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## **Section 4 – Your rehabilitation**

### **Cardiac rehabilitation**

#### **When do I start cardiac rehab?**

Following your heart surgery, cardiac rehab delivered by a team of health professionals is regarded by your surgeon as a vital part of your treatment.

Cardiac rehab normally starts when you are in hospital when a cardiology liaison nurse visits you on the ward. Referring to the information in this booklet, you will be given individual guidance to prepare you for going home. You will have the opportunity to discuss any specific concerns you or your relative or carer may have about getting back to your usual activities. We will also talk to you about the type of surgery you have had, as well as advise you on how to control or modify your medical risk factors (diabetes, high cholesterol and high blood pressure). We will discuss the appropriate lifestyle risk factors which you may need to change after your surgery such as unhealthy diet, excess alcohol intake, physical inactivity or resumption of smoking (see Section 5, pages 60 - 88 for detailed information).

Before your discharge from hospital you will be informed of your nearest outpatient cardiac rehab programme and will be given their contact

details. If you have not been contacted by your local team within one week of discharge, please contact them to confirm that your referral has been received. Depending on your individual case, you should be invited for an assessment appointment at your local cardiac rehab programme approximately four to six weeks following your discharge.

If you have any concerns about your cardiac rehab referral, you may contact the Cardiology Liaison Nurse Team at Wythenshawe Hospital on 0161 291 2679.

Any messages left may not be retrieved until the next working day. If you are unwell, please do not leave any messages on this extension, contact your GP, or in an emergency call 999 immediately.

Comprehensive cardiac rehab follows national standard guidelines is proven to benefit and improve your quality of life and can positively affect your long-term health. The list of cardiac rehab providers in the UK can be found at <https://www.cardiac-rehabilitation.net/>

For further information about the South Manchester Cardiac Rehabilitation service at Wythenshawe Hospital call 0161 291 2177 or email us at [cardiac.rehab@mft.nhs.uk](mailto:cardiac.rehab@mft.nhs.uk) and for the community programmes at Burnage Healthcare and Woodhouse Park Lifestyle Centres call (0161) 435 3531.

## What does a cardiac rehab programme involve?

### **An initial assessment appointment:**

- Gives you, and your partner or family member the opportunity to discuss any concerns;
- Helps identify areas in your life that may increase your risk of further heart problems;
- Identifies and agrees any goals you have regarding your recovery;
- Supports you in achieving your personal goals for recovery (hobbies, return to work, social activities etc.);
- Assesses your levels of anxiety and depression using the Hospital and Depression Scale (HADS) and quality of life (Dartmouth) questionnaires;
- Informs you about the various options within your local programme, for example you may attend for assessment and

advice only or attend a programme for several sessions or weeks.

## **Exercise sessions:**

- Agree a personal activity and exercise plan for you to follow, based on your needs and ability, either in a group setting or on an individual basis;
- Adapt exercises to you; you are encouraged to increase activity gradually under supervision at the sessions as well as at home
- Look at your specific goals and record your progress using a home physical activity diary (paper or digital).

## **Advice and education in cardiovascular disease:**

Topics may include:

- Risk factors of cardiovascular disease and skills for making lifestyle changes;
- Healthy eating;
- Benefits and effects of physical activity and exercise and recommendations for long-term physical activity and healthy living;
- Emotions and feelings;
- Relaxation techniques;
- Medication;
- Cardiopulmonary resuscitation (basic life support).

## **Other possible services available are:**

- Stress awareness and stress management,
- Other psychological support;
- Smoking cessation;
- Diet and weight management;
- Alcohol support services.

## **Returning to your physical activities and exercise**

While regular physical activity and exercise has been shown to help improve your heart health after surgery, it is understandable that you may be concerned about how much is alright for you to do when you go home. Be guided by the information in this booklet on how to move during the first six to eight weeks while your breastbone is knitting together. This is particularly important when you are doing activities involving the upper body.

Once you start your local cardiac rehab programme your team/s will advise you on the amount and type of physical activity and exercise you can do as well as how to progress your level of activity. You will be given individual guidance about the specific activities you may want to return to, or start anew.

## How much activity should I do?



Gradually regaining or improving your physical activity levels is a crucial part of your recovery. Following the guidance in this rehabilitation section, you should work within your own limits and try not to compare yourself to anyone else. Your energy levels should guide you in the amount of activity you do. It is very important that you listen to your body and during activities; take regular rest breaks even when you do not feel tired.

You should return to your normal activities in stages dependent on:

- The severity of your heart condition before your surgery;
- The type of surgery you have had;
- Your age;
- Your general health and usual level of mobility and fitness;
- Any other medical conditions you may have.

## Household chores and gardening

Below is a guide for gradually increasing your household chores, gardening and general activities over the weeks. Please be aware that everyone is different and progresses at a different rate.

It is important that you follow the below guidance:

- Remain in each stage until you can complete it comfortably.
- Only move onto the next stage when you feel ready.

- Don't miss a stage out regardless of how well you think you feel
- If you find a stage difficult, we recommend you repeat the stage until you are able to progress comfortably.

### **Stage One (1 – 2 weeks)**

Take things gently, strolling around the house.

Read, listen to music or watch television.

Make yourself a light snack.

Begin light activities, e.g. light dusting, set the table and prepare simple meals.

Washing-up, loading and unloading the dishwasher.

Tending indoor plants.

### **Stage Two (2 – 4 weeks)**

Increase activities to include light hand washing, ironing small items.

Begin activities outside (seated), such as light cutting and weeding.

Begin light social activities i.e. visiting friends or relatives when you feel ready.

Go to the supermarket and make short visits into town.

Be careful not to lift or carry anything heavy until you have been assessed at your local cardiac rehab programme

### **Stage Three (6 – 8 weeks)**

As you increase your chores, try to space activities throughout the day  
Machine washing, cooking, ironing and changing your bed linen (do not pull the bed out), sweeping, mopping floors, vacuuming (ask someone to carry the vacuum upstairs for you to avoid lifting or moving heavy objects)

Access public transport as usual

Normal supermarket shopping with small trolley, carrying small bags of groceries

### **Stage Four (8 – 10 weeks)**

Push babies/ children in a buggy

Progress to doing jobs involving more arm activity such as light digging, hoeing, raking leaves and mowing the lawn (powered mower)

Try to split a job into manageable chunks, for example, do a little, have a rest, then continue later or the next day.

## **Stage Five (from 12 weeks build up to heavier tasks)**

Lift baby/grandchild as able

Decorating, wash and polish car, clean windows, trim the hedges

Remember - take regular rest breaks even when you do not feel tired.

Avoid long periods of work with your arms above your head as this can raise your blood pressure and put extra strain on your heart. For example, use a hose rather than a watering can to water plants in high places.

Some people may see caring for the household and the family as mainly their responsibility. It is important not to feel guilty about leaving the housework for a while and letting others help you.

### **How do I rate my perceived exertion (effort)?**

When carrying out physical activity, the below scale can help you measure how hard you are working by you giving your 'effort or exertion' a score between 0 - 10. This will help to make sure you work at an appropriate intensity. Your perception of effort depends mainly on the strain and fatigue in your muscles and on your feeling of breathlessness or aches in the chest. For the first few weeks after your operation your activity should feel light (a score of 1 - 2). As your energy levels increase your exercise should feel moderate intensity (a score of 3 - 4). This scale or a similar one will be explained in more detail when you attend your cardiac rehab programme.



The correct guidelines are given below

No.	Intensity of effort experienced	Perception of how hard the activity feels to you
0	Nothing at all	No exertion at all
0.5	Extremely weak	Just noticeable
1	Very weak	No problem
2	Weak	Light/very easy to continue
3	Moderate	Comfortable to continue
4		Beginning to feel puffed
5	Strong	Heavy/feeling a bit puffed
6		Feeling puffed
7	Very strong	Tiring/You have to push yourself to continue
8		Very tiring
9		Out of breath/shattered
10	Extremely strong	Maximum – think of the hardest thing you have ever done and you could only sustain for 1 – 2 minutes

**Never continue to carry on** with any form of physical activity or exercise if you have any of the following symptoms

Chest discomfort or pain	Palpitations
Pain in your neck ,arm or jaw	Muscle cramps
Unexpected shortness of breath	Extreme or unusual fatigue
Dizziness, headaches or nausea	Feeling unwell

## How can exercise help my recovery?

### What type of physical activity is good for my heart?

Exercise is a structured physical activity that is planned with a purpose for improving health. The heart is a muscle, and like any other muscle, it needs physical activity to stay healthy. Regular moderate intensive exercise will improve the blood flow to the heart muscle and make the muscles of your skeleton more efficient. This is known as ‘aerobic activity’ and is the type of activity which is most beneficial for your heart. Aerobic activity is any repetitive, rhythmic activity, involving the large muscle groups in your body such as the legs, shoulders and arms. This



type of activity increases the body's demand for oxygen and helps to develop your stamina.

### What is the normal response to physical activity/exercise?

- Faster and stronger heart beat (pulse rate)
- Slight breathlessness
- Slight sweating
- Slight muscle ache approximately 36 hours after exercising
- Start to feel warm and flushed.

### Walking

Regular walking is an ideal form of exercise for your early recovery after you leave hospital. Walking is also a good choice of physical activity in the long term to improve and maintain your fitness.

Below is a guide for gradually increasing your walking however you should be aware that everyone improves at a different rate. It is important that you follow the guidance

- Remain in each stage until you can complete it comfortably
- Only move onto the next stage when you feel ready
- Don't miss a stage out regardless of how well you think you feel
- If you find a stage difficult, we recommend you repeat the stage until you are able to progress comfortably.

Stage of Recovery (approximate no. of week/s post discharge)	Length of Walk
One	Slowly increase the time you spend walking as you feel ready Climb stairs as necessary 5 minutes, several times during the day as a stroll
Two	10 minutes, a few times a day, leisurely pace
Three	15 minutes daily, leisurely/moderate pace
Four	20 minutes daily, moderate/brisk pace
Five	25 - 30 minutes daily, moderate/brisk pace
Six	At least 30 minutes or more daily, moderate/brisk pace
Target	30 - 45 minutes or more, brisk pace as able

## When may it not be a good idea to walk?

- Preferably better to go for your walk in the day time, rather than leaving it until the evening when you are likely to be tired.
- Try not to exercise immediately after eating a large meal; it is best to wait at least one hour before going out for your walk.
- Avoid exercising outdoors in really cold or windy weather as the heart has to work much harder in these conditions. In cold weather wear a hat, scarf and gloves and walk at a slower pace.
- In hot, humid weather go out for a walk at the cooler times of the day.
- Try to avoid exercising outdoors in areas of high levels of air pollution.



## Where and how should I walk?

- At first walk at a steady pace on firm, flat ground if possible.
- If you live in a hilly area it is best at first to travel by car to a flat park with level ground. As you progress, if possible walk uphill on the way out and downhill on the way home.
- Try to walk with a relative or friend as this will help you feel more confident and is also more fun. Sometimes, you can find markers or a start point within the area near your home, say a tree or a lamp-post, that you can walk to, with more distant markers as the days progress and your fitness improves.
- It is very important to gradually build up the pace during the first few minutes of the walk (warming up) to ensure your body and particularly your heart has a chance to adapt to the increase in physical activity. Likewise, it is important to gradually slow down

your pace (cooling down) during the last part of your walk rather than suddenly stopping when you reach home.

- You should always be able to walk and talk at the same time. You should feel warm and be breathing slightly heavier than normal. Feeling slightly short of breath whilst exercising is normal, but you should not feel exhausted.
- If you do too much one day, and you feel more tired and sore than previously rest the following day and then continue at a reduced level the next day until you feel happy to do more again. Listen to your body and on days when you feel less energetic, reduce the amount you do or walk at a slower speed.
- Be careful when walking a dog on a lead for the first six weeks at least while your breastbone is healing. Your dog may pull too much or want to walk at a faster pace than is comfortable for you.
- Set goals e.g. short term (two weeks) walk ten minutes twice a day e.g. long term, join a formal exercise class or walking group.
- A pedometer, phone app 'Map my walk' or 'Accupedo' or activity tracker device can be used to measure steps and distance.



The amount of walking you may undertake after your operation will depend on whether you are a regular walker. You should aim for at least 30 minutes of moderate intensity walking at least five times a week (150 minutes a week). If you are used to regular exercise you may progress much quicker than the time scales suggested above. Some people walk up to three or four miles a day following their surgery under the guidance of their cardiac rehab physiotherapist.

If you find it difficult to do a 30 minute continuous walk due to lack of time or other conditions that limit your physical ability, try doing three walks of 10 minutes during the day. It is also important to avoid long periods of time sitting. Even if you have limited energy levels, it is a good idea to stand up and move around every 30 minutes or so.

### **What else can I do if I can't walk, or the weather is bad?**

You could try some of the below exercises if you find it hard to walk or the weather is too bad for you to go out for your daily walk. As with walking, start slowly and build up gradually. To start with, try to do each exercise for about thirty seconds. Refer to the rating of perceived

exertion scale (see page 47) and do not allow yourself to become uncomfortably breathless.

### **Marching on the spot**

Standing as shown (or sitting on a chair).  
March briskly on the spot, raising your legs and swinging your arms gently.



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### **Sitting to standing**

Sit on a dining room type of chair.  
Use one hand to help you stand up from a chair as necessary and then sit down slowly on the chair.  
Stand up and sit down a few times.  
If you are strong enough, progress as shown to standing up from a chair (if safe to do so) with your arms crossed.  
Stand up and sit down a few times.



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### **Seated knee extension**

Sit on a chair.  
Pull your toes up, tighten your thigh muscle and straighten your knee. Hold approx. 3 - 5 sec and then slowly relax your leg. Repeat five times with each leg.



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### **Active hobbies and sports**

In most cases you may return to activities you previously enjoyed. If you were not physically active before your heart surgery you may now decide to take up a new enjoyable activity. When undertaking any activity, always start slowly and gradually build up. If one particular activity causes discomfort, it should be discontinued and replaced with another.

As with walking, it is important to remember that each person's progress with an activity will be different. It may depend upon whether it is a new hobby or sport for you, your rate of recovery after your illness and your previous level of fitness.

Once you have started the cardiac rehab exercise sessions at approximately five weeks after you leave hospital, your local team/s will give you more individual guidance about when you can start your specific activities. If you or your relatives have worries about you starting

or progressing with any physical activity, please speak to your cardiac rehab physiotherapist.

Some general advice is listed below for when you return to some popular activities:

**Static cycling** – may be started four to five weeks after discharge. Take care not to put too much weight through your arms until your breastbone is fully healed.

**Cycling** – start with short periods on the flat from eight to 10 weeks preferably not in heavy traffic. Increase in the same way as with your walking programme - your distance, speed and include hills when you feel able.

**Bowling** – start playing using lightwood bowls. Practice gently swinging your arm before you play. Gradually increase to playing with your usual weight of wood and to a full game by about 10 weeks.

**Dancing** – this is an excellent exercise and also a very sociable one but it is important not to return until you are able to keep up comfortably with the pace of the dancing and you can cope with the demands of a particular dance style.

### **When can I play golf?**

Start by walking the course and putting the ball and gradually build up to the full swing action to be able to play a few holes of golf by about twelve weeks post discharge. It may be useful to practice on the driving range before attempting a full game of golf. Take care when lifting your golf bag full of clubs. Initially you may need to carry less or use a trolley, preferably a powered one.

### **When can I go swimming?**

Swimming is a great form of exercise but not suitable for everyone. Talk to your cardiac rehab physiotherapist before you consider starting swimming. Your heart has to work much harder in water due to the effect of hydrostatic pressure pushing more blood back to your heart.

You should wait about twelve weeks after your discharge before returning to swimming to ensure the strenuous arm work needed during this activity does not affect the healing of your breastbone. In the same way as with walking the amount of swimming you may undertake will depend on whether you are a regular skilled swimmer. It is just as important to warm up and cool down when exercising in water as it is on land. Get into the water gradually and start by swimming widths in the



shallow end before you progress to swimming lengths. Due to the buoyancy of water, it is very easy to underestimate how hard you are working so it is a good idea to exercise at a lower level than you would out of water.

### **When can I return to racquet sports?**

Attend your local cardiac rehab exercise sessions to build up your fitness and stamina to return to these strenuous activities after at least 12 weeks post discharge. Avoid a high level of competition for up to six months. We generally advise against returning to play squash due to the stop/start nature of the game and the sudden bursts of high intensity.

For your guidance The Association of Chartered Physiotherapists in Cardiac Rehabilitation (ACPICR) have produced leaflets, regarding what you need to consider when returning to various sports and activities. Please ask a member of your local Cardiac Rehab Team for an appropriate handout when you have received verbal advice from your cardiac rehab physiotherapist.

We advise that you talk with your surgeon, GP or your cardiac rehab physiotherapist before you return to contact sports, such as rugby, or sports which are highly competitive (or of high intensity), which impose sudden severe loads on the heart, such as football, scuba diving, water skiing or body building.

Avoid sports and activities in the following circumstances

- Extremes of temperature
- For two hours after eating a large meal
- If you are feeling tired.

If you are unwell with a virus, cold or stomach infection, wait until at least two days after the symptoms have disappeared before returning to your chosen activity.

In the long term, certain activities including heavy lifting or pushing heavy weights require a degree of caution. If you are keen to undertake these activities you should discuss a suitable resistance (strength) training programme, for you as an individual with your cardiac rehab physiotherapist.



## Sexual activity

It is normal for you and your partner to have some concerns when resuming sexual activity. We usually advise that you wait at least four weeks after your discharge before you start having sex again. Talking to each other openly about how you feel, as well as cuddling, touching and caressing can help build self-confidence and help you return to your normal sexual relationship

Having sex will increase your heart rate (pulse) and blood pressure but no more than if you were to walk up two flights of stairs. You should be guided by how you are managing other physical activity and when you and your partner feel ready. Find a comfortable position that does not put too much pressure on your arms, shoulders and chest wound. You may want to suggest that your partner takes a more active role. Other practical tips are

- Avoid having sex after a heavy meal
- Avoid drinking too much alcohol
- Keep the bedroom at a comfortable temperature.

## Erectile dysfunction

Erectile dysfunction (ED), also known as impotence is the inability to get and/or maintain an erection good enough for satisfactory sexual activity. It is a common problem in men after CABG surgery; it happens particularly when the heart-lung bypass machine has been used as it can affect the function of certain hormones. Women can also experience a temporary loss of sex drive after surgery

It might be reassuring to know that erection problems are common. At least one in every ten men suffers with erection problems. Medical experts now know that physical ailments, many of those linked to growing older, such as heart disease, high blood pressure and diabetes are the most common causes of ED. However, most men with erection problems may have a mix of both physical and psychological causes.

Speak to your GP or a member of your Cardiac Rehab Team for advice, support and information if you have any questions about your heart-related sexual activity or are having problems with ED due to:

- Inadequate blood flow through the penis, similar to the effect in the coronary arteries
- Your medication such as beta-blockers

- Emotional stress.

If appropriate they will put you in touch with other professionals who will be able to help you find the underlying causes of ED and advise you about the various treatment options that are available.

Please note if you are using GTN tablets/spray, isosorbide mononitrate, isosorbide dinitrate or nicorandil you cannot use phosphodiesterase type 5 (PDE5) inhibitors which are the main medical treatment for ED. This is because the combination can cause dangerously low blood pressure. PDE5 inhibitors include Viagra (sildenafil), Cialis (tadalafil), Levitra (vardenafil) and Spedra (avanafil).

Do not worry about talking to your doctor or nurse about your sex life; they will want to help and will understand that it is important to you.

## Driving

We advise you wait about six weeks after your discharge before you start driving a car or motorcycle (Group 1). We generally prefer you wait until after your post discharge (about six to eight weeks) follow-up appointment with your surgical team. This is to allow time for your breastbone to heal properly and for your reactions, eyesight and concentration to return to normal.

If your post-operative follow-up at the hospital has been delayed, please check with your GP before you start driving. Remember that you need to feel comfortable enough to cope with sudden movements, as well as being able to do an emergency stop.

As a note of reference:

The Driver and Vehicle Licensing Agency (DVLA) guidance at

<https://www.gov.uk/health-conditions-and-driving>

states that after heart surgery 'you must not drive for at least four weeks.

Driving may resume after 4 weeks provided there is no other disqualifying

condition'. However, as stated above it is preferable to wait six to eight weeks.

You do not need to inform the DVLA of your operation, unless you have recurrent angina, attacks of dizziness or palpitations or have been advised to, by a health professional.

You must inform your insurance company of your particular operation, otherwise you may invalidate your insurance. This should not result in

any change to your policy. Some insurance companies do increase charges, so you may need to shop around to find an insurance company who will insure you with no increase to your normal premium.

If you have problems with your insurance company, there is a list of insurance companies that are sympathetic to those with heart problems, available from the British Heart Foundation at <https://www.bhf.org.uk/> or call 020 7554 0000.

When you first start driving avoid long journeys, driving in peak rush hour or in heavy traffic as this can be very stressful. Increase driving gradually in the same way as physical exercise starting with a short, quiet drive with a partner or friend until you feel more confident.

If you have a bus and lorry driving licence (Group 2) you must inform the DVLA of your surgery as soon as you are discharged. The DVLA will request medical information from your consultant which can take some time. Re-licensing may be considered, once you are able to meet the requirements of an exercise or other functional test, and you do not have any other disqualifying condition.

For more information you can visit [www.gov.uk/dvla-medical-enquiries](http://www.gov.uk/dvla-medical-enquiries) and follow the link to email DVLA.

Or call 0300 790 6806

Monday to Friday from 08:00 to 17:30 or Saturday, 08:00 to 13:00

or you can write to Drivers Medical Branch, DVLA, Swansea, SA99 1TU.

## Returning to work

Returning to work can be an important part of your rehabilitation process. Most people who want to return to work following heart surgery will be able to. Some return to the same job as before, some make changes to their workload or role, and some may choose to change jobs maybe to something less physically demanding.

Thoughts about returning to work can cause worry so where possible try to leave the decision of whether to return to your previous work until you feel recovered enough to consider the various options open to you.

When you return will depend upon your individual heart condition and recovery, the type of work you do and the amount of physical or emotional stress involved.

Discuss your individual circumstances with your surgeon, GP or Cardiac Rehab Team. Also keep in touch with your employer via their human resources and/ or occupational health departments if available. You may want to ask your employer if it would be possible to do lighter duties when you first go back. We also advise asking them to consider a phased return or reduced hours to begin with, and gradually increasing your hours.

Work includes both paid and unpaid work including child care commitments and/ or voluntary roles. Benefits that work can bring are

- Income
- Purpose and satisfaction
- Routine
- Increased self-esteem
- Reduced feelings of isolation and depression.

Attending your local cardiac rehab programme will help you to improve your fitness levels and help you to feel more confident about returning to work. Discuss any concerns you have as well as your individual work needs. Your Cardiac Rehab Team can help you prepare for your return to work by assisting you with a return plan which may open up different choices for you.

If you have a job where you sit for most of the day, you will be able to return to work sooner than someone with a manual job. Generally if you have a strenuous job we advise taking at least 12 weeks off to allow your breastbone to heal fully. If your job involves heavy lifting, it is important you seek the advice and guidance of your cardiac rehab physiotherapist in carrying out a suitable resistance (strength) training programme.

If your work is stressful for example or involves a lot of travel, now is a good time to seek advice and look at ways to help modify and manage any stress you may have been experiencing before your surgery. If available at your local programme, you could attend stress management sessions to learn techniques to help you deal with stress more efficiently.

For more detailed advice, order the BHF booklet 'Returning to work with a heart condition' by calling 0300 200 2222.

If a change of employment is suggested, the Disability Employment Adviser (DEA) at your local job centre can help you find a job or gain

new skills. Visit Jobcentre Plus at <https://www.gov.uk/contact-jobcentre-plus> for claims, appointments, help finding a job and finding your nearest Jobcentre Plus.

There may also be other services in your local area to advise you finding a job or you could look at <http://nationalcareersservice.direct.gov.uk> where you will find a database of careers.

## Money issues

### Who can I contact for help and advice?

You can call 0800 882 200 to speak to a Government Benefits Adviser or visit <https://www.gov.uk/benefits-adviser> to find information about benefits, disability advice, bus passes, blue parking badges. There are benefits that you may be entitled to whilst off sick and in work, particularly if you reduce your hours.

The Money Advice Service set up by the government offers free and impartial advice to help people manage their money. For more information you can visit <http://www.moneyadviceservice.org.uk> or call 0300 500 5000.

For further support and free advice regarding money issues, contact your local Citizens Advice Bureau or visit <http://www.citizensadvice.org.uk>

If you require large quantities of medicine or regular prescriptions, a prescription pre-payment certificate (PPC) could save you money. For information call 0300 330 1341 or visit <https://www.nhsbsa.nhs.uk/help-nhs-prescription-costs/prescription-prepayment-certificates>

## Holidays and flying

A holiday is a great chance to relax and unwind. A restful holiday in the UK may be taken after a couple of weeks at home, provided you are feeling well enough to travel. During a long journey, make sure you have frequent breaks, getting out of the car to stretch your legs.

If you are planning a flight or already have one booked for shortly after your operation, it is a good idea to check, if you will be ready to fly with your cardiac rehab, surgical team or GP.

As travelling can be tiring it is often better to wait to go aboard until you have recovered enough to manage normal daily activities, walk the



sometimes long distances from the check-in to the aircraft and cope with a change in climate.

If you are going aboard, check that you have adequate travel medical insurance cover, even if you are only going to Europe and already have an EHIC card. Depending on individual circumstances, some insurance companies require that you do not fly until you have been reviewed by your surgical team at about six to eight weeks after your discharge. Check your policy carefully.

The Civil Aviation Authority provides further guidance regarding fitness to fly at <https://www.caa.co.uk/Passengers/Before-you-fly/Am-I-fit-to-fly/>

When planning a trip it is important to prepare your holiday carefully so that you will be able to relax, enjoy and get maximum benefit from it. Here are some tips:

- Carefully plan how you will get there and back
- Allow plenty of time when travelling so you aren't rushing or feeling under pressure
- Avoid lifting and carrying heavy bags and suitcases – use the baggage trolleys available or request assistance at the airport
- Make sure that your accommodation is not on a steep hill so that walking to and from it will be comfortable for you
- Check local transport options and availability
- Take enough tablets and carry them in your hand-baggage
- Take a copy of your repeat prescription, in case you need to get more medication when you are away from home.

Generally, immediately after your heart surgery it is best to avoid planning holidays in countries which are very hot or very cold, or places of high altitude. In hot sunny weather protect your scar/s with a sun block, and be aware you will tire more easily so reduce the intensity of your daily physical activity.

Long journeys can increase the risk of a deep vein thrombosis (DVT) or blood clot developing in one of the veins in your calf. On a long haul flight make sure you get up and walk down the aisle frequently. For further information see the leaflet 'Travel and your heart' available from the British Heart Foundation <https://www.bhf.org.uk/> or call 020 7554 0000 for a paper copy.