



Royal Papworth Hospital
NHS Foundation Trust

Returning to fitness after a coronary stent procedure

A patient's guide

Returning to fitness after a coronary stent procedure

The first few days and weeks following your discharge from Royal 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 coronary stent procedure.

You may still have some questions and concerns after you have read this leaflet. Royal Papworth Hospital has an advice line, which you may telephone between 8.30am 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.

Please remember that in an emergency you should ring 999.

For advice at other times, please call the NHS 111 service.

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

If you need to visit your GP or go to your local hospital, please remember to take with you the complete discharge paperwork that you were given when you left Royal Papworth Hospital.

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 local 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 Royal 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.

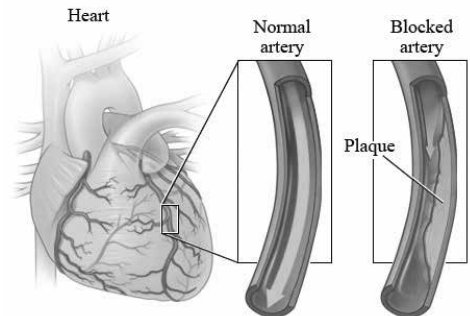
Research studies have shown that people who attend cardiac rehabilitation are able to do more, feel more confident and lead a healthier lifestyle than those who do not attend. It is possible to improve how well your heart works and to reduce your risk of having another cardiac event.

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 fitness.

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. This process is called atherosclerosis.



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
- Excess alcohol
- Prolonged stress

Risk factors you can't change

- Age
- Family history
- Gender
- Your ethnic origin
- Diabetes

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 the pain continues after 5 minutes resting, use your GTN.

How to use your GTN spray

- Always sit down and try to rest and relax
- Spray the GTN as directed, 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 you still have pain after two sprays (ie 10 minutes), dial 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.

What is a coronary stent?

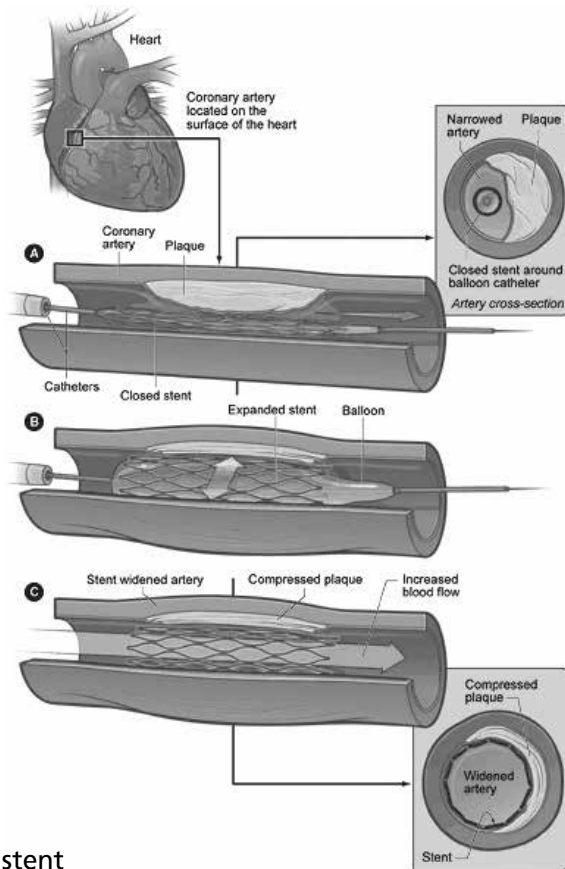
A stent is a small metal tube made of open meshwork. It is placed through the narrowed part of your coronary artery that is causing your angina.

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 improves blood flow to the affected area of heart muscle.

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.

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 / ticagrelor) to prevent blood clots from forming within the stent and elsewhere in your arteries. You should take these tablets as directed by your doctor.



Coronary artery stent

What happens if you have more chest pain after going home?

It is common for people to experience further discomfort in their chest in the first few days and weeks following a stent procedure. This is because your artery has suffered some trauma and bruising 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.

Medication

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

Your cardiac rehabilitation team will discuss your medications and their benefits with you.

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 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 / Ticagrelor

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.

Statin (eg atorvastatin)

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 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.

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. 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 above. 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.

Is it 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 soon after a stent procedure. You will be able to go home when your doctors are sure that you are in a safe and stable condition.

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 leg/arm 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 area. This should be relieved by paracetamol. It is unusual to experience severe pain. If your leg/arm becomes very painful, hot to the touch or you develop a swelling that feels like an egg, you should contact your GP or go to your local hospital.

Remember to take all your Discharge Information from Royal Papworth Hospital with you.

Getting back to normal activity

During the first week you should not do the following:

- Drive the car (this is a DVLA directive).
- Travel long distances - even as a passenger
- Ride your bike
- Heavy lifting or other heavy physical activity
- Vacuuming
- Any DIY
- Any sporting activity, including swimming, other than walking

What you can do in the first week

- For the first two days you should get up as normal, but do get as much rest as possible at home. This is to allow your wound to heal, and also to allow your coronary artery to begin to recover from the stent procedure.
- Gradually start to increase your activity after this.
- Walking is ideal. Start at a comfortable pace and only walk for 20 minutes initially.
- Slowly increase the time you spend walking as much as you are able.

- Do not do heavy work at home.
- You may cook and prepare meals but avoid standing for longer than 20 minutes. Remember to plan healthy meals and think about increasing your fruit and vegetable intake, and avoid fatty foods.

What you can do in the second week

- You can continue daily walking and gradually increase the distance and time as you feel able.
- Please speak to your cardiac rehabilitation team before resuming more strenuous activities or exercise.
- Gradually start to resume more household activities.

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 week or two. It is a good idea to arrange to reduce your hours for the first week back at work, so that you do not become over tired and to avoid travelling 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!

Many cardiac rehabilitation programmes can be carried out at home, at a time that you can arrange to suit yourself. This can be very helpful if you have work or family commitments.

You will need to make one hospital visit for a full assessment prior to starting your programme. The cardiac rehabilitation team will then arrange regular telephone follow up to help you to progress and to give you further support and advice.

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 111 service

111

www.nhs.uk/111

DVLA

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 452574
Norfolk and Norwich University Hospital.....	01603 286513
Royal Papworth Hospital	01480 364429
Peterborough City Hospital	01733 673785
QEII Hospital King's Lynn	01553 613867
Suffolk Rehabilitation Services.....	01473 275211
West Suffolk Hospital.....	01284 713611
Ipswich Hospital	01473 702073
Dereham	01263710585

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