

Returning to fitness after a heart attack

A patient's guide

Returning to fitness after a heart attack

The first few days and weeks following your discharge from Papworth Hospital can be confusing and worrying for you and your family. This leaflet will help you to understand what has happened to your heart. It gives you an idea of what to expect over the next few weeks and also helps you to think about your recovery and how to get the best from life after your heart attack (myocardial infarction) and the stent procedure.

You may still have some questions and concerns after you have read this leaflet. Papworth Hospital has an advice line, which you may telephone between 9.00am and 4.30pm Monday to Friday.

If we are unable to answer personally, leave your details on an answer machine and we will contact you as soon as we can. The advice line number is 01480 364468.

For advice at other times, please ring NHS Direct on 111.

Please remember that in an emergency you should ring 999.

Don't forget to drop your discharge letter into your GP surgery straight away so that they are informed of your recent illness.

If you feel unwell, follow the advice on page 6 under the section '*What happens if you get more chest pain after going home?*'

If you still feel unwell, call an ambulance. If you need to visit your GP or go to your local hospital, please remember to take with you the complete discharge pack that you were given when you left Papworth Hospital.

You should make an appointment to see your GP in the first week following your discharge from Papworth Hospital, in order check your progress and review your medicines.

Cardiac rehabilitation

Whilst you were in hospital you will have received some information about cardiac rehabilitation. Your details will have been passed on to a specialist cardiac rehabilitation team who will contact you in the next few days after you have gone home.

Some people choose to go to a local cardiac rehabilitation programme and others prefer to return to Papworth Hospital. On the inside back page you will find the contact details for the cardiac rehabilitation teams. You will be given some information about the choices that are available to you.

Research studies have shown that people who attend cardiac rehabilitation after a heart attack are able to do more, feel more confident and lead a healthier lifestyle than those who do not attend. It is possible to improve how well your heart works and to reduce your risk of having another cardiac event.

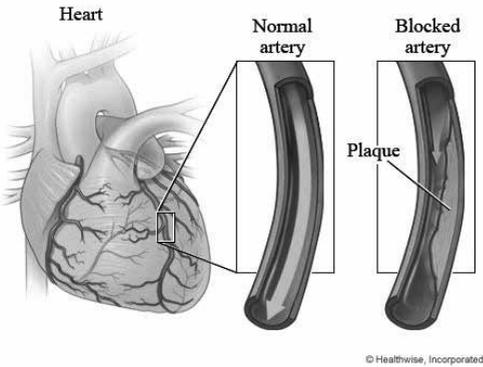
The rehabilitation staff will help you to continue with your recovery. They will help you to identify any relevant risk factors for heart disease, to enable you to adopt a healthy lifestyle and to get the most out of your procedure. You can follow a programme that is suitable for your own level of ability.

If you have any additional queries please telephone the Rehabilitation Team for information and advice (see page 16).

What is coronary artery disease?

The heart is a muscular organ which pumps blood around the body. In order to do this work effectively it needs a good supply of blood and oxygen itself. The heart receives its blood supply through blood vessels called coronary arteries.

Over time (usually many years) the coronary arteries can become narrowed by deposits called plaques. The plaques contain fat and cholesterol. They occur within the wall of the artery.



- Excess alcohol
- Prolonged stress

Risk factors you can't change:

- Age
- Family history
- Gender
- Your ethnic origin
- Diabetes (but you can improve it!)

Risk factors for coronary artery disease

Risk factors are things that we know make it more likely that you will develop coronary artery disease. Some risk factors are related to your lifestyle, so you can work towards changing them. Others are not possible to change, but your chances of having another cardiac event can be reduced greatly by following a healthier lifestyle.

The cardiac rehabilitation staff will help you to recognise your own risk factors and to make sensible plans to change them.

Risk factors you can change:

- Smoking
- Obesity
- High cholesterol level
- High blood pressure
- Lack of exercise

What is angina?

Angina is a term used to describe pain or heaviness in the chest, arm, shoulders or jaw. Sometimes the pain can occur elsewhere. It occurs if the heart muscle is not receiving enough oxygen because there is a narrowing in one of the arteries taking blood and oxygen to the heart muscle. If the artery relaxes and widens again, the blood will get through the narrowed artery and the pain is relieved.

Many people are given a Glyceryl Trinitrate (GTN) spray to use if they get angina, which acts quickly to relax and widen the artery. Angina pain is usually relieved by rest and GTN within a few minutes. It does not cause permanent damage to your heart.

Signs of angina pain

Heaviness or pressure around the chest. This may happen after increased activity.

- Heavy, aching pain in the back, shoulders, arms or jaw.
- Feeling unusually breathless after walking a short distance
- Waking up at night feeling very short of breath.
- Thumping or palpitations in the chest, especially if it makes you feel dizzy or light-headed.

If you have any of these feelings, you should rest.

If you have pain follow the guidelines opposite for using GTN.

How to use your GTN spray

GTN is a drug that acts very quickly to widen the coronary arteries, and to relieve the effects of angina.

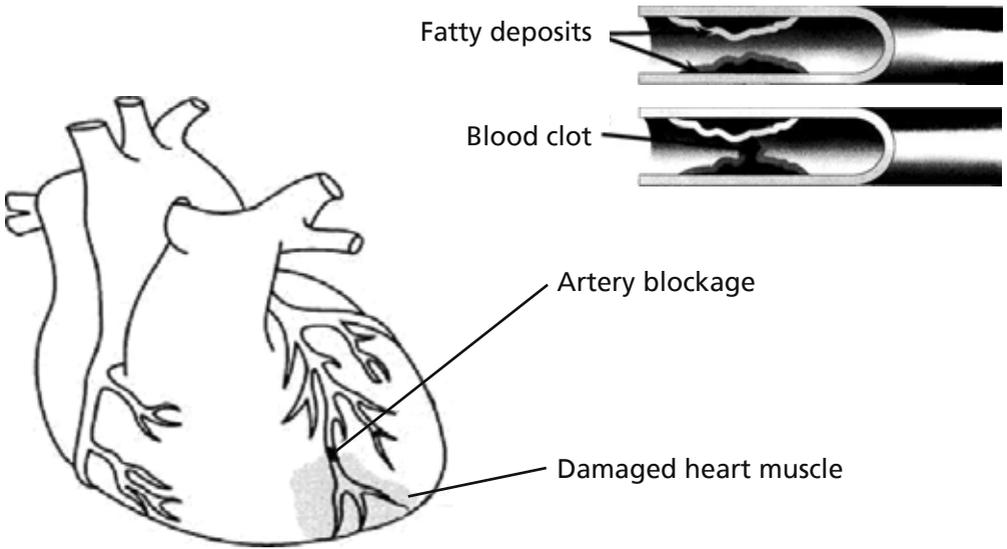
Follow the guidelines below:

- Always sit down and try to rest and relax.
- Spray the GTN once, under your tongue.
- Rest for five minutes.
- If the pain has not gone, repeat the GTN spray under your tongue.
- Rest for five minutes.
- If the pain has not gone, repeat the GTN spray under your tongue.

If at anytime you think you are having a heart attack or if you still have chest pain after 15 minutes, call 999 for an ambulance.

If your pain is relieved completely by the GTN spray, you should rest for 10 minutes before you carry on.

You should make an appointment to see your GP if you have not had angina before or if your angina feels worse or is more frequent.



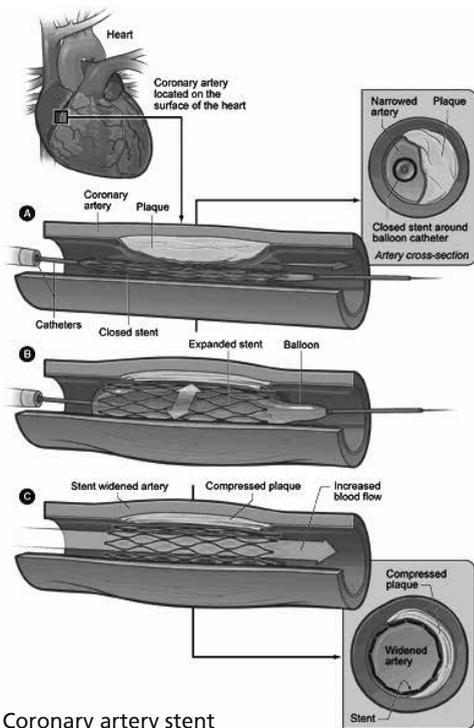
What is a heart attack?

A heart attack occurs if you develop a blood clot in one of the coronary arteries (blood vessels) that take blood and oxygen to the heart muscle. The blood clot usually occurs in an area within a coronary artery that is already narrowed by fatty deposits. This means that the blood vessel is completely blocked. Part of the heart muscle is starved of blood and oxygen, which often causes severe chest pain, like the pain that led to you coming into hospital.

Some people feel very sick and sweaty, and often appear very ill.

The pain caused by a heart attack is not relieved by rest and Glyceryl Trinitrate (GTN). The sooner you receive treatment to re-open the blocked artery, the sooner the blood flow is restored to the affected part of the heart muscle. If this is done very quickly, less heart muscle will be damaged, which increases your chance of a full recovery.

With good care, information and planning, you may even lead a healthier life than you had before.



Coronary artery stent

This removes the blood clot that may have been causing your heart attack and re-establishes blood flow to the affected area of heart muscle. This should relieve your pain immediately.

What happens to the stent after it is fitted?

The stent sits tightly against the wall of your artery. After a few weeks or months, your artery wall will grow to cover the metal mesh, so your artery will be held open permanently.

However, until this happens it is very important that you do your best to look after your stent, and your artery. You will be given some tablets (aspirin and clopidogrel) to prevent further blood clots from forming within the stent and elsewhere in your arteries. You should take these tablets as directed by your doctor.

What happens if you have chest pain after going home?

It is common for people to experience further pain in their chest in the first few days and weeks following a stent procedure.

What is a coronary stent?

A stent is a small metal tube made of open meshwork. It is placed through the narrowed or blocked part of your coronary artery that is causing your severe angina or heart attack.

The stent is inserted into the artery via a balloon. When the balloon is inflated, the stent widens to fit perfectly within your artery and the fatty deposits are squashed back against the wall of the artery.

This is because your artery has suffered some trauma and bruising, first from the blood clot, and then from the stent being fitted. You can have episodes of pain or discomfort as the stent settles into place.

This pain is usually quite different from that of angina. It is felt quite locally in the chest, and is often described as sharp or stabbing. This type of pain may be relieved by paracetamol.

It is also very common to be more aware of your heart beat, especially at night, and you may feel more tired than usual. These feelings are usually a normal part of getting over a heart attack, and should reduce over a couple of weeks.

Some people may experience further angina. This is because you may have other narrowings within other coronary arteries that were not treated at the time of the emergency care. Very occasionally there may be further problems with the stented artery, and this will require rapid treatment.

Medication

Most people take several tablets following a heart attack. You may have been given some of these medicines before.

Some of the medicines are only recommended for a short period of time. Others are recommended for life because they will help you to remain as fit as possible in the long-term, and to avoid any further problems with your heart.

Remember to order your repeat prescriptions in good time and do not stop taking any medicines without discussing it with your doctor first.

Some people occasionally experience side-effects from certain medicines but there are almost always alternatives available so let your doctor know if you are having problems. He or she can work with you to find a medicine that suits you better.

You should make an appointment to see your GP within one week of leaving Papworth Hospital, as it is

important for you to have your medicines reviewed and to make sure that you are taking the most appropriate doses.

Aspirin

This is called an anti-platelet drug. It helps to prevent platelets in your blood from sticking together and forming small clots. It is very important to prevent clots forming around the new stent.

Aspirin is taken once daily, after some food to help protect your stomach. Tell your GP if you get indigestion after taking aspirin. Another medicine may be prescribed to counteract this. You will need to take aspirin lifelong.

Clopidogrel

This is another anti-platelet drug and works together with aspirin to give the best possible cover. This may be prescribed for either one month or 12 months, depending on the type of stent used.

It is very important that you continue taking this drug as prescribed to prevent small clots forming around your

stent. Taking clopidogrel and aspirin will reduce the risk of a further heart attack.

Warfarin

You may already be taking warfarin in which case your consultant will probably want you to take aspirin and clopidogrel in addition to this. You will be advised about any extra monitoring needed for your warfarin levels.

Statin (eg simvastatin)

This medicine will help to reduce your cholesterol together with a healthy low fat diet. This is very important to help control further build up of fatty areas (plaques) which restrict blood flow in your coronary arteries.

It is very important for you to know what your cholesterol level is - ask your GP for the numbers. This will help you to monitor your own progress. As cholesterol is produced overnight in your body this medicine will work best when taken at night. You must avoid eating grapefruit or drinking grapefruit juice as this can alter the level of statin which may be

dangerous. If you experience any new muscle aches or tenderness, please consult your GP. You will need to take this medicine lifelong.

Beta Blockers (eg atenolol or bisoprolol)

This medicine will slow your heart rate, keeping it in a regular rhythm and at a safe level which will protect your heart. This will also help your heart to pump blood around your body more efficiently. Your blood pressure will also be reduced. These effects will reduce your risk of having a further heart attack.

ACE Inhibitors (angiotensin-converting enzyme inhibitor eg ramipril)

This medicine is used to reduce the workload for your heart by reducing your blood pressure. It is easier then for your heart muscle to pump blood around your body. It will also protect your heart. The dose of this medicine will be increased gradually by your GP. This will give you the best possible benefit from the medicine long-term so do not be concerned.

Some people develop an irritating cough. If you do, then do not stop taking this medicine but consult your GP who will prescribe an alternative.

GTN (Glyceryl Trinitrate)

Use of GTN has been described on page 4. Always keep your GTN with you in your pocket or bag. You can buy GTN spray or tablets over the counter at a pharmacy in an emergency. Always read the instructions and expiry dates.

Additional medicines

You may be prescribed other drugs in addition to these. For further information ask your pharmacist or GP. Please read the patient information leaflets inside your medicines packet for a complete list of side effects and information. Additional information can be found in the British Heart Foundation booklet 17. 'Medicines for the Heart'.

It is safe to take any supplementary alternative medicines?

If you are considering taking any supplementary alternative

medicines then consult your pharmacist before doing so as they may interact with your medicines prescribed by the GP.

It is a good idea to keep a copy of your prescription with you at all times.

Going home

You will be discharged home after a few days. This can be worrying for some people but remember that you will not be allowed home until your doctors have assessed that you are in a safe and stable condition.

You will need to care for your wrist/groin wound, as well as to think about your recovery from the heart attack.

Care of your wound

It is normal to have bruising around the wrist/groin in the area where the tubes were inserted in order to carry out your stent procedure. This is because a lot of drugs were used to thin the blood during the procedure. The bruising may look quite extensive but will fade over the next couple of weeks.

You should rest the arm/leg for a couple of days after you go home and you should elevate the leg when you are sitting. Follow the advice below about resuming activity gradually.

You may have a shower at home, or a tepid bath, but for the first week do not sit in a hot bath.

You may get some mild pain from the wrist/groin area. This should be relieved by Paracetamol. It is unusual to experience severe pain. If your arm/leg becomes very painful, hot to the touch or you develop a swelling that feels like an egg in the wrist/groin, you should contact your GP or go to your local hospital.

Remember to take all your discharge information from Papworth Hospital with you.

Getting back to normal activity

The following guidelines are suitable for most people who are making a straightforward recovery. They are not hard and fast rules. Do not push yourself faster than the guidelines. Listen to your body and do not

worry if you feel you are not progressing fast enough.

Things you should not do for four weeks:

- Drive the car (this is a DVLA directive). Your doctor will advise you if you may drive sooner.
- Travel long distances - even as a passenger.
- Ride your bike.
- Heavy lifting or other heavy physical activity.
- Vacuuming.
- Any DIY.
- Any sporting activity other than walking.
- Mow the lawn or cut hedges.

What you can do:

Week 1

- ✓ Potter around the house, sit or stroll in the garden if the weather is warm.
- ✓ If you go outside, do not walk up any hills.
- ✓ You may make light snacks, coffee and tea etc.
- ✓ You may peel vegetables sitting at a table.
- ✓ Make time for a nap after lunch and rest when your body tells you to.

- ✗ No heavy work such as vacuuming, making beds, hanging out washing or lifting.
- ✗ No driving, and limit journeys as a passenger to one or two local trips.

Week 2

- ✓ Walk for 10 minutes on the flat such as short trips to local shops or walks outdoors.
- ✓ Light housework such as making beds, washing up and preparing simple meals.
- ✓ Gradually increase your daily activities as you feel able, but still incorporate a rest during the daytime.

Weeks 3-4

- ✓ Increase your walking to 20 minutes a day.
- ✓ Light housework, such as tidying and dusting, hanging out washing, but rest after 20 minutes.
- ✓ Some light gardening, such as easy weeding or planting out. Bend from your knees rather than from the waist.
- ✓ Short social outings.

Weeks 5-6

- ✓ Visit your GP to ask about resuming driving. Inform your insurance company that you have had a heart attack.
- ✓ Increase your daily walking to 30 minutes if you feel able.
- ✓ General housework, including ironing and vacuuming, but rest after 30-40 minutes.
- ✓ Moderate garden work, such as lawn mowing, weeding and light hoeing, but rest after 30 minutes.
- ✓ Normal social activities.
- ✗ Still no heavy lifting.

Remember to take you GTN with you at all times.

Make sure you are warmly dressed and avoid cold winds. Avoid going out in very hot or very cold weather.

Travelling and transport

It is wise to stay fairly close to home for the first couple of weeks. If possible try to avoid going out and about on your own. Use familiar routes when going out. You can increase your journeys as your recovery continues.

If you have a mobile phone take it with you!

Travelling by car

It is a DVLA rule that you may not drive for four weeks after a heart attack. Very occasionally, some people are allowed to drive sooner than this. Do not do so unless your doctor has told you that you may.

- You must check with your GP before starting to drive again.
- You must inform your insurance company that you have had a heart attack, but you do not need to inform the DVLA.
- Begin with short, familiar journeys.
- If you ever develop chest pains when you are driving, you should stop. Follow the guidelines for use of

GTN. Contact your GP or Consultant when you arrive back home and discuss further driving.

If you hold a PSV or LGV licence you must not drive for three months. You must inform the DVLA that you have had a heart attack and they will ask you to take a special cardiac exercise test before they re-issue your licence.

Travelling by aeroplane

Following a heart attack you may travel short distances by air (ie less than three hours) from about 10 days after your discharge from hospital.

Ask your doctor or Cardiac Rehabilitation specialist for advice about when you may fly, but you should take short journeys by air (i.e. less than three hours) initially. Airline companies vary, so check with the airline and insurance conditions before you book. You will need to wait longer for long-distance flights.

- Inform the airline when you book your tickets.
- Make sure you have effective travel insurance.

- Always carry your medicines in your hand luggage.
- Drink plenty of water during the flight, and avoid alcohol until you arrive at your destination.

Planning holidays

Inform the travel agent when you book a holiday that you have had a heart attack. You will need effective travel insurance. The British Heart Foundation gives good advice about travel and car insurance companies via their website or by telephone.

The most stressful part of a holiday is often travelling so make sure you allow plenty of time. Do not lift heavy suitcases.

Always make sure you have a good supply of your medicines, and keep them in your hand luggage. Take a separate list of your medication names and doses with you.

Sex

Many people are anxious about resuming sexual activity. If you are worried, try to increase your confidence by being close and intimate with your partner.

Generally if you can comfortably climb two flights of stairs, you can resume sex. Do not force yourself to 'perform' and make sure your room is warm and comfortable. Try to relax and let your partner take a more active role at first.

You should not use Viagra, or any similar tablet such as Cialis or Levitra, if you are also using GTN spray or any other form of nitrate tablets.

Returning to work

Most people return to their usual job after a heart attack, and this can help you feel you are getting back to normal. Your doctor will give you guidance about when to return, but most people normally take at least six weeks off work.

You can use this time to recover and to put plans in place for

your future lifestyle. This is best done by attending your Cardiac Rehabilitation programme.

Talk to your employer as many are sympathetic and will arrange for you to return part-time at first. This can help you to avoid becoming too tired and having to travel in the rush hour. If you have been doing heavy manual work, see whether you can return to lighter duties at first.

If you are self-employed, seek advice from the local Citizen's Advice Bureau.

Why should you attend a cardiac rehabilitation programme?

The cardiac rehabilitation programme will help you and your family to:

- Gain more understanding about your heart condition.
- Gain support from specially trained staff.
- Meet other people with similar problems and concerns to yourself.
- Learn to make choices about improving your lifestyle.

- Improve your health and fitness.
- Above all, boost your confidence and allow you to feel that you can get on with the rest of your life!

The nurses at Papworth Hospital will refer you to the Rehabilitation staff at your local hospital. You will find their telephone number on the next page.

They will contact you to book an appointment to discuss your progress in more detail.

Useful contacts

Papworth Hospital Advice Line

01480 364468

British Heart Foundation Heart Information Line

08450 708070

www.bhf.org.uk

The British Cardiac Patients Association

01949 837070

www.bcpa.co.uk

NHS Smoking Helpline

0800 169 0 169

www.givingupsmoking.co.uk

NHS Direct

111

www.nhsdirect.nhs.uk

DVLA

0870 240 0009

www.dvla.gov.uk

Cardiac Rehabilitation Contact details within your area

Addenbrooke's Hospital	01223 216985
Bedford Hospital	01234 792618
Doddington Community Hospital	01354 644232
Princess Alexandra Hospital.....	01279 827548
James Paget Hospital	01493 452547
Norfolk and Norwich University Hospital	01603 286513
Papworth Hospital	01480 364429
Peterborough District Hospital	01733 874804
QEII Hospital King's Lynn	01553 613867
Suffolk Rehabilitation Services.....	01473 275211
West Suffolk Hospital.....	01284 713611
Ipswich Hospital	01473 702073

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