

## Episode 20 – Your Heart Surgery

**(Intro) Julie:** Do you have an upcoming surgery? Are you feeling a little overwhelmed? Then this is the podcast for you. Welcome to Operation Preparation. You are listening to the Pre-Anaesthetic Assessment Clinic podcast, or PAAC for short, from St. James' Hospital, Dublin. Here we put together a series of short episodes to help you, your family and your loved ones learn more about your upcoming perioperative journey.

**Julie:** Welcome back again to 'Operation Preparation'. You're listening to the 20th episode today - Your heart surgery. My name is Julie Fahey, and I am one of the Clinical Nurse Specialists working in the Pre-Anaesthetic Assessment Clinic. And today we are going to talk about Your heart surgery. And here joining us today, we have some very special guests. Consultant Cardiothoracic Surgeon, Mr Saleem Jahangeer, Cardiothoracic Anaesthesiologist, doctor Lauren O'Callaghan, Cardiothoracic Advanced Nurse Practitioner, Jacinta Flynn, and heart surgery patient, Dave, to share his story with us. So let's start at the beginning. Common heart surgeries that patients often require include coronary artery bypass grafts, valve replacement surgery, and aortic aneurysm surgery. So Saleem, all that mouthful and all those surgeries, could you explain to us what these are and why a patient would require some of them?

**Saleem:** Hi Julie, thank you so much for this question. The most common type of heart surgery we perform are coronary artery bypass grafting, what we would affectionately call a bypass operation. And this is essentially indicated where a patient's own coronary arteries are tight or even blocked and cannot provide enough blood to the heart muscle. And this can lead to symptoms like angina or even a heart attack. In a bypass operation, what we do is we use an artery or a vein to bypass that blockage and provide another way for blood to reach the heart muscle. We also do a lot of operation for heart valves. In your heart you have four heart valves and they can be either leaky or tight. And those operations to fix those faulty valves usually involve repairing or replacing them. Aortic aneurysm surgery is another common operation we do. The aorta is the main blood vessel that carries blood from the patient's heart. And in some people they can develop an enlargement of the aorta that we call an aneurysm which can lead to a fatal rupture. And in selected patients what we do is we replace the aneurysmal segment of the aorta with an artificial tube. Now all these operations are open heart surgery and involve the use of what we call a heart-lung machine because during the operation we do stop the patient's heart and lungs and the heart-lung machine will provide that function for the duration of the case.

**Julie:** Okay, great. It sounds not for the faint-hearted excuse upon Saleem. So I'm a patient and I've been given the news that I've been referred to a cardiothoracic surgeon. I mean, I'm overwhelmed by that to begin with. So what do I expect when I meet you to begin with?

**Saleem:** Yes, so in the first visit to our team you will usually meet a consultant cardiac surgeon and we will go through your diagnosis, your condition and essentially explain to you what is happening, why is it causing you or has a potential of causing you harm and we go through the natural history of that condition. What I mean by that is, well, what happens if we do nothing? And then we go through what we can do. So the proposed treatment is discussing details and at times you might have alternate treatments. It's not just surgery.

You might have other options such as stents and so on and we go through the reasoning as to why we think surgery would be the best form of treatment for you in your particular case. We go through the operation in detail and we explain very, in a lot of detail, the risk and complication of the operation and what else we might need to do should we find something else during the operation. I think what is important is that we always allow a lot of time for questions because this is an information overload when you come and meet the consultant for the first time and patients always have a lot of questions and patients should be reassured that we always allow time for a lot of questions and there's no stupid questions to be asked and that's a moment to ask for any questions you may have. Once the patient agrees for surgery, then the process is initiated. If you ever need any further investigations, these are arranged and then the patient is referred to the pre-assessment clinic where they'll be seen by a specialist team in preparation for their operation.

**Julie:** That's great. Thanks. It's great for patients to know what to expect step by step and also to understand that it's not a done deal the first time they come to see you, that there are alternatives and time for questions. So I suppose, Jacinta, I'm going to ask you now. If I have agreed to have the surgery and I've decided that this is the best plan for me, what do I expect next?

**Jacinta:** You will attend the nurse-led cardiothoracic pre-operative assessment clinic prior to your surgery. A lot of information about general pre-assessment is covered already in episode 2 and we recommend listening back, but the preparation for these kinds of heart surgeries can be a little different. But here's a rundown on what we do because every pre-assessment clinic runs a little differently. The aim of pre-assessment is to have an individualised risk assessment, have an informed and optimised patient ready with all tests completed prior to surgery. We want any areas of health optimisation that can be identified and, where possible, corrected or improved prior to your surgery. The patient will have the following tests performed at pre-assessment bloods, ECG and a chest x-ray. Some patients require additional tests such as carotid dopplers, which is an ultrasound of the main blood vessels in the neck, an echo, which is an ultrasound of the heart, a scan of the aorta, which is the main blood vessel in the body, and a breathing test, referred to as PFTs. The patient is encouraged to ask questions about their surgery and the advanced nurse practitioner ensures that they understand the procedure that they're going to have. The patient will receive health promotion information regarding smoking cessation, where applicable, and alcohol reduction, etc. Again, these are covered in previous episodes, so do have a listen back, specifically episodes 6 and 13. The patient will also receive information booklets regarding the procedure and what to expect at each stage of their journey throughout the service and contact details for the service. The patient will receive an anti-bacterial soap to share with the evening prior to surgery to help reduce the risk of infection. Written instructions for skin care prior to admission are given to the patient, as well as fasting instructions and medication advice.

**Julie:** Wow, so a lot. Thanks, Jacinta. A lot of background work goes on before you ever get into your hospital bed. But once all that's completed and then you're waiting for that date, have you got any advice as to what patients should do while they're on the waiting list?

**Jacinta:** The following advice is given to the patient while they are awaiting a date for cardiac surgery. Advice in relation to modifiable risk factors such as quitting smoking, alcohol reduction, weight reduction, healthy eating, managing other health conditions, mental health, etc. where appropriate, as these are all factors that can lead to chronic illnesses. We inform patients about resources like online resources for smoking cessation, such as quit.ie, their community pharmacy and their GP, particularly also episode 13 in relation to stop smoking before surgery. We have a dietician that attends our pre-assessment clinic and speaks to the patients as a group and gives the patients advice on healthy diet. And also we support this with written information. We ask the patient to be an active participant in their pre-operative journey. They have a very important role in their optimization, reduction of modifiable risk factors such as diet, smoking, etc. We talk to the patients about the importance of taking their medications as prescribed. We speak to patients about trying to maintain or improve their current level of activity, episode 15, Prehab and Rehab, is another fantastic episode about the benefits of exercise before and after surgery that we'll tell our patients about. In relation to symptoms, we advise that if a patient notices that they have new symptoms or that their symptoms have progressed or that they just do not feel well, that they need to attend their GP for a review or their local emergency department for assessment and to contact the clinic.

**Julie:** Great, Jacinta, thanks. So basically an overhaul completely of your health before you even have the surgery is what I'm hearing. And the great thing about that is some of these have been covered on previous episodes so patients can listen back to help prepare themselves for surgery and help to improve their outcomes. There are also a website called Steps for a Stronger Start, created by the Pre-Assessment Clinic, which is a one-stop shop for reliable resources for patients who wish to improve their health before surgery. This can be found on the St. James's Hospital website or find the link in the show notes. But it sounds to me that the patients will need a lot of support from their families because this is an overhaul with diet, exercise and everything else and then they have to go for surgery. So how will a patient know when then to come to the hospital and what happens when they arrive?

**Jacinta:** The patient will be contacted by the hospital and informed of the date for surgery. They will receive the number for the admissions department and they are asked to contact the admissions department the day prior to the surgery. They will liaise with admissions and re their bed availability.

**Julie:** Fantastic. So, halleluiaah, I've got a bed which is no easy feat. What happens when I get here?

**Jacinta:** So when the patient arrives in the hospital they will meet the cardiothoracic doctor and the doctor will go through the planned procedure for surgery and they will sign an informed consent. They will also meet an anaesthetist prior to the surgery which is also another great time to ask any questions they may have. The patient will have a shower with a special shower gel prior to surgery to reduce the risk of infection. Some bloods may need to be repeated. In preparation for the surgery all hair from the neck to the ankle is removed with a special shaver by either the healthcare assistant or the nurse to reduce the risk of

infection. If a patient is non-English speaking we can book an interpreter for consent procedure and to go to theatre with the patient.

**Julie:** Great, Jacinta. So lots of preparation but here's a really good question, especially for the ladies, any tips on what to pack in the hospital bag?

**Jacinta:** In relation to what to bring in the hospital bag, bring in clothing that is light and not restrictive. It's been recommended to bring in pyjamas that open down the front for ease. Do not bring any valuables into the hospital. If you bring in your phone and charger that will be locked away by security and you will receive it post your surgery. We encourage patients to get into their own clothing post the surgery. Bring in a small bag with toiletries. Bring in footwear that is supportive to enable participation in physio post-op. Runners are a good example. Any valuables such as a mobile will be locked away in security and returned to the patient post-op.

**Julie:** Great. Thanks so much Jacinta. I suppose everybody else has been sitting quietly. So Lauren, our first question for our Cardiothoracic Anaesthesiologist Lauren. Lauren, George Orwell said all animals are created equal but some are more equal than others. So is that the case in anaesthetics? Is there something different that cardiology anaesthetists have to look out for or is there something different that you need to get involved with?

**Lauren:** Absolutely. Thanks so much for having me Julie. Hopefully I'll be able to bring some reassurance and demystify cardiac anaesthesia for anyone who is getting ready for their operation. So let's start with the basics. Firstly, we're operating directly on the heart which is obviously the body's main pump. So to do this safely we use specialist equipment including a machine called a heart-lung bypass machine which Saleem has mentioned already. So this temporarily takes over the job of the heart and lungs during your operation. Secondly, there's a much bigger team involved. All who have dedicated training in heart surgery including surgeons, anaesthesiologists, perfusionists who run the bypass machine, advanced nurse practitioners, specialist nurses and intensive care staff. And third, recovery usually starts in the intensive care unit rather than a general ward and that can feel overwhelming if you're not prepared. But always reassure patients that this big team and high tech equipment are all here to look after you and to keep you safe.

**Julie:** That's great Lauren, thanks. And absolutely to reassure them to keep them safe. But I arrive now to the operating theatre. What's my next step? What do I expect?

**Lauren:** So the next step once you arrive in the operating theatre, you'll be checked in by one of our anaesthetic nurses and an anaesthetic doctor. They'll bring you down to the anaesthetic room. We'll attach our heart monitors, oxygen sensors and blood pressure monitors. Again, these are all there to keep you safe. For the majority of cases, we'll put one drip or a cannula into a vein to give medications that will send you to sleep. And then one drip in an artery that's called an arterial line to allow us to closely monitor your blood pressure during the operation. When you're asleep, we do pop a breathing tube in to support your lungs and some more drips in your neck called a central line. This allows us to give specialist medications which can support your heart both during and after your surgery. Sometimes patients may need these special drips inserted before going to sleep, but we'll

talk you through everything if that's required. When we give the anaesthetic medication through the drip, you'll fall asleep within seconds and most people describe it as drifting off. Our entire job is to keep you safe and comfortable throughout the whole surgery through to the ICU afterwards. And episode 10 covers everything to do with the lines that patients get and has a lovely video which shows what they look like if any of the listeners want to have a look at that and listen there as well. So once you're asleep and all the drips and lines are in, the patient is then moved into the theatre where they're positioned for the surgery. And I've already mentioned the big team that we have so you'll have healthcare assistants, nurses, perfusionists, anaesthetists and surgeons all getting you ready in the operating theatre and everybody has a role to play.

**Julie:** For sure Lauren, it certainly sounds like it takes a village indeed, but you mentioned the bypass machine and special equipment. Could you tell us more about this machine and the other equipment you use? Thanks.

**Lauren:** Sure, so for most heart operations, we need to temporarily stop the heart to allow the surgeon to do the operation. To do this safely, the heart-lung bypass machine is run by a perfusionist. They're a specialist who control this machine and what it does is that it does the work of the heart and lungs by adding oxygen and removing carbon dioxide and pumping blood around your body. This keeps your organs healthy while the surgery is being done. The other main piece of equipment that the anaesthesiologists use is called a transoesophageal echo probe, also called a TOE. This is a special ultrasound which sits in your oesophagus or food pipe and it allows the anaesthesiologist looking after you to see real time pictures of your heart. And this helps us guide the surgery, assess any new heart valves that may have been inserted, and to support and fine-tune your heart function. Once your surgery is complete, the breastbone is closed with wires and your skin is closed with sutures or stitches. Finally, many patients will have a temporary pacemaker in place after their cardiac surgery. Again, this is to support your heart while it recovers and in the majority of cases, it's removed after a few days.

**Julie:** Fantastic, Lauren. So, you've talked a bit about before and during the surgery and obviously there's a huge amount of preparation but you just mentioned there that patients usually go to the intensive care unit after their heart surgery. Why would that be?

**Lauren:** So, absolutely. Our patients do start their recovery in the intensive care unit. Once your surgery is over, the anaesthesiology team will keep you deeply asleep and transfer you to the ICU. When you arrive on the unit, the theatre team will hand over to the ICU team. You'll have that breathing tube in your mouth and we will connect you to a breathing machine or a ventilator and you'll be kept deeply asleep with pain medicine and sedating medicine initially. So, most patients will require some medications to support their blood pressure and heart function after cardiac surgery and this can be given in the ICU. We aim to wake most patients up within a few hours and have the breathing tube removed fairly quickly. At this point, you might notice things like heart monitors, drips, surgical drains and pacemaker wires and it might all look intimidating but every drip has its purpose. You're never alone in the ICU. You'll have one-to-one nursing care and I'd direct any listeners to episode 16 of the podcast here as it gives a really good outline of the intensive care unit and also, again, episode 10 which explains those tubes and wires.

**Julie:** Thanks, Lauren. So, it's certainly a very big undertaking, very invasive surgery and you've given a lot of explanations there but what would you say to patients whose big concern is pain control?

**Lauren:** Yeah, that's a really good question, Julie and we do take pain really seriously. So, initially, you'll be on very strong IV medications for pain such as morphine or similar. Once you're awake and able to eat and drink, these medications will mostly be changed to tablet form and we combine these medications with paracetamol and other IV medicine to keep you comfortable. Our main goal with pain management is to have patients comfortable enough to breathe deeply, cough and to get up and moving and I'd always encourage patients to let us know if they are sore as there's always something that we can do to improve it.

**Julie:** Thanks so much, Lauren. You've given us a brilliant insight for cardiothoracic anaesthesia and also the journey from the anaesthetic room to ICU. I know a lot of information can be overwhelming but it's good for patients and for listeners to know that they'll be so well looked after during their heart surgery but I suppose, Saleem, the question for you really is this is all your handy work so what can your patients expect post operatively? What are you looking out for with them?

**Saleem:** Thank you, Julie. So when the patient goes to intensive care unit, they are looked after by a highly trained specialised nurse in cardiac intensive care nursing that looks after the patient. As Lauren mentioned, the first few hours the patient is still asleep and we aim to wake the patient up within the next few hours all going well and in the meantime, a member of the team will always contact the next of kin to inform them how the surgery went, give them an update about their loved ones and that they are safe in ICU. Usually on the day of surgery, there's no visiting. The patients will always have, as Lauren mentioned, a lot of lines, drains and catheters and over the next few days, all those hardware will start to come out and we'll try to get the patient to mobilise as soon as possible to get out of bed, get in the chair and start moving and we aim to get the patient to return to their own normal diet as soon as possible as well. They are reviewed daily by our team of physiotherapists and we'll go through very specific daily physio exercises and people might be surprised but we aim to have the patient sitting up and out of bed usually a day after their operation. While they are in ICU, the patients are seen daily by not only the physiotherapists but our own team and the dietician as well if needs be. Episode 15 of the podcast gives a brilliant rundown of the role of the physiotherapist in rehabilitation after surgery and it's definitely worth a listen to. I think it is very important, Julie, to stress that every patient is different and also every surgery is different. So recovery varies from patient to patient but also from the type of operations they had and we tailor whatever we do to that patient and to their immediate needs. Once we feel the patient is safe and is able to step down from intensive care they are moved down to our general surgical ward and usually on average our patient stays in hospital for around seven days and then are allowed to go home afterwards.

**Julie:** That's great. I mean, thanks so much, Saleem. Progress is wonderful. I remember when bypass surgery people could be in for up to three weeks. So I suppose while it's great

that they're out so quick we just want to make sure our neighbours aren't thinking that we didn't have such big surgery because we were not gone that long. So Jacinta, what happens before a patient is discharged?

**Jacinta:** So prior to discharge the team will review the patient. Their wounds will be reviewed to ensure that they are healing well. We ensure that the patient's pain is well controlled and they are discharged on oral analgesia for one week. If the patient requires analgesia beyond one week we encourage the patient to contact their GP and the GP can give a prescription for another week of analgesia. Any queries we encourage the patient to contact our service and receive a contact number for the service. The patient will have seen the physiotherapist prior to discharge and the physiotherapist will do their assessment and ensure that the patient has been discharged from their service before the patient can be discharged home. We give the patient an information booklet and they will receive contact numbers for our service if they have any queries. A letter is sent to their GP detailing what has happened during their inpatient stay and what medications the patient has been discharged and any follow up required and if the GP needs to check their blood pressure or repeat bloods. We encourage the patients to see their GP three weeks post discharge so that they have seen a healthcare professional in between when they have been discharged before they could return to our outpatient department to see their consultant. The patient will receive an outpatient appointment to return to clinic usually six to eight weeks post-surgery. They will either receive this appointment on discharge or it will be sent out by post. All patients are referred to the public health nurse for review of their wounds or for stitch removal. The patient will have usually a drain stitch on discharge where the chest drain was and this is due to be removed ten days post drain removal. We kindly ask our public health nurse colleagues to remove this stitch or if the public health nurse is not able to remove the stitch the GP practice nurse can remove this stitch. All our patients are referred to cardiac rehab locally and they are usually followed up cardiac rehab three months post their surgery to allow them to recover from their cardiac surgery. We educate our patients on their medications prior to discharge because some of their medications may have changed or they may have been commenced on new medications. So it's very important that our patients know the medications that they are taking.

**Julie:** That's great Jacinta. So a lot of planning even for discharge as well. So it really is a journey isn't it? But I suppose what level of support after discharge would you recommend for the patient once I've gotten home? What really should I be looking to do?

**Jacinta:** So when the patient goes home they are independent in caring for themselves. The level of care that a patient will need is that they have somebody doing the cooking for them, someone's doing the house cleaning and someone is doing the shopping because they may not feel like doing these things initially post-operatively. So it is advised to have someone at home with the patient especially for the first week post discharge. We do not discharge patients home who live alone. If they have no family support or no one to stay with we can organise convalescence locally. Where it is possible we encourage patients to go home because they best recover in their own environment.

**Julie:** That's great Jacinta. Thanks so much. Saleem we know that most of your hard work is internally and surgeons are very proud of the scars they leave behind but could you talk us through the wound care or what patients can expect externally?

**Saleem:** Yes thanks Julie. Actually wound care is actually pretty simple and straightforward. So other than the drain sutures that Jacinta mentioned there are no dressing and no other stitches that need to be removed. So on the main incision over the breastbone all the sutures are dissolvable so there's nothing to take out and there's no dressings when you go home. We always encourage patients to shower normally and just be a little bit mindful when they dry themselves to pat dry with a clean towel rather than rub. We don't really advise any cream or oils initially on the wound and it is important to keep an eye on the wound. Any concerns such as redness, swelling or any kind of discharge coming out from the wound then the patient should let us know because that would warrant a review. From the point of view of the breastbone for the first six weeks we would advise patients not to lift anything heavy to push or pull and there's no driving or flying for the first six weeks up until you see one of us back in clinic afterwards. It is important to avoid any heavy lifting because the breastbone takes a little bit longer to heal and any kind of heavy movement might lead to some form of dislodgement around the breastbone. It is important to avoid any heavy lifting especially in the first few weeks as the sternum is not fully healed yet. We would normally not advise you to return to work up until you are reviewed by us in clinic and depending on your profession some jobs you might need to take a little bit more time off to allow yourself to recover fully before you engage back in your work duties.

**Julie:** Great and just one quick burning question. Will those metal clips, that metal wire that you sewed the sternum back together, are they going to set me off in the airport? This is a question we get a lot.

**Saleem:** No, they don't ring up any alarms when you go through security because they have very, very little stainless steel so that never causes a problem. You don't need any special letter if you have to go through the airport or go through any metal scanners.

**Julie:** Well there, that's the truth straight from the horse's mouth so no more false ones. So Jacinta back to you then again with follow-up. What sort of follow-up can the patient and the family expect as they continue to recover on their journey?

**Jacinta:** So the patient will receive an outpatient appointment to return to see their cardiothoracic consultant usually six to eight weeks post-discharge. They will either receive this appointment on discharge or they will receive it in the post. At the clinic when they're reviewed by the consultant, they will have a chest x-ray performed. They will also have a physical review to ensure that they've recovered from the surgery and their wounds will be checked. If all is satisfactory the patient is discharged from our service to their cardiologist and a letter is sent to the referring cardiologist and to their GP detailing this. As I said previously, the patient is referred to a Cardiac Rehab locally and will usually commence Cardiac Rehab three months post-surgery.

**Julie:** That's brilliant Jacinta, thanks so much and thanks to everybody. We also have a special guest here, Dave, who's been waiting so patiently to tell us about his heart surgery

journey. So Dave, thanks so much for coming today. You've been waiting so patiently to listen to all these amazing health professionals talk the talk, but you've walked the walk so I suppose really we're interested to hear from your perspective, how actually was it to go through this surgery?

**Dave:** I found it okay. To go back to the beginning, where did it start from? I had some digestive problems I never had any cardiac symptoms and I'm a paramedic so I know what cardiac symptoms are but I didn't have cardiac symptoms but I went to the GP and asked him to send me for a scope test that I hadn't had for quite some time and while I was there I asked him to send me for a stress ECG just to make sure that everything was good. That showed up a problem, on to cardiology and they had a look and did the angio and discovered that some of the vessels weren't in great shape so referred on to surgery then and on to doctor Jahangeer. So yeah knew from about April that there was an issue knew I was due for surgery and went in for surgery then in July went in one day didn't realise until then that I was going to be shaved from neck to ankle, that was quite kind of a bit of a surprise and a bit kind of embarrassing but you know you get through it. Surgery the next day went ok, no big things there. I mean, I went through all the tests and all beforehand. Anything I needed explained, any questions I needed to ask, certainly where it were answered, but I had a fair idea, anyway, what was going to be involved. Post- surgery, yeah, there's, there's a bit of pain, but it's managed, there's plenty of pain relief available. You know, out of the bed the next day, which was great. Starting to move around and so on. And went home after about five, six days. So, I had support at home, had good support around me, because both my daughters are healthcare professionals anyway, and didn't need too much in the way of follow up on anybody else, in terms of public health or anything else, like that. Prior to surgery, I did exercise more, got out and cycled more, and improved my fitness, prior to surgery, which I think was a big bonus, I think it's well advised for everybody. And immediately, as soon as I could, afterwards, I started to exercise again and started to walk and that kind of thing. Went on to the cardiac rehab service, went through the whole thing with them, which is great, because it gives you that confidence that you can exercise, and that you can push yourself, that, you know, you're not going to suddenly drop dead or whatever else. And then once I was free of that cardiac rehab, there's actually another rehab class local to me, which I've been attending ever since. So I'm getting regular exercise ever since, in a good recovery, and yeah, it's all good.

**Julie:** That's great, Dave. So, like, well done. I mean, you had a sneaky little route in, actually, hadn't you? It wasn't your typical chest pain that brought you through the journey, which is interesting. I suppose a takeaway from that is you were proactive in your own health. You noticed a change, and you went to investigate it. And that happens a lot in healthcare. One small issue can lead on to another one and things can be found unintentionally. But great for you, very reassuring for other patients. You make it sound like a walk in the park, like it was quite straightforward, which is really, really good to hear, because that's what people want. I think when healthcare professionals lay it all out, they have to give you everything. They have to give you the complications. There's a lot of information. But for a patient that has been through it, like yourself, to kind of look back and say, everything was managed well, everything went straight forward, and the key being, support and exercise, pre and post, and attending the cardiac rehab, obviously, was the number one, the number one thing to get you back on track to give you that confidence and, as you

say, at the end of the day, you're a new man, new vessels. So there shouldn't be reason not to exercise, so it's brilliant. And after all of that, have you got any advice to give to anybody facing into this procedure or surgery?

**Dave:** I'd say, ask all the questions you can. Don't rush into things, get as much information about it as you can, or as you want. As I said, I had a reasonable knowledge of what was involved. I have a nephew that looked at the surgery on YouTube before I went in. I didn't do that because I didn't want to, but, you know, if that's what suits people. But it's, you know, it is, it's nerve-racking. It's big surgery. It's a big operation. And it takes time to recover. Probably didn't fully feel back to fully active or fully recovered for about a year. You know, you're pretty well recovered within three to six months, but certainly it takes a bit longer than that to get back to full health, I would say. But it's manageable. The information is there, the support is there. People will be nervous about it. I can't say I wasn't nervous, but I wasn't very nervous about it.

**Julie:** Okay, well, you're the calmest patient I've ever come across. So that's brilliant. It's a really good, a good recommendation as such that everything went so well for you, and that you took it as a very level headed and calm approach, which is great.

**Dave:** That's all you can do.

**Julie:** That's all you can do. We might recruit you yet, Dave. We need calm heads. So thanks for that story. That's brilliant. And hopefully it will help any listeners that are facing heart surgery. And just really the reality of, I suppose, from a healthcare professional's aspect of you have recovered, the wound has recovered, the sternum has recovered. They're giving you the clean bill of health, and we may say three months, six months. But in reality, for you to feel back to yourself, can take a bit longer and not to worry about that. That's a really good piece of advice. So back to our medical team then to finish up. Have you got any key takeaway points today from all of this?

**Lauren:** Yes. So my top tips for patients would be and this is picking up on some of what Dave has already said. So to be patient with yourself, don't be afraid to ask for help. Heart surgery is obviously a big deal and you will need the assistance of hospital staff initially and your loved ones once you go home. The second step is to move your body, and again, this will feel really difficult initially, particularly the day after your surgery when you're getting sat out in the bed and in the first few days. But the earlier you get moving, the faster your recovery will be. It also decreases your risk of blood clots, chest infections, and overall just helps you get your strength back. And we've already talked about the cardiac rehab a few months down the line, and that's really important. So to make sure to engage with the physiotherapists, both in the ICU, on the ward and after to guide you through the process. And finally, listen to your healthcare team. Some of our instructions may seem baffling and we've already discussed shaving from neck to ankle. There is reason for these instructions. So whether it's relating to the wound care, particularly the types of clothing we advise you to wear or the shoes or medication advice, everything that we say is to help you get better and to recover safely.

**Julie:** Which is great, and it's good to know that nobody relishes Dave for having to shave from head to toe, but it is important to understand there is a reason behind everything that they do, which is great. Thanks very much, everybody. And thanks to everybody here today on the 20th episode of Operation Preparation - Your heart surgery, and to all our special guests, Consultant Cardiothoracic Surgeon, Mr Saleem Jahangeer, Consultant Cardiothoracic Anaesthesiologist, doctor Lauren O'Callaghan, Advanced Nurse Practitioner, Jacinta Flynn, and cardiac patient Dave, the calmest patient we've ever come across. So stay tuned for the next episode on Your Lung Surgery.

**(Outro) Aislinn:** You have been listening to Operation Preparation, Pre-Anaesthetic Assessment Clinic podcast from St. James's Hospital, Dublin. Don't forget to subscribe and check out our website, links and abbreviation in our show notes to learn more about the topics we've covered today. If you have a question that you would like us to cover here, email us at [operationpreparation@stjames.ie](mailto:operationpreparation@stjames.ie). Thank you for listening. Until next time.