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Section 3 Your recovery

Your individual care plan will be assessed and supported by the health professional team during your recovery. Rest is initially encouraged followed by a gradual increase in your activity levels.

Clothing advice

Please wear underpants as soon as possible if you have any groin surgical wounds. If you are female, once the pacemaker and ECG leads are removed, you should wear a supportive non-wired bra at all times until the wound has healed. This will help reduce pressure on the chest wound. A front fastening bra may be easier to put on. If you feel discomfort however, try placing a surgical pad or some gauze underneath the bra.

We encourage you to get dressed after a few days as it can help you feel as though you are getting back to normal. At first lifting your arms

above your head can be a little uncomfortable and therefore it is best to wear shirts, blouses and tops which button down the front rather than 'T-shirt' style clothes.

Chest wound

In order to operate on the heart, an incision through the chest is needed. This involves cutting through the sternum (breastbone) lengthways (called a median sternotomy). At the end of your operation your breastbone is held together by a number of steel wires which usually remain in place for the rest of your life.

Your breastbone should have knitted together at about six to eight weeks after your heart surgery and will have fully healed by 12 weeks. It is important however, to remember that everyone's healing time can be different as it is affected by things such as:

- Your age;
- An underlying medical condition, for example diabetes or obesity;
- Your nutritional status;
- Your medication and
- If you smoke.

You should be guided by your individual surgeon's advice regarding how much weight and movement you can put through your arms and upper body during this time. In general, do not lift anything heavy or walk large dogs on a lead for the first six weeks after the operation.

Your chest wound will be approximately 12 to 18 cm (5 - 7 in) long. For the first few weeks you may notice a lump or swelling at the top of your chest wound. This should gradually disappear over several weeks. Likewise, it is not unusual to feel the edges of the breastbone 'grate' together. However frequent 'grating' or 'clicking' when moving, coughing or sneezing should be reported to a member of staff on the ward or your GP.

It is quite common after major heart surgery to have aches and pains in your back, neck, shoulders and in the front of your chest. This discomfort is due to stiffness in the muscles and ligaments that have been stretched during the operation. Do not confuse this with angina, which you may have had before the operation. The degree of pain is extremely variable and is often worse in the morning after waking, late at night and when moving arms and shoulders. It will improve with time, but may take up to

three months or even longer, sometimes up to six months. It is important that you take adequate pain relief.

When the internal mammary artery (see page 5 & 6) has been used for CABG surgery you may feel an ache or stabbing pain inside the chest especially when moving. The discomfort tends to occur in the same place each time. You may be aware of an area of numbness, tingling or discomfort on the outside of your chest, which can be temporary or remain permanent for some individuals.

Patients may also develop costochondritis (inflammation of the junctions where the upper ribs join with the cartilage that holds them to the breastbone) and have pain on coughing or movement to the side of the breastbone where the ribs join the costal cartilages. This can be treated with anti-inflammatory drugs and topical anti-inflammatory gel.

Physiotherapy

Physiotherapy is a very important part of your recovery. You will be assessed and treated by a physiotherapist the day after your operation. You will be encouraged to do breathing exercises and helped to get 'back on your feet' as appropriate for you.

Positioning and posture

When you are in bed or sitting in a chair it is important to be as upright as possible with your head supported and your shoulders relaxed. This will help you with your breathing and also help to relieve tension in your muscles. Also remember not to allow yourself to become round shouldered or 'stooped'. This could lead to poor long-term posture and discomfort.

Breathing exercises

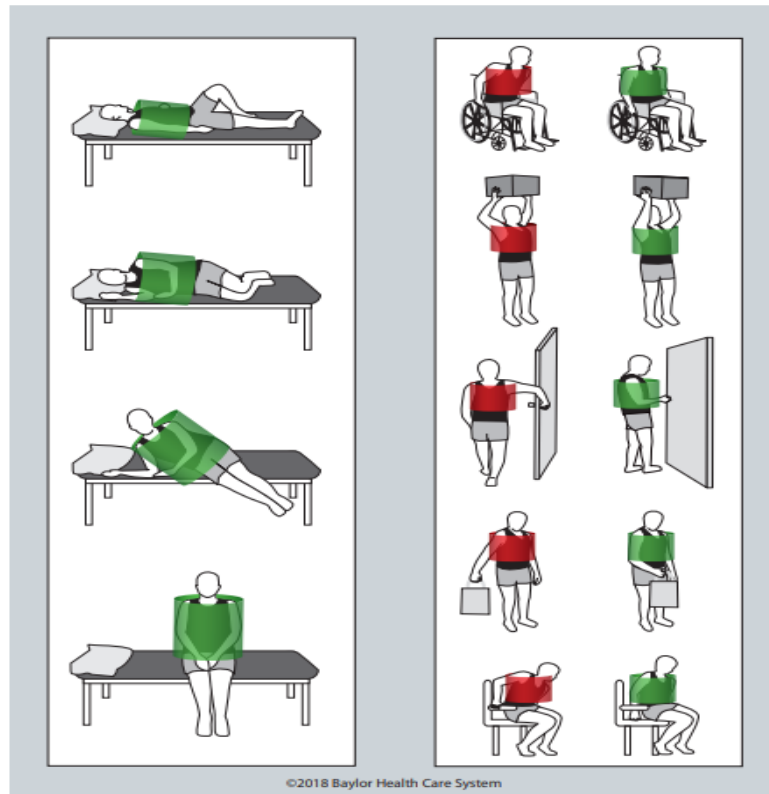
Breathing exercises help to prevent the development of chest infections after your operation. You may be given an incentive spirometer (IS) to encourage you to breathe deeply and assess how well your lungs inflate. It is very important for you to use this device before surgery, while you are in the hospital and when you go home.

Moving about

Your physiotherapist and nurses will encourage you to be independent in moving about and getting on and off the bed and chair as early as possible. You will find it less painful to move up and down the bed by shuffling your bottom from side to side. As pictured below, when getting

off the bed it is easier to roll onto your side first, swing your legs over the edge of the bed and then push up with your arms keeping your arms close to your body. Do the same in reverse for getting into the bed.

Keep Your Move in the Tube®



These simple drawings show you how to move
'in the tube' (green) rather than 'out of the tube' (red)

Arm and shoulder exercises

From day one after your operation your physiotherapist will teach you to do arm exercises to prevent stiffness in your shoulder joints. They should be carried out five times each, three times a day, until full pain-free movement is gained.

Sit or stand.

Lift alternate arms out in front of you and then up above your head.

Progress to raising both arms together with hands clasped as shown.

Breathe in as you raise your arms.

Breathe out as you lower them.



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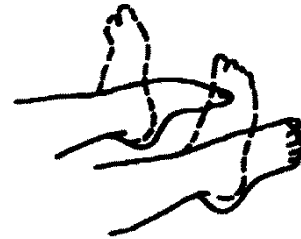
It is important in the early stages of recovery not to stretch or extend your arms out to the side or behind you too much. Your physiotherapist will show you how to correctly move generally keeping your upper arms

close to your body as if your arms are inside an imaginary tube within the trunk of your body. This is thought to lessen stress on your breastbone.

Foot and leg exercises

On the first day after your operation you are likely to sit out in a chair and be encouraged by your nurse or physiotherapist to 'march on the spot'. You will also be encouraged to bend and straighten your donor leg regularly in order to prevent stiffness.

Your physiotherapist will also teach you regular foot exercises. Lying on your back or sitting – bend and straighten your ankles.



These movements will help reduce the risk of blood clots forming and reduce swelling in your leg and ankle. Early movement of your leg will also help to reduce tightness and pain of the leg wound. You can help to reduce swelling in the leg by sitting with your leg up, knee fully supported by a pillow or chair, so that your foot is higher than your hip. This helps the fluid to drain away more easily. Also, do not sit with your legs crossed as this reduces the normal flow of blood in the veins.

On the second day after your operation, you are likely to start walking with help from your physiotherapist. If necessary, you can be given a walking aid to assist with your walking. Between the third and fourth day after your operation you will be encouraged to walk without supervision around the ward. Before you go home, if appropriate, your physiotherapist will make sure you can climb the stairs safely.

Leg wound

Most patients having CABG surgery will have a leg wound from where the vein used for the operation is taken. At first this will be covered with a tight bandage which will be removed on the second day. There are three main after-effects

- 1. Pain.** It is common to experience pain along the wound site, particularly if the wound crosses the knee joint or extends to the groin area. Gentle movement of the leg will help to ease this pain.
- 2. Numbness.** It is common to experience unusual sensations (pins and needles and numbness) along the leg wound. At the lower end of the wound there may be a small area which feels numb. This is because a small nerve, which runs to this area of the foot

and ankle, lies very near the veins and it often stops working after being disturbed. These sensations are likely to improve after a few months.

- 3. Swelling.** It is normal for swelling to occur in the ankle and leg from where the vein was removed during your surgery. Swelling is often present for about three months, until the other veins have taken over the job of the missing vein. Wearing compression (also called anti embolism or thrombo-embolus deterrent -TED) stockings can help to prevent fluid from accumulating in the tissues and reduce the risk of you developing a blood clot immediately after your surgery.

The need to wear compression stockings, for you as an individual, will be prescribed by your surgeon.

The nursing staff on the ward will advise, as appropriate, on:

- When you should wear them;
- The need for help to take them off every day to wash your legs and check the condition of your skin and then help put them back on;
- The length of time your consultant has advised you to continue wearing them, approximately six weeks in most cases;
- How to ensure they are pulled up correctly as areas where the stockings 'bunch up' could put pressure on the soft tissues in your legs.

Avoid sitting in one position for a long time or sitting with your legs crossed as this obstructs the blood supply to your legs. Elevate your foot and leg on a stool or while lying down on the arm of the sofa so that any excess fluid can drain away.

Physical after-effects of surgery

Below are some common immediate post-operative problems. They can be due to the surgery, the effects of the heart/lung bypass machine or the anaesthetic used during the operation. Most of these problems should settle during the first few weeks after your operation. Often having some knowledge of these after-effects and what they mean can help to lessen any anxiety you may feel if they occur.

- **Tiredness.** This is very common and may last for up to six weeks. Ensure you pace yourself with any activities you may do.
- **Sore throat and hoarse voice.** This is due to bruising of tissues by the tube in your throat.
- **Sweatiness.** Suddenly feeling hot and cold and having night sweats is normal. It is due to the temperature regulation of your body settling down again.
- **Change in sense of smell.** This should soon return to normal.
- **Reduced sense of taste.** Many people have a metallic taste in their mouths or find that all food tastes the same or is tasteless.
- **Poor appetite.** Try to eat something at each meal time and eat a small snack between meals. This is important for both nutrition and wound healing. Also drink water as advised by the nursing staff to prevent dehydration.
- **Indigestion and constipation.** These are common, as normal function of the gut slows down during surgery. Inform your nurse if you have a problem so they may give you something to help. It is important that you do not strain.
- **Visual disturbances.** You may have blurred vision, spots before your eyes and visual hallucinations. It is advisable to wait about three months before having your eyes tested.
- **Vivid dreams.** These are commonly experienced during the early days.
- **Thumping sensations.** Many patients experience a thumping noise in their ears or at the back of the head when lying flat or on

their left side. If this occurs, change your position. It will settle after a few weeks.

- **Fast Heart Rate.** You may feel your heart beating fast, irregularly or missing a beat, especially at night. Although very common after heart surgery (see heart rhythm changes on page 8 & 9) and is often a reaction to the heart being handled during surgery, it is important that you inform a member of staff. You may be attached to a monitor for a short time and will need to carry a portable transmitter with you. A fast heart rate is easily treated with medication (see page 33).

Wound care and healing

Your wound dressings will be checked daily and will normally be removed three days after your operation; if your surgical wounds are clean and dry then they will be left uncovered. If they are oozing, another dressing will be applied.

Dissolving stitches are used to sew the skin layers together. The skin begins to heal quickly and top layers are usually sufficiently healed within 48 hours. These layers continue to heal for a further six weeks or more. Over time the scar should shrink to a thin white line; occasionally it may remain red.

At first the nursing staff will help you to wash although you will be encouraged to become independent as soon as possible. After a couple of days the staff may assist you with having a shower to reduce the risk of infection. Then have a warm shower every day allowing the water to flow over the wound to keep your wounds clean and encourage healing. Use your hand to apply a mild shower gel rather than soap. Do not use flannels on wounds as they can harbour bacteria and cause infection.

Medication

Before surgery

A pharmacist or pharmacy technician will look at the medication you bring into hospital. This is to ensure that the appropriate pre-admission medication is prescribed during admission and on discharge.

After surgery

When you leave hospital you will be given at least one week's supply of medication to take home. Your nurse or ward pharmacist will explain how and why to take your tablets before you are discharged. You will be given a copy of the discharge prescription for your own records.

Your GP will prescribe your medication from there on. Continue to take your medication as prescribed until you are told otherwise, either at the out-patient clinic, or by your GP. If you have supplies of your medication at home and are unsure whether you are still to take them, ask your GP.

Following heart surgery, you will find that your medication will be altered. Angina medication such as Isosorbide Mononitrate and Nicorandil will be stopped.

However medicines for other medical conditions you have will normally be restarted following your operation. The doses of these medicines might have changed so please check carefully. If unsure, ask your nurse or ward pharmacist while in hospital or your GP after discharge.

A list of your medication is included in the discharge letter you will be given when you leave the hospital. Please refer to that list or to the '**Medicines changed**' section for further information.

Below you will find a list of medication that you might be started on before discharge, or that have been withheld before or during admission and have been restarted. You will take some medication for a short period of time (e.g. antibacterials, water tablets, pain relief, laxatives) while others will be long term. This will be indicated in the discharge letter in the medication list, under the **Number of days** section.

Pain Relief

E.g. Paracetamol, Dihydrocodeine, Codeine, Tramadol

Take your pain relief regularly as prescribed by your doctor, for as long as you have pain. This will help you to breathe deeply, cough, sleep, move around more comfortably and exercise.

Dihydrocodeine, codeine and tramadol commonly cause constipation. You may be prescribed regular laxatives to prevent and treat this.

Anti-platelet agents

E.g. Aspirin, Clopidogrel, Ticagrelor

Aspirin will normally be started, or restarted where applicable following heart surgery, although your dose may have changed. If you cannot take aspirin you will be prescribed clopidogrel. These medicines reduce the 'stickiness' of your blood and reduce the risk of clots forming in the new bypass grafts. It is recommended that you take them after a meal to prevent gastric irritation (heartburn).

If you have any urgent surgery following a heart attack, it is recommended that you are prescribed dual anti-platelet therapy for one year following the surgery to reduce the risk of further cardiac events. Variation in this protocol will be advised by your surgical team.

Lipid lowering medication

E.g. Simvastatin, Pravastatin, Atorvastatin

These medicines will normally be restarted following heart surgery. They help reduce the likelihood of your bypass grafts becoming narrowed or blocked, due to fatty deposits. Occasionally, the dose may be increased in order to achieve a lower cholesterol level. We recommend that you take them in the evening as this is when your body produces the most cholesterol and the level in your body is highest.

Blood pressure lowering medication

There are different categories of medication that will be used to control your blood pressure after heart surgery e.g. *Water tablets (diuretics), ACE inhibitors and others e.g. Doxazosin, Amlodipine*. Some of them will be newly started while others you might have been taking prior to your surgery.

These medicines may or may not be restarted in hospital after your operation. This will depend on your blood pressure. If they are restarted, it is often at a lower dose than before your heart surgery. Once you return home, your GP or practice nurse should check your blood pressure regularly. It may then be necessary for the GP to gradually increase the dose again.

Angiotensin-converting enzyme (ACE) inhibitors

E.g. Ramipril, Lisinopril, Perindopril

ACE inhibitors work in a complex way by stopping certain enzymes (proteins) working within the body. They are used to help the heart pump blood around the body by dilating (widening) your blood vessels. After surgery, using an ACE inhibitor can prevent your heart from weakening and has been shown to reduce the risk of you suffering a heart attack, whether or not you suffer from high blood pressure.

After starting on an ACE inhibitor some patients complain of a dry tickling cough. This is a possible side effect of the drug. We advise patients that they should continue taking the tablets. However, if the cough becomes troublesome your doctor may reduce the dose or stop the tablets and prescribe a suitable alternative. The alternative medication you might be prescribed is from a class of medicines called angiotensin II receptor antagonists, commonly called 'sartans'. They work the same as ACE inhibitors but do not cause the dry tickling cough side effect.

Medication to remove extra fluid from your body - (Diuretics or water tablets)

E.g. Furosemide, Bumetanide, Co-Amilorfruse

After surgery you may be started on a water tablet if you are retaining extra fluid. This may only be for a short while and the tablets might be stopped before your discharge or continued for a short while after discharge.

Water tablets should be taken in the morning. If you have to take them more than once a day, you should take the second dose before tea-time or you may find that you are waking up in the middle of the night to go to the toilet.

Medication to control heart rhythm

E.g. Bisoprolol, Amiodarone, Digoxin

It is possible that you may be started on a medicine to correct an irregular/fast heart beat (see page 8), which sometimes occurs after heart surgery. If you are prescribed amiodarone or digoxin, you will need some blood test monitoring by your GP so please make sure you attend the appointment when asked (see below section Follow-up with GP on page 36).

Medication to reduce amount of acid in the stomach

E.g. Lansoprazole, Omeprazole, Ranitidine

These are commonly started after surgery to protect your stomach. If you were not on this type of medication before your operation, it is normally reviewed at your follow-up appointment.



Anticoagulants

E.g. Warfarin, Acenocoumarol (Sinthrome)

These medication help to stop clots from forming in your blood vessels.

Warfarin and acenocoumarol are used in those individuals with irregular heartbeats, repaired or replaced heart valves and those who have had blood clots formed in their blood vessels.

If you are prescribed these anticoagulant medication you will be given counselling by the pharmacy team and a separate information booklet which you should refer to. Make sure you keep the booklet after discharge for future reference.

Warfarin and acenocoumarol are medication that need special blood monitoring called an International Normalised Ratio (INR). This will normally be done by an anticoagulant clinic or your GP. The INR is a blood test that measures the clotting or 'thinness' of your blood; the higher the INR the 'thinner' the blood. The doctors will decide what the target INR should be for each patient receiving warfarin or acenocoumarol. The dose of warfarin/acenocoumarol may change from day to day, but this is quite normal. You will only be allowed to go home

when your blood is 'thin enough' and the desired INR has been achieved.

The hospital normally supplies 1mg (brown) warfarin tablets. The doctors will prescribe your daily dose of warfarin in milligrams (mg). For example 4mg of warfarin is **four** brown warfarin tablets. The daily dose should be written in your yellow anticoagulant book up until the day you will have your next INR check. There is some important information in the front of the anticoagulant book that you must read. We recommend you carry your anticoagulant book with you. You must inform doctors, dentists and pharmacists about your anticoagulant treatment.

It is best to take your warfarin/acenocoumarol at the same time each day, **at tea-time**. If you forget to take your tablet at the usual time, but remember later the same day, you can take your dose.

However, if you remember the following day, **do not take the dose you have missed**, but do take the dose for that day as prescribed. Please make a note of any missed doses in your anticoagulant book. You will need to attend the anticoagulant clinic at your local hospital for regular blood tests. The staff on the ward will give you details of your first appointment. Your anticoagulant clinic appointments will be weekly to begin with. Once your dose is stabilised, your appointments will become less frequent. It is useful if you take a list of your medicines (such as a copy of your discharge prescription) with you to the clinic, especially on your first visit.

You may bleed more easily or bleed for longer whilst on anticoagulants. Seek medical attention if there is blood in your urine, stools, vomit or sputum. Avoid heavy or binge drinking of alcohol as this may increase the risk of bleeding.

Many medicines will interact with warfarin/acenocoumarol. They can increase its effect, making the blood even thinner or work against it and lead to a thickening of the blood (both of these things can have serious implications). For this reason, **ALWAYS** check first with a doctor or pharmacist before deciding to take any medicines that are not part of your usual regimen, such as those you may have purchased over the counter.

Despite the cautions highlighted, warfarin is an extremely valuable medicine for certain heart patients.

New other oral anticoagulants (NOAC)

E.g. Apixaban, Rivaroxaban, Edoxaban, Dabigatran

These medication are used in those individuals with irregular heartbeats, and those who have had blood clots formed in their blood vessels. They also thin the blood like warfarin, but they have the advantage of not needing INR monitoring.

Tablets need to be taken at the same times each day to have the best treatment effect. Single missed doses may disrupt effect. If you forget to take your tablet at the usual time, but remember later the same day, you can take your dose. However, if you remember the following day, **do not take the dose you have missed**, but do take the dose for that day as prescribed.

You may bleed more easily or bleed for longer whilst on anticoagulants. Seek medical attention if there is blood in your urine, stools, vomit or sputum. Avoid heavy or binge drinking of alcohol as this may increase risk of bleeding. Discuss with your pharmacist if you are requiring additional medication to treat minor ailments e.g. pains, colds.

The pharmacy team will provide a counselling session in which the above will be explained and a booklet containing the information will be handed to you. Make sure you keep it after discharge for future reference.

Please note you should NEVER take two oral anticoagulants together.

If you have previously been taking warfarin or a new oral anticoagulant, but have been started on another during admission, the anticoagulant taken before that should be stopped.

For further information and support with your medication contact your community pharmacist or call the Medicines Information Department at Wythenshawe Hospital on 0161 291 3331 between the hours of 09:00 – 17:00 hours Monday to Friday.

Going Home

You will be able to go home when your Doctor states you are medically fit. If you need a 'Statement for Fitness to Work' following your hospital stay, a member of the ward team will organise one for you.

When you go home a relative or friend will need to collect you from the ward or the discharge lounge. You will not be able to go home on public transport. If getting home is going to be a problem, please discuss this with the ward staff as soon as possible.

You will be given a discharge letter, a copy of which is also sent to your GP, with details of your surgeon, heart operation, recovery, medication and any further plan.

You must wear a seat belt as a passenger travelling home in the car. If you find it uncomfortable, try placing a small flat cushion or towel between the seat belt and your chest for protection. Also be aware of the airbag installations in the car; choose carefully where you sit and adjust the position of the seat accordingly.

Your follow-up

General Practitioner

Your General Practitioner (GP) is responsible for your care after you leave hospital. If you feel unwell or have any worries regarding your recovery contact your GP.

You should arrange to see your GP for a review of your medication. Your GP will advise which blood tests you may require and their frequency depending on the below medication you have been prescribed.

ACE inhibitor and angiotensin II receptor antagonist

- Kidney function and other blood electrolytes one week after each dose change and every one to six months when stable.

Amiodarone

- Thyroid function every six months.
- Liver function every six months.

- Kidney function and other blood electrolytes every six months.
- Lung function - only if needed.
- Eye test once a year.

Cholesterol lowering medication

- Liver function every six to 12 months.

Digoxin

- A digoxin level should be checked eight to ten days after every dose change or if it is suspected that the level may be high.

Diuretics (Water tablets)

- Kidney function and other blood electrolytes should be checked every one to two weeks after each dose change and every three to twelve months when stable.

Out-patient appointment

About six to eight weeks after your discharge you should be seen by your surgical team at either the centre where you had your operation or at your local hospital. Your doctor will assess how well you are recovering and change any medication or arrange to repeat any tests if necessary.

Note - if you have not received your appointment within six weeks post-discharge, call your surgeon's secretary via Wythenshawe Hospital's switchboard telephone number (0161) 998 7070.

First few days at home

For the first few days at home, you should rest and relax, following a similar routine and level of physical activity as the last few days in hospital. You may walk around the house and garden and can go up and downstairs as necessary.

During this time it is quite common for you to only want to see close friends and family. As receiving visitors can be tiring, ask them to stay for a short time only so you can enjoy their company without getting over-tired.

For the first few days and nights it is advisable to have somebody with you most of the time. You may get out and about and be driven to places as soon as you feel ready.

Sleep and rest

Depending on your individual case and recovery, it is normal to feel tired initially after leaving hospital. During this time it is important to rest when necessary and to get adequate sleep. It is sensible to rest for at least ten minutes after a meal or after having a shower.

It can take a few weeks to settle back into your normal sleep pattern. You can help yourself by going to bed at your usual time, and use as many pillows as you need to make yourself comfortable in your normal sleeping position. However due to the healing of your breastbone, it is best to avoid lying on your stomach for the first six weeks. If you wake up during the night and are finding it hard to go back to sleep, try getting up and moving around a little before settling down again.

Eat well

The healing wound needs nutrients to repair, and therefore you need to increase your dietary requirements in the short-term. Diabetic patients must ensure blood sugars are well controlled during this healing period as research has shown that poor glucose control is linked to delayed wound healing.

Dental care

Good dental hygiene is important before and after heart surgery. This helps prevent the risk of infection that could affect your heart, particularly after valve surgery. It is recommended that you have regular dental check-ups every six to twelve months.

Good hygiene

It is vitally important that you look after your wounds once you get home. Before and after touching your wounds, make sure you wash your hands to avoid contamination with unseen germs. Contact your ward nurse or GP if you notice any of the following symptoms:

- Increased pain – as the wounds heal your pain should decrease steadily.
- Any new leakage or discharge that the District Nurse is not already aware of, should be reported immediately.
- Increased redness or tenderness – the skin around the wound edges should not be swollen, inflamed or hot to touch.

Psychological effects for you and your family

After your heart surgery you may experience a feeling of being out of control of your life. This can sometimes feel overwhelming. It is a natural reaction to the stress of the event. When you return home and leave the safety of the hospital you may feel vulnerable and uncertain about your future and other aspects of your life.

A major part of your recovery is to regain confidence and control. Your family will often experience similar feelings. This can result in them being over protective and may lead to frustration and conflict. It is important to discuss any problems and share the information you have been given verbally as well as the written information in this booklet. It will help to relieve both your own and your family's concerns, as you start to return to your everyday activities and lead a healthier lifestyle.

When you attend a cardiac rehab programme you will have access to psychological support, should you need it.

Some common emotions that you may experience are

- **Anxiety.** This is quite common and may result in feelings of irritability or anger and loss of temper can sometimes result in tension, poor sleep, lack of energy and anxieties about minor aches and pains. There is also fear and frustration that you might not be making sufficient progress and a tendency to compare yourself with someone else. Try to avoid making comparisons as everyone is different and recovers at a different pace. It is important to think positively and remember that the aim of your heart surgery is to improve your quality of life.
- **Change in mood or emotion.** You may have days when you feel down, depressed, more emotional than usual and even tearful. This is a perfectly normal reaction to the release from the stress and anxiety that some people feel in the build up to coming into hospital. On other days you may feel on top of the world. It is possible for these feelings to recur now and again over the next 12 months. They will go with time, as you become stronger and more confident.

Lack of concentration and memory lapses. Many people find it difficult to concentrate when reading and often find they cannot remember simple things, for example their own telephone number. This

should improve over the first few weeks, but you may continue to be affected for six to 12 months, when you are tired or under stress.