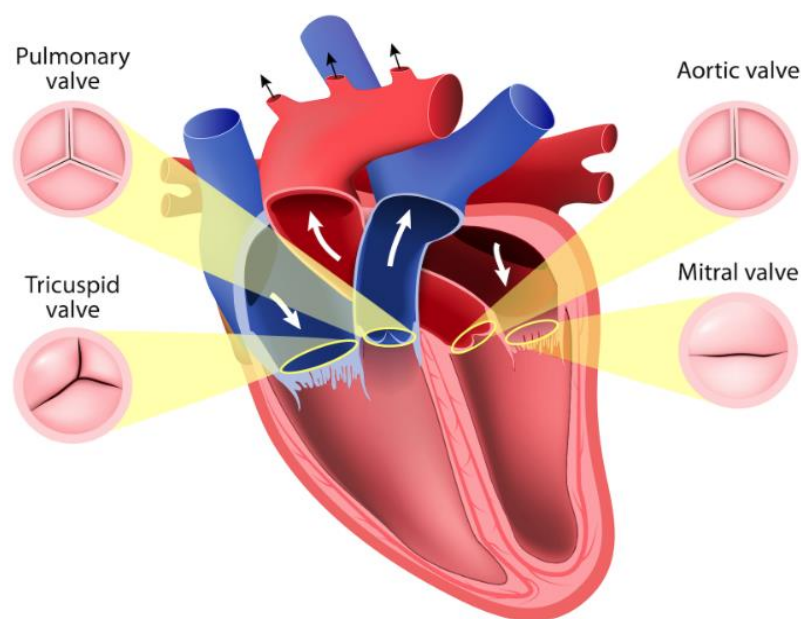
You may have one or more bypasses done at a time depending on how many coronary arteries are blocked. From where the artery or vein is harvested is case dependent.



Heart Valve Surgery

Within the heart there are 4 valves which ensure that the blood flows around the heart in one direction. These 4 valves are:

1. Tricuspid
2. Pulmonic
3. Mitral
4. Aortic



These valves can become damaged and diseased causing them to leak (valve regurgitation) or become narrowed and rigid (valve stenosis). These issues can cause strain on the heart and you may feel tired or short of breath. Diseases of the valves occur for many reasons. Some people are born with valve abnormalities and some people may have damaged valves from infection or other diseases. The damaged heart valve may be detected by a doctor, in the form of a murmur, however some people may not have any symptoms.

Your doctor will discuss with you which valve requires treatment and whether it needs to be repaired or replaced.

To reduce the risk of infection you will be asked to attend your dentist prior to valve surgery, and should be dentally fit for the surgery. Your dentist should provide a letter stating that you are dentally fit for the surgery. You should provide this letter to your surgical team.

Valve Repair

A valve repair involves the surgeon repairing the tissue of the valve and the surrounding area. If the valve cannot be repaired, it will then need to be replaced.

Valve Replacement

Replacement surgery is when the surgeon removes the diseased valve and a new valve is inserted in its place. The valve can be replaced with either a mechanical valve or a tissue valve. Your surgeon will discuss which type of valve is best for you as an individual.

Mechanical Valve

These valves are usually made of carbon or steel. This type of valve will require you to take an anticoagulant tablet called warfarin which will be lifelong. This is to prevent blood clots forming on the artificial surface of the valve.

Tissue Valve

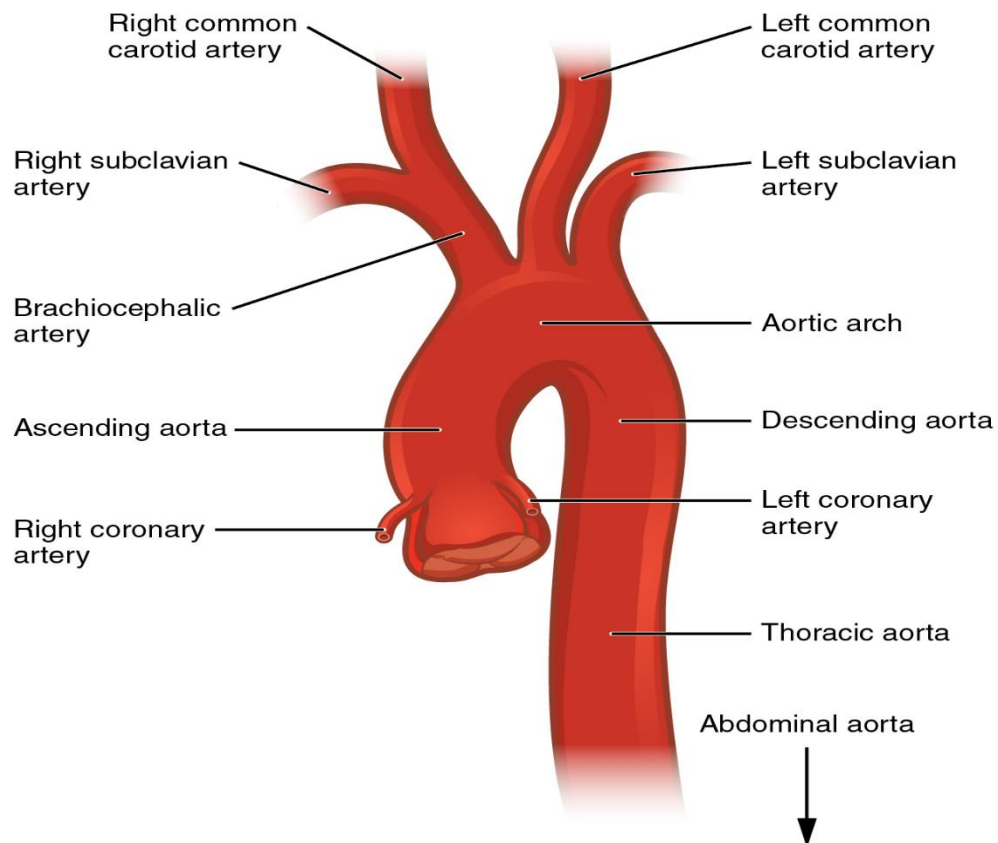
Tissue valves, also known as biological or bioprosthetic valves, are composed of animal or human tissue.

Aortic Surgery

The aorta is the main artery from your heart and provides blood to all parts of your body.

Aortic surgery involves repairing or replacing damaged segments of the aorta.

Thoracic Aorta Segment



Aortic aneurysm

An aortic aneurysm is a bulge in the wall of your aorta, the main artery from your heart.

Aortic aneurysms form in a weak area in your artery wall.

Your doctor will discuss with you the surgical treatment required for your aortic issue. As your surgery will depend on your diagnosis.

Preadmission Clinic

Before your surgery you may receive a letter or phone call from the relevant consultant's secretary with an appointment to attend the Pre-Admission Clinic. This clinic is run by the Advanced Nurse Practitioners (ANPs) from the Cardiothoracic Unit and a consultant anaesthetist. The clinic runs once a week in the Outpatient Department of St. James's Hospital. The clinic can last up to 4 hours.

Most patients are accommodated in the pre admission clinic. Please bear in mind that NOT all patient's will receive an appointment to attend the Pre-Admission clinic. If you do not receive an appointment, it does not have an effect on your waiting time for Surgery.

On the day of your appointment, you should arrive no more than ten minutes prior to your appointment time. When you arrive, go to the reception desk and one of our staff will register you.

What happens at the preadmission clinic?

The Pre-Admission Clinic provides pre-operative health assessments and confirm your fitness for and anaesthetist and cardiac surgery. In the clinic, you will be seen by an ANPs, pharmacist, physiotherapist, dietician and reviewed by the anaesthetic consultant if requires.

What to expect

After you have been registered you will undergo some investigations. Some of these investigations many include:

- A tracing of your heart (ECG)
- Chest x-ray
- Blood tests
- Swabs for MRSA screening
- Carotid Doppler's
- Pulmonary Function Tests (PFTs)
- Echocardiogram (ECHO)

You will then be seen by the following team members:

The [Advanced Nurse Practitioner](#) who will:

- Discuss your general health and take note of your medical and surgical history

- Ask you about allergies
- Ask you about your lifestyle (smoking, alcohol intake and exercise)
- Undertake a general health assessment and physical assessment
- Provide you with information on fasting before your surgery
- Provide a brief outline of what will happen from the day of surgery to the day of discharge
- We ask that you bring your dental clearance letter with you to the preadmission clinic

The **Pharmacist** will discuss your current medication list with you. Please bring up to date list of your medications and prescribed inhalers to the hospital. You can get a current list from your GP or pharmacist.

The **Physiotherapist** will:

- Speak to you about your post-operative care while in hospital and on discharge home
- Ask you about your current mobility and activity levels
- Give advice about maintaining your current activity levels or increasing them as appropriate
- Give advice about appropriate clothing & footwear to bring to hospital

Medications prior to surgery

You may be asked to stop some of your regular medicines prior to surgery. If you are prescribed medicines that need to be stopped pre op these will be highlighted to you at the outpatient clinic. When a date for surgery has been planned you will be contacted by a member of team and given a date to stop medicines if needed. In some incidences you will be asked to take an alternative medicine or injection in the days before surgery and a prescription will be sent to your pharmacy. If you are unsure about any of your medications it is important that you discuss your concerns with the pharmacist. You should bring your medications and inhalers with you to the preadmission clinic.

Your Admission to Hospital

Once your surgery has been scheduled the consultant's secretary will contact you 5 to 7 days before your surgery with your surgery date. The morning before your surgery, you will need to call the admissions office 01 410 2687 at 11am to confirm your bed. They will advise you what time to come to the hospital and where to go.

Medications which need to be stopped before your surgery

At the preadmission clinic the Advanced Nurse Practitioner and Pharmacist will identify any medications which may need to be stopped before your surgery. **The consultant's secretary will advise when to stop taking these medications when she calls you to confirm a date for your operation.**

Preparation for Surgery

You will be admitted to hospital. Before your operation, you will be visited by a number of staff including a member of your surgical team, the anaesthetist, advanced nurse practitioner, nurse and healthcare attendant

What should I bring to hospital with me?

We advise that you leave all personal belongings and valuable and sentimental items at home.

We advise that you pack the following items in your hospital bag:

- A list of your current medications and any prescribed inhalers
- Pyjamas
- Loose fitting tops, t-shirts and shirts
- Underwear/Socks
- Footwear with good grip
- Dressing gown
- Supportive non-underwire bra for ladies
- Toiletries
- Towel



Personal Belongings

All patients are strongly advised not to bring valuables or sentimental belongings into the hospital. Valuables such as money, phones, jewellery and tablets/laptops will be sent to the Hospital Security Department. If you prefer, you can send your valuables home with family or relatives. We do not accept any responsibility for any items of value left in your luggage.

Preparation for Your Surgery

Shower and Hygiene before Surgery

The night before your surgery a Healthcare Assistant or Nurse will clip your body hair. We will then ask you to shower with a Chlorhexidine solution after hair removal. This is for infection control reasons. The Chlorhexidine solution is for external use only. On the day of surgery, we will provide you with Chlorhexidine 2% cloths to wash yourself. Assistance if required will be provided when doing so. Your hair will be clipped and the nurse will inspect your skin to ensure it is clipped correctly. We will then give you a disposable gown and underwear before you go for Surgery. It is important that you inform the nurse if you have an allergy to chlorhexidine. Do not attempt to shave yourself, wax, or use hair removal creams.

Eating and Drinking before Surgery

You will be fasting from food for at least 6 hours before your surgery. You will be able to sip water until you are called for surgery. If you are non-diabetic, we will ask you to drink a Carbohydrate Rich solution called "Preload" before your surgery. The Anaesthetic Team will decide what medication you can have on the morning of your surgery. It is very important that you **DO NOT** take any of your own medication whilst in hospital.

Person of Contact

We encourage your family or friend to call in the evening for an update as ICU nurses do not receive an update on the surgery until you come back to the ICU. In addition to this, information is only provided to your nominated next of kin. We ask you to remind your family members of this as this can cause offence or upset to other family members who call the unit. Please ensure that you have given staff the correct phone number for your Next of Kin. If you call and your friend or relative is not back in the ICU, please know that times in theatre vary and the operation list can change on the day of surgery.

Belongings

Please ensure you have all your belongings packed away the morning of your surgery. We encourage you not to unpack your belongings when you are admitted as you will be returning to Keith Shaw ICU after your surgery. Your luggage with clothes and toiletries will be kept in the property room on Keith Shaw Ward. Please be aware that space and storage is limited in ICU and the ward for belongings. Again, we do not take responsibility for any valuables which are not sent to Security. Please do not bring any valuables into hospital with you.

Day of Surgery

On the day of your surgery you will be informed of an estimated time that you will go to theatre. Sometimes your time may change due to circumstances outside of our control. The first patient typically goes to theatre between 7am and 7:30am.

You will be collected by theatre staff for your surgery and taken to the anaesthetic room. Once in the anaesthetic room you will have two drops inserted, then you will be given an injection of anaesthetic medication and you will then be asleep for the entire operation. You will be in the operation theatre for a few hours. The time you spend in theatre will depend on the type of surgery that you are having.



After Your Surgery

After your surgery you will be transferred to Keith Shaw Intensive Care Unit (ICU). You will have various lines and devices attached to your body that will have been inserted while you were asleep in theatre. These lines and devices are for monitoring purpose and for administration of medications, all necessary to keep you safe during and after surgery.

The ICU is a busy place, you can expect bright lights and a great deal of activity during the day and night. Staff will however try to ensure that you get as much rest as possible. You will hear different sounds and alarms while you are in ICU these alarms are from the bedside monitors and the machines that are administering your medications. It is normal to hear these alarms during your stay in ICU. These are necessary to keep you safe.

Breathing Tube

When you return to intensive care after your operation you will have a tube in your mouth which is attached to a ventilator. This is to support your breathing in the immediate postoperative period. You will be sedated when this tube is placed, this tube passes down your throat and into your windpipe. You will be unable to talk when the tube is in place. When you are ready to breathe by yourself the tube is removed.

Secretions normally cleared by coughing will be suctioned by the nurse using a small suction catheter. Although this may feel uncomfortable, it only lasts a few seconds. Once the tube is removed it is encouraged that you start coughing and cough out any phlegm that you may have in your throat.

Heart Monitor

After the surgery you will have small electrodes (small bandages hooked to wires on your chest) connected to a cardiac monitor. These are used to monitor your heart rate and blood pressure continuously. You will have a small probe on your finger and this will measure your oxygen saturations.

Pacing Wires

Often you will have small wires taped to your chest, in the first few days after your surgery they may be connected to a temporary pacing box, which may be used to support your heart rate if your heart rate is slow.

Chest Drains

You will return from surgery with a chest drain (tube) below the operation wound. This will drain the fluid that normally accumulates after your surgery. The tube will be removed in the days after your surgery. The chest drains will be removed once your team is happy to do so.

Invasive Lines

After your surgery you will have an invasive line in your neck and in your arms. These lines allow the nurses to give blood, fluids and medications that are needed for your recovery and also to record your blood pressure and obtain blood samples. The need for these invasive lines will be assessed each day by the team and will be removed by the nurses when the team are happy.

Mobilising

If you are stable, you will be assisted by the nurses to sit on the edge of the bed by the nurses once your breathing tube is removed.

Your Expected Course of Events

Once you have stabilised you will be transferred to Keith Shaw Ward. Each day your team will review you. Lines, devices and drains will be removed by nurses once the team are satisfied with your progress. There will be an emphasis on mobilising, breathing exercises and gradually resuming normal activities. Cardiac surgery is a big operation; it is normal to experience pain in the postoperative period. We make every effort to relieve your pain by using a variety of pain relieving medications.

Going Home

Going home is the next step in your road to recovery following heart surgery. It is important to start planning your discharge early. These guidelines have been written to anticipate most of the questions that are likely to crop up over the coming weeks. Remember that these are guidelines only. Everyone's recovery and course of events differs slightly. It is common to have good days and not so good days.

Recovery from cardiac surgery is a gradual process that requires patience and dedication. The aim of your operation is to improve your quality of life and get you fitter than before. As your strength returns, you will want to do more and you will be encouraged to do so. Following the advice given to you by the surgical team, nursing staff, the physiotherapist and the cardiac rehabilitation nurse specialists will help you make a safe and timely recovery.

Lifting

As your breastbone is healing, you must be careful not to put it under undue strain. Avoid heavy lifting, pushing or pulling, or any activity that may put strain on your wound, jerking or twisting, which may occur when out walking a dog on the lead or playing with young children for **three months**.

Rest and Sleep

In the days and weeks after your surgery you will feel weak and tire quickly. Take care to build up your activity gradually with plenty of rest and sleep. Try to get a balance between activity and rest. You may need to limit the number of visitors that you have when you first come home.

It is recommended that you get adequate sleep each night. Sleep disturbance is common after surgery but usually resolves in a few weeks. In the first few weeks after surgery, you may find that you need to rest in the afternoon. Get as much rest as you feel you need in whatever way suits you best.

Wound Care

It is normal for your wounds to be sore, itchy and tender for the first few weeks after surgery. You will be prescribed pain killers, take these as prescribed. Occasionally there may be a slight discharge or ooze from the wound which requires a simple dressing. If you have a stitches from a chest drain these will be removed by a public health nurse or GP. Following discharge, if there is any redness, pain or discharge from the wound, it is important that this is reported to your GP so that it is treated quickly and appropriately. Public health nurse referrals will be sent from the ward prior to your discharge.

If you have had heart valve surgery, there is the possibility the infection being related to the valve. If you have any signs of infection such as temperature, redness or swelling at wound sites it is important that you contact and attend your GP promptly.

If you are provided with a sternal binder or support bra it is important to continue to wear on discharge.

For female patient it is important to wear a support you can wear your own non wired bra for support.

Personal Hygiene

You may shower or bath daily. If possible, the first time you bath it is advisable that you have someone nearby. Run the water over your wounds, do not rub soap into them and gently pat your wounds dry. Do not use very hot water and if you feel dizzy or lightheaded sit down. Avoid using ointments or creams when your wounds are healing.

Dental Care

It is important that anyone who has had valve surgery attends the dentist for dental checks 6 monthly due to the possible risk of infection. Ensure that your dentist knows that you have had heart valve surgery.

Exercise

The physiotherapist will advise you on how to progress your exercise when you go home.

Breathing Exercises:

1. 4 or 5 relaxed breaths
2. 3 deep breaths holding for 3 seconds each
3. 4 or 5 relaxed breaths
4. 3 deep breaths holding for 3 seconds each
5. 4 or 5 relaxed breaths
6. "Huff" or cough
7. 4 or 5 relaxed breaths

A "huff" is a sharp breath out like fogging up a mirror but much stronger with your mouth in an O shape.

Do this a few times per day if you feel chesty.

Stairs

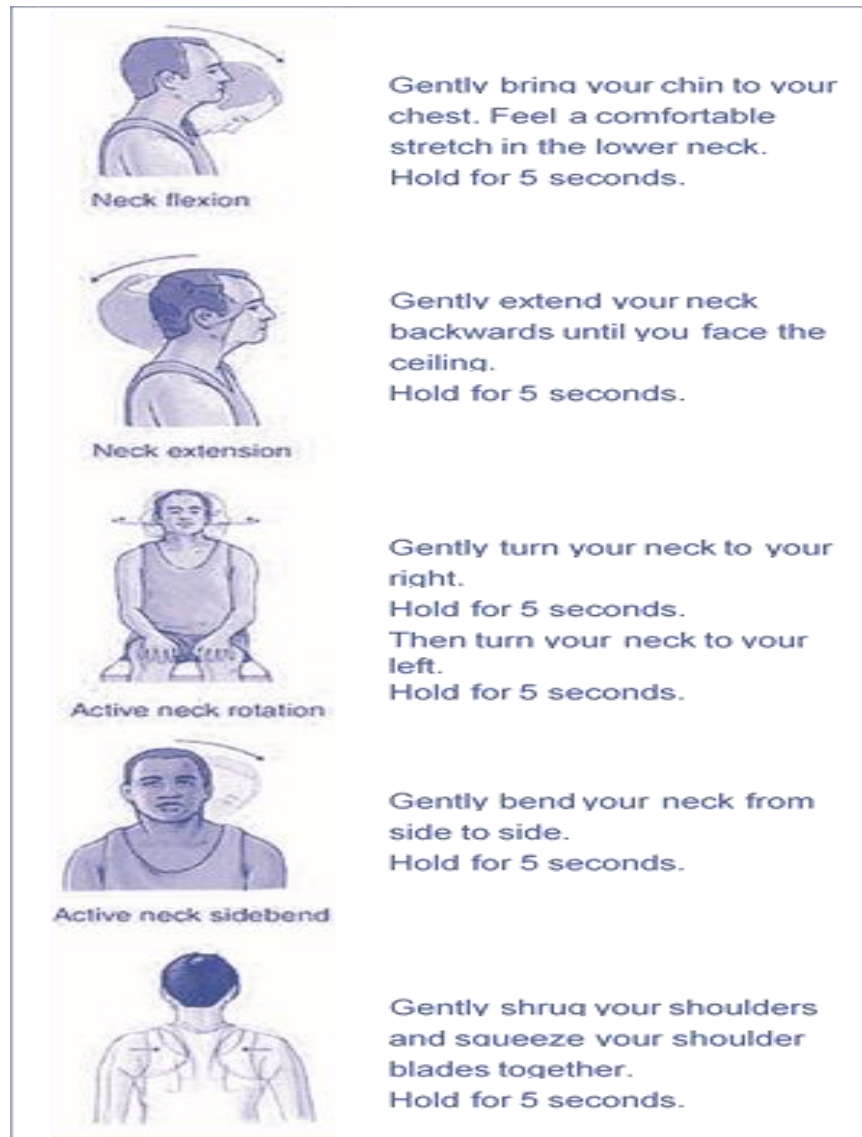
Prior to discharge your physiotherapist will practice the stairs with you to ensure you don't have any difficulties using them before you go home.

Going up and downstairs does require more energy than walking, so it is important that you take the stairs slowly. Avoid unnecessary trips upstairs in the first few weeks. If your bathroom or bedroom is located upstairs there is no need to make alternative arrangements, just take it slowly. If you become dizzy, breathless or light headed sit down and rest.

Shoulder/ neck/ upper back exercises

After surgery it is very common to feel some stiffness around your shoulders and neck.

These exercises should only be done within the limits of your comfort. Repeat each exercise 10 times each, 3 times per day



Psychological Care

Cardiac surgery can trigger a wide range of emotional responses in patients and it is normal to experience a range of emotions after cardiac surgery. This can be influenced by various factors such as the nature of the surgery, your psychological state and the support you receive in the post-operative period. You may have feelings of anxiety and fear, depression, vulnerability and dependence and emotional numbness. It is very important that you build a

good support network in the period and that you speak to any member of the team or your GP if you are feeling this way.

Patient Flow Lounge

The patient flow lounge (formally called the discharge lounge) is a safe, comfortable area with friendly staff willing to help patients on their journey through St James's Hospital. The aim of the patient flow lounge is to facilitate early discharge of patients. Discharge time from Keith Shaw Unit is 11am. The patient flow lounge is easily accessible by patients and their nominated contact person to allow patients to be easily collected by car if for discharge. Its location is also close to the Luas and bus stop. You will be given your discharge summary and prescription prior to discharge. The Pharmacist will discuss your medications with you. You will need to bring your prescription to your local pharmacy.

Valve Information Cards (Only for patient who underwent valve surgery)

If you have underwent a valve replacement surgery. A valve card will be provided to you prior to your discharge. A valve Information card which includes a paper card involving details of patient's valve implant.

It is advised to keep this card somewhere safe as many be required to present their card at future appointments, procedures and/or diagnostic investigations such as MRI to verify compatibility of the valve.

Medications

It is important to remember that your medications after surgery may be different to the ones you took before surgery. Medicines for other conditions, such as diabetes, depression and raised cholesterol levels will usually be restarted after your operation. You will be given a prescription on discharge for newly started and ongoing medicines.

Return any stopped medicines to your community pharmacy. We recommend you attend your GP practice for review 1-2 weeks after discharge and they will issue you with a new ongoing prescription.



Antiplatelet Medicines

Aspirin

Why are you on aspirin?

Aspirin is very beneficial for people with many types of heart condition. Aspirin acts by reducing the stickiness of platelets in the blood. This helps to prevent clots in your blood vessels, so aspirin will reduce the risk of further cardiac complications.

How do I take it?

Aspirin is usually taken once a day, in the morning. It is usually a coated tablet. This should be swallowed whole with a glass of water. Avoid taking indigestion remedies at the same time as the coated tablet.

Are there any side effects that I should know about?

Aspirin can cause stomach upset but this is unusual with the dose that you are taking. It is less likely to occur if you take it with or after food, and this is unusual with coated aspirin. If you suffer from this or any other troublesome side effects, consult your doctor.

Note: You should avoid aspirin as a painkiller (eg Disprin® /Anadin®) when taking aspirin for your heart. Paracetamol can be taken with prescribed aspirin. If in doubt, ask your pharmacist.

Other Antiplatelet Medicines

You may be prescribed a second antiplatelet medication for use with aspirin: clopidogrel, ticagrelor or prasugrel. The discharge prescription will specify how long your doctor would like you to continue on the second antiplatelet.

Possible side effects of these antiplatelet medicines are stomach irritation, nausea, diarrhoea, constipation, and rash. If any of these side effects develop and are particularly troublesome, please consult with your GP or pharmacist.

Cholesterol Lowering Medicines (Statins)

Common Preparations: Atorvastatin, Rosuvastatin

What are statins used for?

Statins reduce the levels of cholesterol in your blood. High cholesterol levels may clog up the arteries that supply blood to the heart muscle. They also have other favourable effects on the cardiovascular system.

Ace Inhibitors

Common Preparations: Ramipril (Tritace®), Perindopril (Coversyl®)

What are they used for?

ACE Inhibitors may be used to treat high blood pressure. They make it easier for your heart to pump blood to all parts of the body and protect the kidneys from damage in diabetic patients.

Beta Blockers

Commonly Prescribed: Bisoprolol

What are they used for?

Beta blockers are a group of medicines used for the treatment of angina, high blood pressure, irregular heartbeat and are used after a heart attack. They work via several different actions to slow the heart rate and reduce the amount of work the heart has to do.

Pain Relief

It takes three months for your sternum (breast bone) to heal and in this time aches and pains can be expected. If pain is not controlled by the medicines prescribed on discharge from the hospital, please contact your GP.

Paracetamol

When and how often

The usual dose is TWO 500mg tablets up to 4 times per day as required. On the first few days at home you should take your morning dose to stop the pain when you start moving around and at night so you can sleep without pain. Take no more than two tablets at any one-time and no more than eight (500mg) tablets in 24 hours.

Oxycodone

OxyNorm® capsules/liquid contain the medicine oxycodone. OxyNorm® belongs to a group of medicines called opioids. These capsules are designed to provide fast relief of severe pain.

These are strong pain killers that you should take as instructed when leaving the hospital.

Side effects of OxyNorm®

Common side effects include constipation, nausea, drowsiness, dizziness, headache, itchy skin, dry mouth and confusion. It is recommended not to drink alcohol when taking OxyNorm® capsules.

Laxatives

Senna

Common Preparations: Senna or Senokot®

When and how do I take it?

The usual dose is two tablets, taken together at night. The tablets normally act within eight to twelve hours. If symptoms of constipation persist consult your doctor.

If constipation persists, speak to your doctor.

Lactulose

Common preparations: Laxose®

How do I to take it?

The syrup can be taken directly from spoon or measuring cup or it can be mixed with water or fruit juice. Usually taken twice daily. Taking a glass of water at the same time will help this medication work. If symptoms of constipation continue, please consult with your doctor.

Disclaimer: *the information about medications in this booklet is not exhaustive. Ask your doctor or pharmacist for advice if you require further information.*

Nutrition

All cardiac surgery patients will receive education on healthy eating for your heart post-surgery.

[A guide to nutrition after cardiac surgery](#)

It is important to eat well after your operation. A varied diet will help with wound healing. It will also help to get your strength and energy back.

Some people may experience a reduced appetite in the days after heart surgery. If your appetite is reduced, you should aim to eat foods high in energy and protein. There is a high energy high protein symbol on the menu to help you identify these foods.

If you have a poor appetite, here are some nourishing meal and snack ideas:

- A glass of milk
- Yogurt
- Cheese and crackers
- Custard
- Rice pudding
- Beans on toast
- Sandwich with chicken, ham, cheese or egg

If you are finding it difficult to finish your meals, you should aim to eat smaller portions more often.

[Healthy Eating for your Heart Guidelines](#)

1. Include a variety of foods in your diet
2. Portion size matters. Use the Food Pyramid recommendations to help guide you.
3. Aim to maintain a healthy weight.
4. Aim to eat 5 – 7 servings of fruit and vegetables daily
5. Aim to eat 2 servings of protein daily
6. Choose fish at least twice per week. Oily fish is best e.g. salmon, mackerel, sardines, herring or trout.

7. Choose wholegrain, wholemeal, wholewheat options. For example, choose brown bread instead of white bread. These foods are a good source of fibre and help to reduce blood cholesterol.
8. Aim to reduce your intake of saturated and trans-fat. Hidden saturated fat is found in confectionaries such as biscuits, cakes, pastries, chocolate, sauces such as mayonnaise. Trans fat are mainly found in processed foods such as cakes, biscuits, pastries and deep-fried foods.
9. Avoid adding salt to your meals and aim to eat less foods high in salt. Use pepper, herbs and spices to flavour your food instead.
10. If you drink alcohol, drink in moderation. The recommended standard drinks per week is 18 for males and 11 for females. Aim to spread your drinks throughout the week.

Frequently Asked Questions

When will I see my surgeon again?

You will meet your surgeon at your outpatient's appointment in the outpatient's department approximately 6-8 weeks after your surgery. The appointment may be given to you before you leave the hospital or sent to you by post.

When can I return to work?

Returning to work will be assessed on an individual basis. It will depend on a number of things such as the type of work you do and the type of surgery that you had. You will not return to work before the 6 week follow up appointment with your surgeon. If you have any questions about returning to work please discuss with your team.

Attending cardiac rehabilitation classes will help to prepare you for returning to work.

When can I fly?

Patients who have undergone heart surgery are advised not to fly for least 6 weeks and after your 6-week outpatient's appointment. You will need to have a chest x-ray done also prior to flying.

When can I drive?

You cannot drive for 6 weeks after your operation until you are moving comfortably and have stopped taking pain medications.

When can I resume sexual activity?

The time to resume sexual activity is when you and your partner feel both physically and emotionally ready. Many people worry that sex may be damaging to the wound. Provided you feel relaxed, rested and ready for sex, sexual activity can be resumed.

If pregnancy after surgery is to be considered it is very important that you discuss this with your team, as recovery time before pregnancy is very important.

Feeling unwell?

If you have the following temperature, cough, wound redness or ooze, signs of chest infection such as chills, shortness of breath, pain contact your GP.

Patient Experience Office



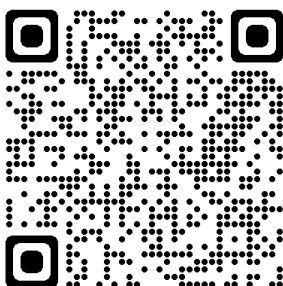
The Patient Experience Office in St James's Hospital welcomes feedback from patients, family members and other service users. We encourage those who wish to provide feedback in the form of concerns, compliments or complaints to bring this feedback to the local Manager to be responded to and resolved locally. If the matter cannot be dealt with locally the patient experience office is happy to receive the feedback. Compliments, concerns or complaints can be submitted in writing to /or by telephone to;

Email: patientfeedback@stjames.ie or Telephone to 01 4103361

The DAISY Award for Extraordinary Nomination Form



The DAISY Award is a recognition program to celebrate and recognize nurses by collecting nominations from patients, families, and co-workers. Nurses can be nominated by anyone - patients, family members, other nurses, physicians, clinicians, or staff - who experience or observe extraordinarily compassionate care being provided by a nurse. To nominate a staff member, you can scan the QR code below, complete the form via the link <https://www.stjames.ie/eforms/daisyawards/> or alternatively you can ask a nurse for a nomination form and pop it into one of the dedicated nomination box around the hospital.



The BEE Award for Extraordinary HCAs



Being Extraordinary Everyday (BEE) Awards recognise and value our Healthcare Assistants (HCA). These awards run in conjunction with DAISY. Just like a daisy flower cannot survive without a bee, nurses rely on the outstanding teamwork of our HCA colleagues when caring for patients. The BEE award recipients exemplify quality service and extraordinary care to the patients and their

families creating a great experience by promoting wellness, kindness and going above and beyond.

Nominations can be submitted via the link <https://www.stjames.ie/eforms/daisyawards/> or alternatively you can ask a nurse for a nomination form and pop it into one of the dedicated nomination boxes around the hospital.

Educational material links

Educational videos

[Cardiac surgery education videos on Vimeo](#)

Educational podcast

[Operation Preparation Podcast | St James's Hospital](#)

Other useful links

www.irishheart.ie/how-to-keep-your-heart-healthy/healthy-eating/

www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/heal/healthy-eating-guidelines/