

# Looking after your heart

## Cardiac Rehabilitation Medicine

**Scunthorpe General Hospital  
Goole District Hospital**

**This leaflet has been designed to help you and your family with answers to some common questions and give you practical advice to help get back to living a full life**

## Introduction

This booklet has been compiled to answer any questions you might have and reassure you and your family.

The reason for admission to hospital is to enhance your recovery and avoid complications by prompt intervention in an environment of intensive monitoring and care.

The final objective is to restore you, regardless of your age, to as near normal a life-style as possible, accepting however that some adjustments might be necessary with due regard to both physical and psychological aspects.

Rehabilitation should commence at the time of admission to hospital and pursue a planned programme. This booklet hopes to provide you with an explanation of events and offer advice which you might find helpful.

## Main Section

When a heart condition is diagnosed, normal existence is rudely shattered. Suddenly there are so many questions to be answered: What happens now? Can it be treated? Does it require an operation? Will I be able to continue working - or am I on my way to becoming a permanent invalid? There are new emotions to be faced; the panic-type fear every time the pain strikes and brings you to a panting halt; the anxiety of suddenly not being in full control of your life and your future; the anger that all this is happening to you. Your family will have questions and anxieties too. Like you, they want to understand what is happening to you and to be reassured that everything will be all right.

Joining a Cardiac Rehabilitation Programme will help you discover that other people experience the same things.

## The Heart

Your heart is a mechanical pump made up of very powerful muscles, which move blood around your body, without stopping, every day of your life.

Like any muscle, the heart requires its own blood supply bringing it oxygen and nutrients to keep it alive, and to be able to do its job.

The blood supply comes to the heart muscle by way of small coronary arteries. These are normally able to respond to the varying demands which the heart muscle makes by dilating (opening wider) or constricting (narrowing). When the heart speeds up, it requires more energy to do the extra work. The coronary arteries will dilate and deliver more oxygen to the heart muscle. As the heart returns to rest, less oxygen is required and the coronary arteries will constrict to their original size. However, things can go wrong with the coronary arteries, and the outcome can be either Acute Coronary Syndrome; Angina or a Heart Attack.

## So what is Acute Coronary Syndrome? Angina? and a Heart Attack?

### Acute Coronary Syndrome

Acute Coronary Syndrome is a relatively new term being used by doctors to describe the chest pain or discomfort caused by a reduction in blood supply to the Heart (ischaemia).

## These types of chest pains fall into two main categories

### Angina

Angina is a pain or discomfort in the chest which is brought on by exercise or effort and eases at rest or by using medication e.g. GTN spray.

The pain or discomfort is usually in the centre of the chest but may also affect other areas such as the left arm, jaw, neck, right arm or may even radiate through to the back and shoulders. The pain varies from a dull ache to a sensation, which is often described like a tight band around the chest. It rarely lasts longer than fifteen minutes on complete rest.

The cause of angina is simple to understand. At rest, the heart is quite happy pumping slowly. However, exercise, effort and exertion cause the heart to pump faster and more forcefully. The heart muscle requires an increased oxygen supply. Normally this is freely available from the coronary arteries which would dilate on demand. If the coronary arteries are hardened or partially blocked usually by cholesterol or fatty deposits the supply of oxygen to the heart could be restricted.

### Unstable Angina

This is exactly what the name implies; the angina pain may occur at any time, but mainly at rest and very commonly occurs during the night, waking you up. The pain or discomfort is usually of the same type as angina but may be more severe, and in this instance it does not go away with rest and medication.

Alternatively you may have been told that you have had a heart attack.

### Heart Attack

A heart attack (also called a coronary thrombosis or myocardial infarction) is caused by a complete blockage of one of the coronary arteries.

As a result, one part of the heart muscle is permanently deprived of oxygen. The blockage is often caused by a blood clot that has formed inside a coronary artery. During the first hour or so of the blockage, the pain or discomfort may be extremely severe. The pain is usually a crushing sensation in the centre of the chest and can also affect the arms, jaw and neck. It is often accompanied by sweating, nausea and / or breathlessness and typically lasts much longer than angina.

Permanent damage to the heart may follow persistent total blockage of the coronary artery. The affected area of heart muscle forms a scar and, depending on the scar's exact location, the heart may be left weaker in its pumping action or there may be no noticeable impairment at all. In the first few days after a heart attack, the heart is somewhat irritable and the heart rate may become erratic. Continuous observation is necessary. As the scar becomes fully formed, the heart stabilizes and this observation is no longer required.

Active rehabilitation ensures that most people with an uncomplicated heart attack are able to lead a perfectly normal life afterwards.

## Risk Factors for Coronary Heart Disease

The following sections deal with the various aspects of your life-style that you may require to give greater consideration to. In each section, advice is offered which will substantially reduce the risk of worsening heart disease. Therefore, it is wise to read each section carefully and to consider seriously what changes should apply to you - and to carry them out!

## Smoking

If you are a smoker it is hard to convince yourself that smoking cigarettes is NOT good for you, especially if you do enjoy a cigarette. Unfortunately for smokers, medical research leads us to believe that it is always top of the list as a main contributory factor causing coronary artery disease.

Carbon monoxide and nicotine are probably the most dangerous substances in tobacco smoke affecting the heart.

Nicotine stimulates the body to produce adrenaline which makes the heart beat faster and encourages the build-up of cholesterol deposits in arteries more quickly.

Carbon monoxide attaches to the red pigment in the blood, called haemoglobin, reducing its ability to carry oxygen to the heart and all other parts of the body.

Both nicotine and carbon monoxide may encourage thrombosis (blood clotting).

- If you smoke you stand a greater chance of having a heart attack or further attacks of angina
- Cigarette smoking is also a major cause of disease in the arteries of the leg,

which can lead to pain on walking, and further complications

- Filter cigarettes are just as dangerous to the heart as plain
- For those who have just had a heart attack, it is particularly important to stop smoking as this will halve the chances of another attack
- Passive or involuntary smoking is when non-smokers inhale other people's smoke and may be harmful to those who suffer with angina or heart disease
- Passive smoking should be avoided as much as possible. Most smokers accept the risk, but they hope to get away with it. Heart patients have not got away with it and for them to continue smoking is to deliberately cause further damage. This is the first step to a healthier heart for you and your family

If you feel you would like help to stop smoking you can call

**QUIT Helpline Number: 0800 665 544**

This freephone number connects you to the Health Information Service and provides a complete counselling and support service for those wishing to give up smoking.

Alternatively ask your Cardiac Rehabilitation Nurse, Doctor, Health Visitor or Practice Nurse for a referral to the Specialist Stop Smoking Service.

## High Blood Pressure (Hypertension)

Hypertension happens when the blood is being pumped with more force than usual. This force is transmitted to delicate organs such as the brain and kidneys. Prolonged untreated excessive force can be very much

more damaging if the arteries carrying the blood to these organs are hardened (i.e. furred up with cholesterol deposits), thus transmitting the full pumping force rather than partially absorbing it. Untreated high blood pressure can:

- lead to a stroke
- cause the heart to thicken and enlarge
- cause the heart muscles to outgrow their own blood supply resulting in angina, heart failure and heart attack. As many as one person in five in the UK has raised blood pressure but, it is often totally without symptoms, many people with this condition remain undetected for years, often until it is too late. If your relatives have never had their blood pressure checked, perhaps you should suggest that they have it checked next time they visit their GP

Once high blood pressure is detected and confirmed, treatment is likely to be life-long. Continued regular blood pressure checks will then be essential even if the blood pressure returns to normal. Never stop your treatment suddenly without the advice of your GP.

## Diet

Remember your heart never gets a rest; it has to keep pumping 24 hours a day, 7 days a week so think how much harder it has to work if you are overweight. It can put a great strain on an already very hard working organ. A sensible healthy eating pattern is what you need to adopt, which is a diet low in fat, low in sugar and high in fibre.

- Achieve and maintain a healthy body weight. Carrying extra weight puts an additional strain on the heart. Aiming for a healthy eating plan is the best way to

reduce weight. This is a low fat, low sugar high fibre diet. You can still allow yourself occasional treats, but try to be sensible most of the time. Losing weight can also help to lower blood pressure therefore further reducing the strain on the heart. A healthy eating plan will help to reduce your weight as well as help reduce blood fat levels such as Cholesterol and Triglycerides. These are fats which build up in the blood vessels, narrowing them so that the heart has to work harder to pump the blood around the body

- **Cholesterol** - Cholesterol is made from saturated fat in the diet; these are animal fats i.e. in meat (beef, pork, lamb etc) and dairy products (milk, butter, cheese etc.). Certain foods also contain natural cholesterol; these are eggs, offal (liver kidney etc) and shellfish (prawns, fish roe etc). It is best to limit intake of these to 2-3 eggs a week and no more than one portion weekly of either shellfish or offal
- **Triglycerides** - Triglycerides come from too much sugar or sugary foods in the diet. Any sugar which is taken in the diet but is not needed by the body, at the time as energy, is stored as Triglycerides. You should aim to limit your sugar intake as outlined in "Decrease Sugar Intake". Alcohol can also affect Triglycerides; an increased intake may cause an increase in Triglycerides

Reduce fat intake by:

- Using an unsaturated spread sparingly that suits your taste e.g. Olive / Rapeseed Oil spread

- Decrease fried foods. Grill, stew, bake or casserole instead. Try not to add fat but if used try to have unsaturated fats such as Olive or Rapeseed Oil
- Limit snacks. Crisps and savoury snacks contain large amounts of fat, so try to keep these to occasional treats
- Use low fat dairy products i.e. semi-skimmed milk, low fat cheese and diet yoghurts
- Keep chocolate, cakes and biscuits to treats as they are high in both fat and sugar. Increase oily fish intake to 2-3 portions weekly. This includes tuna, salmon, pilchards, sardines and herring. Remember to get fish tinned in brine or tomato sauce (not tinned in oil, as it is the oil that is within the fish that is good for you, not the oil that it is tinned in)

Decrease sugar intake:

- Replace sugar with sweetener
- Choose sugar free puddings i.e. diet yoghurt, fruit (fresh or tinned in fruit juice), sugar free whips and sugar free jelly
- Keep sweets, chocolates cakes and biscuits to occasional treats, snacks on plain biscuits (rich tea, morning coffee), fruit or diet yoghurt instead. Choose diet or sugar free fizzy drinks and squashes

Increase fibre intake:

- Aim for 5 portions of fruit and vegetables daily
- Use wholemeal / fibre enriched bread
- Use wholegrain cereals (weetabix, shredded wheat, bran flakes and oats / porridge)

- Potatoes (boiled or baked), brown rice and wholemeal pasta are good sources of fibre

Salt:

- Salt can increase blood pressure by encouraging more fluid into the blood stream, giving the heart more work by pumping the extra volume around the body.

Limit salt by:

- Try to only add salt whilst cooking and not at the table
- Always taste your food before adding salt
- Use herbs and spices to season food such as pepper, garlic, sage, thyme or lemon juice etc
- Limit salty foods such as crisps, bacon, cheese, processed foods

Alcohol

- During the initial six-week recovery period, it is best to limit alcohol intake. Small quantities such as 1 unit a day will do no harm. Always check with your doctor / pharmacist that it is okay to take alcohol as it can react with certain medications. Alcohol is high in calories and also increase triglyceride levels so it is best to have a moderate intake and try to use sugar free / diet mixers. Recommended weekly intakes are not more than 14 units for a woman and 21 units for a man. One unit of alcohol is 1/2 pint beer / lager / cider, 1 single pub measure of spirits or 1 small glass of wine

Remember to enjoy your food!

Eating a diet which is low in fat and sugar and high in fibre, fruit and vegetables is one

of the factors which helps look after your heart and general health. Changing your eating habits is not easy, but improving our regular routine can help your heart and your health, so it is worthwhile and tends to be less traumatic than you thought!

## Stress and Anxiety

This is how stress can affect your behaviour...

There is never enough time to do all the things you have promised to do... let alone anything you want to do... you are snappy and irritable... can't remember the last time you had a good night's sleep ... or a good laugh... black coffee and cigarettes become your diet.

This is how stress can affect your physical well-being...

You are constantly weary... by the end of the day you ache all over...you have lost your appetite... or cannot stop eating... at times you feel light headed or dizzy... and notice your heart is pounding... you hate shaking hands because your hands are so sweaty... and yet another headache is no joke

This is how stress can affect your thoughts and feelings...

You sometimes feel panicky and afraid for no reason... you cannot concentrate when reading or watching TV... you feel low and everything you do seems such an effort...

Sudden stresses such as anger or great exertion are clearly undesirable where heart disease is already present. The heart has to beat harder and faster to prepare for coping with the situation. However, if the arteries feeding the heart muscle are damaged or diseased, they cannot bring enough blood for the heart to do its necessary work.

Living with too much stress over a long period of time means that both mind and body do not get the rest they need. Fatigue is often ignored and mental or physical exhaustion can result. If you are already exhausted then you are less able to cope with additional sudden stress.

It hardly needs saying, but having a heart attack or being told you have a heart condition causes stress in its own right and can bring on feelings of depression and anxieties about the future. It is also likely to cause anxiety for family and friends, and being aware of this can increase your worry. It is not unusual for you to feel low, anxious or emotional for a while after the event. Care must be taken to ensure that this stress does not interfere with the recovery process.

## Control stress before it controls you!

A Stressful lifestyle is a pattern or habit that is hard to break. It takes determination to find out why or how you have become overloaded with cares or anxieties, and then it requires even more determination to change your lifestyle to reduce the stress.

Stress can build up in three main ways:

- Major life events
- Personality
- Unbalanced lifestyle

## Major life events

Events such as bereavement, moving house, changing job, major illness, a family crisis etc. can take a hidden toll. If a number of these events happen together in a short space of time, say within a year, either to you

or to someone close to you, the stress level soon begins to rise.

Some of these events are completely beyond our control.

However, of those events you *can* plan or control, try not to make too many major changes in one year. When such events do occur, do not expect yourself to “carry on as normal” or “put on a brave face”; you may not have the energy to do so. Other people may not realise the pressure you are under and they will not make allowances for you if you pretend to be unaffected by what is happening to you. Take time off work if it is necessary; cry on someone’s shoulder if you feel like it; show that you are upset rather than bottling it up.

## Personality

Certain people, by their nature, are more prone to stress, ‘perfectionists’ and ‘born worriers’ are two examples. Perfectionists have a high expectation of themselves and others so their stress levels rise when they are let down by others or disappointed in themselves. Worriers often anticipate problems before they arise, raising the stress levels before an event has even taken place.

When we cannot find ways of controlling our stress, it builds up and ‘overflows’ into what we call the ‘stress symptoms’ described at the beginning of this section. Perfectionists set high standards for themselves and everyone else, but these standards are not always realistic.

Learn to accept yourself and others as people with faults as well as good points. Anxious people are aware they are anxious - yet often it is hard to pinpoint what they are anxious about. The result is that their

anxieties are impossible to tackle, and therefore never really go away.

You need to spend time identifying what really concerns you - writing them down can often help.

## Unbalanced lifestyle

To get the balance back into your life the advice in this booklet will help particularly the sections on exercise, diet and smoking. In addition, it is important to include time for proper relaxation in your daily routine. Just half-an-hour each day is all that you need. Time which is yours to do nothing but relax without feeling guilty! Take a positive attitude to relaxation; it is not being idle; it gives your body time to rest and repair, both physically and mentally. It reduces the heart rate and, if practiced regularly, will lower your blood pressure.

## What can you do about it?

- Learn to be aware of the signs and signals that stress and anxiety are building up
- Try identifying what concerns you - sometimes writing it down helps
- Avoid being an ostrich. Problems will rarely go away by themselves. If you can try to deal with problems as they arise
- Don’t be afraid to ask for help and advice – sometimes talking to someone whose opinion you respect may be all you need
- Try using relaxation techniques
- Learn to dissipate the tension with exercise and breathing techniques

## Family History

If you are born into a family in which your blood relatives have a tendency to heart trouble this may increase your risk, but in no way does this mean that you are pre-destined to serious heart disease. By taking positive steps to eliminate the other risk factors mentioned in this booklet and adopting a healthy life-style, the total risk can be reduced dramatically.

## Returning to Fitness and Activity When You Leave Hospital

Feeling apprehensive as you leave hospital is normal. If you find you need support please contact us on the number in your information pack and a member of the Cardiac Rehabilitation team will be able to offer you advice and support.

The following information is aimed to guide you through what will happen next.

- Although you will receive follow up appointments at the hospital after you leave hospital your family doctor will also follow up your care. Within the first few days after you have been discharged home information about your stay in hospital will be forwarded to your GP. If you need to see your GP in the first few days after leaving hospital take your discharge letter and medicines with you as the information may not have reached the medical practice
- You will need to have your cholesterol checked approximately 4-6 weeks after your discharge this can be done either at your GP practice or at the hospital pathology department. You will be given a blood form and instructions by the Cardiac Rehabilitation Nurse. If you

have raised cholesterol or fats in your blood your GP may suggest that your whole family should be checked and will periodically check your blood fat levels after you have completed your hospital follow up care

- Tiredness is common during the first few weeks that you are at home however if you notice excessive tiredness, increasing breathlessness or more frequent angina then you should arrange to see your GP
- If you suspect you are experiencing side effects of medication tell your doctor
- Some of the medication you have been commenced on in hospital can affect your blood pressure. You should have it checked at least monthly initially. Once your blood pressure is properly stabilised your GP will want to check it about every 3-4 months

**Never stop medication without consulting your GP.**

## What Can I Do When I Get Home?

The following series of activities have been designed to aid your recovery and rehabilitation. In the first few weeks of your recovery you should not do anything which requires you to:

- Lift
- pull or push
- use a sudden burst of energy
- Also avoid becoming constipated

## Week 1

- Stay within your own house and garden. Use the stairs only once a day (Once up and once down). If you need to use the stairs more often than once, e.g. to go to the toilet, go up and down slowly and don't be afraid to stop if you experience chest pain or breathlessness
- You can walk around the house and garden, but for the first week avoid going out on very cold, wet or windy days, or in very hot weather
- You can carry out some light activities, such as washing and drying the dishes, reading, watching TV and shaving, but avoid housework, e.g. washing, cleaning windows, hovering and ironing
- When you bath or shower make sure the water is not too hot
- Have a rest in the afternoon - make yourself comfortable on the settee and put your feet up
- Try not to have too many visitors as this can also be very tiring. Ask visitors not to smoke in your company as you may find this distressing - particularly if you are trying to give up yourself
- Have a good night's sleep; avoid coffee or tea at bedtime as these can keep you awake. Light reading or listening to music may help you get to sleep, but if you find that getting to sleep is difficult, relaxation exercises may help

## Week 2

- Try to walk a little further this week, away from the house but avoiding hilly areas. Increase this distance a little every day

- Attempt the stairs two or three times a day at a steady pace and continue with light housework. Do not attempt to carry out any other household tasks
- If you are still feeling tired, continue to have a rest in the afternoon and make sure you get enough sleep at night
- By your second week at home you may want to start making love again, see the section on sexual relations
- Try light house work - dusting, washing dishes, cooking, stair climbing kept to a minimum

## Week 3

- Continue to increase the distance you walk each day, and go for a walk twice a day whenever possible. Use the stairs three to four times each day - but do so steadily
- Increase your activities to include light shopping and light gardening tasks such as weeding or planting seedlings. Do not do any digging
- Try to manage without an afternoon rest unless you are feeling very tired, but do try to make sure you get a good night's sleep

## Week 4

- Aim towards resuming your normal way of life this week
- Try walking up a slight incline and continue to increase the distance you walk each day as this is extremely good for you

- You can attempt most every day activities but start gradually e.g. vacuuming, sweeping, light painting, using a light hover mower, ironing

## One Month

Continue to resume everyday activities but do not do any heavy lifting. Lifting should be avoided for at least 3-4 months and then resumed gradually - (however you must stop immediately if any chest pain occurs when you lift something). Take regular walks as this is an excellent form of exercise.

## Weeks 6-8

- Wash the windows
- Wash the car
- Watering (with a can)
- Mowing

## Exercise

Taking regular exercise helps blood to circulate in the body and keep your heart healthy therefore it is an important part of your recovery.

Aim to do a little more each day and try not to worry if you are unable to increase your activity when you think you should.

Wait a few more days then try again, next time you will probably succeed.

## Here are some tips to help you exercise safely:

- Try to be active at different times through the day rather than sitting down for lengthy periods of time

- Do not exercise immediately after meals
- Avoid exercising in extremes of weather i.e. when it is hot, cold or windy
- Walking is a safe exercise to undertake whilst you recover
- Gradually build up, within your own limits, the speed and distance of your walking during the period of your recovery
- You may find walking for short distances more frequently easier than taking one long walk
- If you were given a Home Exercise Leaflet in your information pack rest assured the exercises are safe to undertake both in hospital and at home. Following these exercises can aid your recovery and rehabilitation however they are intended as a guide. As with all exercise you will discover your own limitations and how to adapt. If you are not sure if what you are doing is safe contact your Cardiac Nurse or ask your Doctor

**However if you experience any pain, shortness of breath or dizziness whilst doing exercises STOP and inform your nurse (or your GP if you are at home).**

## Driving with a heart condition

To drive a Car or motorcycle you do not need to tell the Driver and Vehicle Licensing Agency (DVLA) if you have had a heart attack or Angina. But, in the interests of road safety you must always be sure you can safely control your motor vehicle.

## Acute Coronary Syndrome including Heart Attack

You should stop driving for at least one month after such an event.

### Angina

You may continue to drive if you have angina (regardless of the need for medication) **unless** it occurs at rest, **whilst** driving or with emotion. If it does, you **must stop driving** and **only restart when** your symptoms are under control.

If you hold a bus, coach or lorry driving licence – you will need to tell DVLA.

For further information regarding your condition and what restrictions apply, please visit [www.direct.gov.uk/driverhealth](http://www.direct.gov.uk/driverhealth) or call the DVLA on 0300 790 6806, or write to them at DVLA, Swansea SA99 1TU.

Whatever sort of driving licence you have, you need to tell your motor insurance company that you have a heart condition and about any treatment that you have had for it. If you don't, your insurance may not be valid.

### Sexual Relationships

Following a heart attack questions concerning sexual intercourse frequently go unasked and unanswered simply due to embarrassment. Patients as well as their partner's worry that intercourse will cause chest pain resulting in another heart attack or death. These fears are understandable, though unjustified. Research has shown that after a heart attack, whereas most people have returned to normal work, there is significant proportion of people who have not resumed satisfactory sexual activities. Sexual intercourse has been shown to cause the heart rate to rise to around 120 beats per minute, creating not much more risk than walking up two flights of stairs. However, a word of caution is necessary. Studies have

shown that extra-marital relationships seem to place more stress on the heart whereas, in a stable relationship in which the couple are comfortable and familiar with one another, research has shown that the risk is minimal.

During the first few weeks, it often happens that the desire for intercourse does not return. This should not give cause for worry, but both partners should discuss it with each other as both will probably be feeling anxious about the situation. Sometimes there is the need for patience; it is worth waiting until both partners feel mentally and physically able to cope with the situation.

If angina is preventing satisfactory sexual intercourse then your doctor should be informed. Similarly if you suspect that the medication for your heart is causing side-effects such as impotence, you should consult your doctor who can then alter the dose or change the preparation for you.

There is a slight but definite association between the contraceptive pill and artery disease. While the risk is small in healthy individuals, it may be unacceptably high in patients with heart disease.

Before starting or restarting the use of the 'pill', female patients should consult their GP or their hospital Consultant.

Erectile dysfunction (more commonly known as impotence) is the inability to achieve and / or maintain an erection sufficient for satisfactory sexual activity. This may be a problem for some men after a heart attack. The cause may be physical or psychological. If you feel this applies to you the Cardiac Rehabilitation Nurse may be able to offer advice and if necessary refer you to a specialist for help. The availability of Viagra has been seen as an important breakthrough in the treatment of Erectile Dysfunction;

however it is not suitable for all heart patients.

**If you think you may benefit from Viagra please seek advice from your GP before you use it. With patience and sensitivity, intercourse can become a normal part of a relationship again.**

### **Medication - General advice on medication**

- Several different types of drugs are given to patients who have had heart attacks or who have heart disease. They are given to treat symptoms or to reduce the chances of a second attack. Some drugs will do both!
- Some tablets need to be continued for a considerable length of time. When you come to the end of one prescription, ask your doctor whether a repeat prescription is necessary
- It can be confusing if you are taking a variety of tablets at different times of the day. You will be less likely to miss a dose if, each morning, you set out your tablets for the whole day
- Drink sufficient amounts of water to flush down your tablets; never swallow them without water. Remember that tablets have to dissolve inside your stomach before they can get to work
- If you experience side-effects, make sure you report them to your doctor. Do not stop taking medication without letting your doctor know
- Some tablets are more effective when taken on an empty stomach and others need to be taken after food; still others

may be totally unaffected by food, so do read the label on the bottles

- If you are on regular heart tablets, make sure you tell your pharmacist before you buy any form of medication over the counter
- As with all drugs, side effects sometimes occur. If you have any questions about your medication, the pharmacist, cardiac nurse or ward staff will be happy to help, so please ask

### **Analgesics - (Pain killers)**

You will probably have been given a strong pain killing injection when you arrived at hospital (or your own doctor may have given you one before you set off to hospital). This injection will have made you drowsy and perhaps made you feel sick.

### **Antiplatelet (e.g. Aspirin, Clopidogrel, Ticagrelor)**

Antiplatelets help to prevent the blood from clotting. It achieves this by reducing the 'stickiness' of the platelets – the small blood cells that can clump together to form a clot. Sometimes these drugs are given on their own or in combination with other drugs from this same group.

### **Beta-Blockers (e.g. Atenolol, Bisoprolol, Metoprolol)**

Beta-blockers help the recovery from a heart attack by reducing the work that the heart has to do whilst it recovers. They are also used to treat angina and high blood pressure. As you will have seen on page 10, high blood pressure can increase the

chances of having a further heart attack, so beta-blockers can provide a “double benefit” in recovery from a heart attack.

Beta blockers are not suitable for all patients, particularly those suffering from poor circulation or asthma.

### **ACE inhibitors (e.g. Ramipril, Lisinopril, Enalapril, Captopril)**

Like beta blockers, ACE inhibitors also help to reduce the stress on the heart whilst it recovers. ACE inhibitors work by a combination of dilating blood vessels (like nitrates) and increasing urine output. They are also used to treat high blood pressure, so (like beta blockers), provide more than one benefit. Some patients, however, find that ACE inhibitors can reduce their blood pressure a bit too much, and that they become dizzy, particularly if they stand up suddenly. ACE inhibitors are also not suitable for patients with certain kidney disorders, and they can cause a rash or a dry cough. Provided that you do not suffer from any of the side-effects described above, ACE inhibitors can greatly improve your chances of a successful recovery.

### **Lipid-lowering agents (e.g. Simvastatin, Atorvastatin, Pravastatin)**

Raised blood levels of fatty substances (lipids), such as cholesterol, are known to be one of several factors that increase the risk of a heart attack. This is particularly true when a patient has already had a heart attack, and your cholesterol levels will have been measured whilst in hospital. If your cholesterol level is raised, the usual method of handling this is initially by diet (see page

11), and the dietician will be able to advise you. Some people, however, inherit a tendency to have high cholesterol levels, and cannot keep them down no matter how well they control their diet.

If diet alone fails to control cholesterol levels, it may be necessary to use one of a group of drugs known as “statins”. These drugs can markedly reduce the chances of another heart attack, when used together with a sensible and healthy diet. Like all drugs, however, they can have side effects, and you should report immediately any unexplained muscle pain or weakness to your doctor.

You will also have blood tests from time to time to check that your liver is working properly.

### **Nitrates (includes GTN Spray)**

Nitrates are mainly used to treat angina, and sometimes to treat heart failure. They work by dilating blood vessels in the circulatory system. This reduces the resistance to blood flow, and hence reduces the amount of work that the heart has to do.

They can be used to give immediate relief from an attack of angina, usually by using a spray that is applied under the tongue. If you suffer frequent attacks, you may be given tablets / capsules (e.g. Imdur, Elantan, Isosorbide Mononitrate) to provide a constant level of nitrate in the blood, topped up with the spray when necessary.

You may experience a headache when first using nitrates, although this usually becomes less troublesome once treatment has continued for some time.

**However in the event of sudden severe chest pain or discomfort such as the recurrence of pain like your previous**

heart attack, you should dial 999 and ask for an emergency ambulance to take you to hospital.

Most patients who leave hospital after a heart attack can eventually lead a perfectly normal life. Statistics show that after about two years the risk of another attack is no greater than for anyone else. So, have confidence. Try and understand your body and your heart; treat them with respect.

### Availability

The cardiac specialist nurses are available Monday to Friday between 8.30am and 4.30pm, excluding bank holidays. We regularly attend clinics at Scunthorpe and Goole, as well as the ward areas on both sites. We are contactable on 01724 290093. **If there is no-one to take your telephone call a message can be left on the answer machine.**

As a cardiac rehabilitation team we endeavor to deputise in each other's absence offering a continuing service to every patient.

### Emergency

Out of hours it is recommended that you contact your own General Practitioner, the GP Out of Hours Service, NHS Direct or if your symptoms dictate telephone 999.

### Useful Websites

British Heart Foundation [www.bhf.org.uk](http://www.bhf.org.uk)

Fresh Start [www.freshstartnorthlincs.com](http://www.freshstartnorthlincs.com)

Walking the way to health scheme  
[www.healthwalks.co.uk](http://www.healthwalks.co.uk)

Age UK [www.ageuk.org.uk](http://www.ageuk.org.uk)

NHS Direct [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

Heart 2 Heart support group  
[www.scunthorpeheart2heart.org.uk](http://www.scunthorpeheart2heart.org.uk)

The support group is run by patients and designed to meet the needs of patients, family and friends to those diagnosed with heart disease. This group offers support, advice and friendship, and is a place to meet and encourage members to try and offer mutual support. Speakers and presentations along with activities for members are organized on a regular basis. For further details please contact The Honorary Secretary Michael Clark 01724 842957 or Mickie O'Toole 01724 340508 or e-mail enquiries to:  
[enquires@scunthorpeheart2heart.org.uk](mailto:enquires@scunthorpeheart2heart.org.uk)

### Concerns and Queries

If you have any concerns / queries about any of the services offered by the Trust, in the first instance, please speak to the person providing your care.

#### For Diana, Princess of Wales Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01472) 875403 or at the PALS office which is situated near the main entrance.

#### For Scunthorpe General Hospital

Alternatively you can contact the Patient Advice and Liaison Service (PALS) on (01724) 290132 or at the PALS office which is situated on C Floor.

Alternatively you can email:  
[nlg-tr.PALS@nhs.net](mailto:nlg-tr.PALS@nhs.net)

**Northern Lincolnshire and Goole  
Hospitals NHS Foundation Trust**

**Diana Princess of Wales Hospital  
Scartho Road  
Grimsby  
01472 874111**

**Scunthorpe General Hospital  
Cliff Gardens  
Scunthorpe  
01724 282282**

**Goole & District Hospital  
Woodland Avenue  
Goole  
01405 720720**

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

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