

Addressograph

Name:

Date of birth:

Hosp No:

NHS No:

# Cardiac surgery medicines

A patient's guide

Medicine name	Date last dose to be taken

### **Why do pharmacists take a drug history from you?**

Our pharmacists have a detailed knowledge of medicines used for heart and non-heart conditions and can assist medical staff to get a complete picture of all the medication you are taking.

During your visit to the Cardiac Pre-admission Clinic a pharmacist will review your current medication with you and write the medication on your in-patient prescription chart in advance of your surgery.

When you return to hospital for your surgery the doctor who admits you will double check that these medicines are still being taken. Please tell the doctor if there have been any changes since you attended the pre-admission clinic.

### **Why do pharmacists take an allergy history from you?**

We need to find out which medicines you are truly allergic to. For example, penicillin in the past may have caused a whole body rash or difficulty in breathing.

We would also like to know if you have a sensitivity to a medicine i.e. suffered side effects, such as a headache, that made you unable to tolerate any further treatment with that particular medicine.

It is useful to know about these reactions so that we can avoid the same medicine being prescribed again.

We will ask you about other allergies e.g. plasters, latex gloves, food and metal contact allergies.

If you are given a red wristband to wear this shows all hospital staff you have an allergy.

### **Herbal preparations and 'over the counter' remedies**

It is important that you tell us all the medication you are taking regularly including herbal preparations, homeopathic remedies and 'over the counter' medicines.

This is because sometimes these products may interact with the medicines you will be taking whilst in hospital.

We ask you to stop taking herbal preparations and supplements, such as fish oils and glucosamine, two weeks before the operation since they may have an effect on the blood clotting process during surgery.

If you require any new 'over the counter' medicines before your admission, please let your local community pharmacist know you are coming in for an operation so that they can make sure the medicine is suitable to take before surgery.

### **Medicines to stop before surgery**

The pharmacist will provide you with a list of medicines to stop before your surgery. Most patients are asked to stop aspirin and clopidogrel seven days before surgery. This is because they can interfere with the blood clotting process.

If you are having a coronary artery by-pass operation your aspirin will be restarted after your operation.

If you are having valve surgery you will receive either aspirin or warfarin depending on the type of valve fitted. If you have not taken warfarin before then a member of the pharmacy team will see you on the ward a few days after the operation to discuss warfarin therapy with you.

If you have been on warfarin before your operation, you will be asked to stop four days before surgery. If you are taking warfarin for an existing mechanical valve then an alternative to warfarin may be given, this will be arranged in the pre-admission clinic.

### **Guidance for patients arriving on the day of cardiac surgery**

If you are arriving on the morning of your surgery the pharmacist will inform you of any medicines that need to be omitted that morning.

All other morning medication should be taken with a light breakfast (e.g. tea and toast) before 6:00am.

### **Guidance for diabetic patients**

If you have been taking tablets to control your diabetes the pharmacist will discuss these with you individually. You may be required to stop certain tablets 48 hours before your surgery.

You will NOT be given any of your own anti-diabetic medication on the morning of surgery - but may receive insulin depending on your blood glucose levels prior to theatre. Most diabetics require insulin by intravenous infusion in theatre and subsequently on the Cardiac Recovery Unit.

Once you are back on the ward and are eating and drinking, your usual diabetic medication will be reinstated.

### **Information on pain control**

Immediately after your surgery you will be given morphine through a drip into your veins. This is to ensure that you are kept comfortable and any pain is well controlled. This will be stopped once you reach the ward and are able to take fluids and begin eating. You can then take medication by mouth.

The medicines we usually use are regular doses of paracetamol, and a stronger painkiller such as dihydrocodeine or tramadol as required.

Every patient's response to painkillers is different. It is important that you tell us if they are not very effective or you are experiencing side effects. There are alternative medicines available, which can be used in these situations.

You are the best judge of any discomfort you may have and it is important to tell your nurse straight away if you are in pain. The painkillers are more effective if we give them early rather than wait for the pain to become established.

The stronger painkillers may cause constipation. For this reason you will be prescribed laxative preparations. Please ask for a laxative if you are affected by constipation as it is important your bowels are working before you are discharged home.

Some patients also experience nausea, again please let us know so that we can provide you with medication to prevent this.

When you are discharged we will give you a supply of painkillers and laxatives to take home. We will also give you anti-sickness medication if required.

### **Your regular medication**

On admission to hospital we would like you to bring all your current medicines in the green plastic bag given to you at the pre-admission clinic. These medicines should be in the original boxes supplied from your Pharmacy as these have labels with your name and dosing instructions on them.

Please include any medication we have asked you to stop prior to your operation e.g. aspirin, warfarin, diabetic medication. If you have been taking warfarin please bring your yellow anticoagulant record book or print out with you.

Ensure that there are sufficient supplies of non-cardiac medicines or any other items that you have been prescribed. The average length of stay is five to seven days, therefore a two or three week supply of these medicines would be sufficient.

### **On admission**

Please hand your green bag of medicines to the nurse looking after you on admission. Your medicines will be locked away safely in a medicines cupboard by your bed. Notify the nurse if you have brought in any controlled drugs (morphine, temazepam, fentanyl patches, methadone etc.) or medicines that need storing in the fridge.

A pharmacist will review your prescription chart every day to ensure that you are on the appropriate medicines at the appropriate doses and frequencies.

### **Administration of medicines**

Before the nurses give you your medicines they will need to confirm your identity. This is usually done by checking your hospital ID bracelet or asking you your date of birth.

The nurses will also ask if you are allergic to any medicines. Your medicines will be handed to you in a small cup. If these medicines look different to your usual medicine, please ask the nurse to explain what the medicines are and why you are being given them.

Sometimes medicines dispensed in hospital look different because we use a different or generic brand of the same medicine that you were previously taking. However, it is best to check and confirm this.

### **Information about your medicines**

Your doctor, nurse or pharmacist can explain to you what has been written on your prescription chart.

Remind your doctor to tell you the names of any new medicine that they prescribe and the reason why you are taking them.

The more you know about your medicines the better, as you can then be sure that you are taking it correctly and for the right reasons.

## Supply of medicines on discharge

The hospital pharmacy will ensure that you have a minimum of seven days supply of medication on discharge. A member of the pharmacy team, or your nurse, will talk through the medicines you are to take home with you, and answer any questions you may have.

In the paperwork your nurse gives you on discharge from hospital there is a letter for your GP which includes details of any changes that have been made to your medicines. Please drop this into your surgery at the first available opportunity.

You may also be given a

Patient Medication Record Card (see below), which details all medicines you need to take. This can be shown to your GP, other hospital doctors, dentist or pharmacist to inform them of your current medicines.

Papworth Hospital **NHS**  
NHS Foundation Trust

Pharmacy Department  
Your Medicines

Name: \_\_\_\_\_

NHS No: \_\_\_\_\_

Hospital No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GP: \_\_\_\_\_

Tel No: \_\_\_\_\_

**Carry this card with you at all times**

- Show it to any doctor or dentist who sees you.
- Show it to the pharmacist when you have your prescription dispensed or when you buy any medicines.
- Bring this card with you every time you attend a hospital.

	Medicine (Approved Name)	Dose	When to take them					Additional Information	What are they for?
			Breakfast	Midday Meal	Evening Meal	Bedtime	Other		
A									
B									
C									
D									
E									
F									
G									
H									

Please show your Patient Medication Record Card when buying any medicines, herbal remedies or vitamin preparations from your local community pharmacy or health food shop.

Once at home, you may find that you run out of painkillers, (depending on how many you need to take each day), before all of your other medication. It is important to take painkillers if you require them and not to wean yourself off them too quickly. Please ask your GP for a further supply if you need them.

When reducing your pain killers it is a good idea to reduce from two tablets of your stronger pain killer to one tablet initially. Stop middle of the day doses first, then the morning and evening doses. Use the same process to reduce from one tablet to zero. Once you no longer require the stronger pain killer you can stop your paracetamol in the same way:

Breakfast	Lunch	Evening meal	Bedtime
2	2	2	2
2	1	1	2
1	1	1	1
1	0	0	1
0	0	0	0

**How to reduce your pain killers from two tablets four times a day to zero.**



You can buy paracetamol and senna tablets from your local pharmacy if you wish, but the stronger painkillers and anti-sickness tablets are only available on prescription.

If the laxatives supplied do not relieve your constipation, you should see your local community pharmacist or GP for an alternative preparation.

### **Medicines review at the out-patient clinic after discharge**

Some of the medicines you have been prescribed on discharge from hospital may be reviewed at your first out-patient appointment after surgery.

It is helpful if you can bring your Patient Medication Record Card with you.

Any new medication started after discharge from Hospital should be added to the record card by your GP or local community pharmacist.

### **Pharmacy Medicines Helpline 01480 364739**

Although we discuss your medicines with you on discharge, we realise queries about these medicines may arise once you have returned home. For this reason we have a medicines helpline.

Please leave a message on our answer phone. We check for messages regularly throughout the day (9:00am - 5:00pm Monday to Friday) and aim to reply to you within one working day. Please have all the relevant information to hand before you phone.

The voicemail message is as follows: "Thank you for calling the Papworth Hospital Medicines Helpline. This service is for non-urgent calls only and is in operation Monday to Friday between 9:00am and 5:00pm.

Please leave your name, hospital number, the ward or clinic where you have been treated, and details of your enquiry.

Please also leave your contact telephone number and a member of pharmacy staff will respond to your call by the end of the working day.”

The telephone number can also be found on the back of the Patient Medication Record Card.

Please note this service is specifically for questions regarding medication. Any other queries should be directed to the Cardiac Support Nurses on 01480 364100.

## **Contacts**

### **Pharmacy Medicines Helpline**

01480 364739

Monday to Friday 9:00am  
- 5:00pm for non-urgent  
medicines enquiries.

### **Other sources of information on medicines**

- NHS Direct  
0845 4647  
[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)
- Your Community Pharmacy
- Your GP Practice

### **Remember**

- Never offer your medicines to someone else
- Do not take expired medicines
- Keep medicines in their original labelled container
- Keep all medicines out of reach of children



**Papworth Hospital NHS Foundation Trust**  
Papworth Everard, Cambridge, CB23 3RE

Tel: 01480 830541

Fax: 01480 831315

[www.papworthhospital.nhs.uk](http://www.papworthhospital.nhs.uk)

A member of Cambridge University Health Partners



**SMOKEFREE**

Papworth Hospital is a smokefree site



Keep in touch with Papworth Hospital and receive a quarterly newsletter. Join our membership free of charge at [www.papworthmembership.com](http://www.papworthmembership.com)

Tel: 01480 364240

Author ID: Pharmacist  
Department: Pharmacy  
Reprinted: April 2015  
Review due: April 2018  
Version: 6  
Leaflet number: PI 36

© Papworth Hospital NHS Foundation Trust

Large print copies and alternative language versions of this leaflet can be made available on request.