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ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ: 01932 723553

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यदि आपको अनुवाद की ज़रूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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Advice following a Heart Attack

CARDIAC RISK
MANAGEMENT



Ashford and St. Peter's Hospitals
SECONDARY PREVENTION
REHABILITATION SERVICE

Advice following a Heart Attack

THE HEART

The heart is a muscular organ that pumps blood around the body. In order to perform this pumping function the heart needs its own blood supply, which it receives from the coronary arteries, the 'fuel pipes' of the heart. Blood carries oxygen, glucose and other nutrients to the heart muscle and other tissues throughout the body. All living tissue needs oxygen to survive.

If the heart has to work harder it requires more blood and more oxygen. This increase in demand is met by the blood flow through the coronary arteries.

ANGINA

The coronary arteries may become 'furred up' for a number of reasons. This means that the diameter of the coronary arteries becomes smaller. Consequently, when the heart has to work harder, the coronary arteries are no longer able to supply the blood the heart needs at this time. Therefore the demand for blood and oxygen is greater than the supply. This causes pain and sometimes shortness of breath (this is called angina). The pain is usually tight and across the chest, and disappears when the person rests and the heart slows down.

HEART ATTACK

(Myocardial Infarction / Coronary Thrombosis) sometimes abbreviated to **STEMI** (meaning Heart attack with ECG changes) or **NSTEMI** (Heart attack with little or no ECG changes).

A heart attack occurs when a blood clot is formed in a previously narrowed coronary artery. This means that the muscle beyond

*Anyone wishing to join the group, become involved in its activities and organisation, or who just requires some information about **Heart Beat Support Woking** please contact: **07973 418799** – leave a message with your name and number and someone will return your call as soon as possible or email:*

Bernard.storey@ntlworld.com

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty.

If they cannot resolve your concern, please contact our Patient Experience Team on 01932 723553 or email asp-tr.patient.advice@nhs.net. If you remain concerned, the team can also advise upon how to make a formal complaint.

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Department: Cardiac Risk Management

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ANY QUERIES?

Please do not hesitate to telephone us if you have any queries either about the programme or any aspect of your recovery.

You can call: The Cardiac Risk Management Office – **01932 722207** or **01932 723445**.

If you would like to speak to Liz Murphy, the Cardiac Specialist Nurse, telephone **01932 872000** and ask for **Bleep 5251**.

Email: liz.murphy6@nhs.net

If your query is urgent and is outside office hours call Birch Acute Coronary Unit on **01932 722012**.

HEART BEAT SUPPORT WOKING:

Aims to promote a healthy, social environment, with a variety of interests, while offering peer support, as well as medical and health education updates.

Heart Beat Support Woking is open to anyone who has a heart problem, but it is hoped that partners, carers and family will become involved.

If you live in Woking and the surrounding areas, you are invited to attend their informative and entertaining monthly meetings where you can be sure of a warm welcome by their members, all of whom have “been there”.

the clot will not receive sufficient blood. Some of the heart muscle dies and a scar is gradually formed. Initially it is necessary to rest the heart, and the patient, generally for about 24 – 48 hours. This should gradually decrease, following discharge from hospital. The scar usually takes about four to six weeks to form, so both you and your heart need to use this period of time to get back to normal. Sitting in a chair and doing very little for six weeks will not help your heart get used to normal activities. Alternatively, immediately returning to normal activities may over exert you, the treatment and medications you will have received will stabilise your condition. Unlike heart muscle, scar tissue is inelastic. Consequently further scarring can diminish the hearts ability to pump adequately.

It is important to remember however that most ***people who have had a heart attack return to normal life.***

So now is the time to look forward and analyse what factors (‘risk factors’) may have contributed to your heart attack and make a few changes for the better.

RISK FACTORS

Some “risk factors” we can do little about.

These are:

- A family history of heart disease.
- Age.
- Gender.
- Ethnic background.
- A previous heart condition.

Medical conditions such as diabetes and high blood pressure can contribute to the development of heart disease and should be carefully controlled. Control of blood cholesterol is also important.

BUT –

- Smoking
- Being overweight
- Eating a diet high in animal fats
- Taking insufficient exercise
- Living with high levels of stress

These are all factors that you and your family can learn to control and subsequently reduce your chance of suffering a further heart attack in the future.

FOLLOWING DISCHARGE FROM HOSPITAL

WEEK 1

You should be up and dressed each day. The first week at home should be an extension of your last day in hospital. You can sleep upstairs, but try and keep climbing the stairs to a minimum. You may feel quite tired, so have a nap or rest in the afternoon, and take life easy. During this time try and take up an absorbing and relaxing hobby. You may find it difficult to concentrate and you may be irritable with your family. This is common and will improve as time passes.

Try to go for a short walk each day (weather allowing). Everyone is different and the length you walk depends on how fit you were

your diagnosis and risk factors in detail with you. However, frequently individuals are in hospital for a very short period of time and if you are not seen whilst an in-patient we will attempt to contact you once home.

- **Out-patient education** – Informal talks are held on **the last Wednesday of each month** from 1.00pm to 4.30pm. These sessions take place in the large physiotherapy gym at St. Peter's Hospital (follow signs for Cardiac Rehabilitation). Partners and family members are welcome. No need to book. Further information is available on request.
- **Exercise classes** – These are held at both Ashford and St. Peter's Hospitals. You will usually be able to start around 2 - 6 weeks depending on and following your cardiac event. The classes are twice weekly for approximately 6 weeks and can be tailored to suit you and your abilities. The classes are designed to increase your strength, stamina, and confidence.

Unfortunately transport cannot be provided.

WHY YOU SHOULD JOIN THE CARDIAC RISK MANAGEMENT PROGRAMME

The aim is to provide you with the appropriate information on heart disease and the factors which play a part in its progression.

The emphasis is on restoring confidence and on helping you to take an active role in staying fit and healthy.

it is safer to check with your pharmacist to see if they are the same. You can also ask the hospital doctors and nurses.

If you think you have any side effects from your tablets you must discuss this with your doctor. It is important not to stop or change any of your medications without consulting your doctor first. Make sure you **do not run out** of tablets / GTN spray, and you must continue to take these tablets unless otherwise instructed. Therefore, **repeat prescriptions** will be necessary.

On discharge home you will be given your medications along with a letter stating the names and dosages of your tablets. It will also state your diagnosis.

We expect your GP to monitor your heart rate and blood pressure and he / she may increase the dose of certain drugs depending on your body's response to them.

An out-patients appointment will be sent to you at home.

A full report will be sent to your GP. You will receive a copy of this with your discharge papers.

ASHFORD AND ST PETER'S HOSPITAL CARDIAC RISK MANAGEMENT / SECONDARY PREVENTION AND REHABILITATION PROGRAMME

The programme consists of:

- **In-patient education** - The cardiac specialist nurses will try to visit you whilst you are in hospital and will discuss

to start with. For some people, at first it may be simply a walk to the end of the garden and back, for others a bit further.

Gradually build up the distance of your walking over time.

Remember listen to your body and stop if you feel unwell.

WEEK 2

By now you may climb the stairs freely. Start to increase your daily walks, gently increasing the pace and including gradual slopes if you feel well enough. You may increase your household duties but **do not** lift anything heavier than 10lbs, e.g. shopping, washing baskets, full watering cans. Vacuuming, digging, and mowing the lawn are still too much. Also avoid the unusual tasks like changing the curtains, cleaning the floor and cleaning the windows.

WEEK 3

Continue the daily walks with a subsequent increase in pace. If you feel well you may start to vacuum or use a light lawn mower, but be sensible. Only perform these tasks a little at a time, and only if you've been able to increase your recent activities without experiencing chest discomfort or breathlessness. Remember – it is still early in your convalescence and you may tire easily.

WEEKS 4 – 6

A reasonable goal by about 4 – 6 weeks after having a heart attack is to aim for 20 - 30 minutes of exercise each day. However the amount of exercise some people can do will be limited because of other medical problems. Others have unrelated medical conditions that limit exercise ability, or are too

frail. The aim is to build up to at least 20 – 30 minutes moderate exercise on most days (at least 5 days a week) and it should make you slightly short of breath.

EXERCISE – ONCE BACK TO NORMAL

We advise all people who are able to walk to use this as a way to reintroduce their heart to normal activities. The heart is a muscle and in order to keep it fit, like any other muscle, it needs to be exercised. Thirty minutes of moderate activity (brisk walking, using the stairs, cycling, dancing) throughout the day, five times per week, is all it takes to keep the heart fit, and this applies not only to people who have had a heart attack, but to everyone, young and old alike.

BENEFITS OF EXERCISE

1. Increases the heart's ability for pumping.
2. Protects the heart from further heart attacks.
3. Increases the 'good' protective cholesterol in the bloodstream.
4. Protects the body from other illnesses and injury.
5. Helps to relieve stress and tension.
6. Promotes a sense of well-being.
7. Improved posture.
8. A better shape and appearance.
9. Greater stamina and improved energy levels.

All forms of exercise should be started at a low level and increased gradually. Encourage the family to join in!

you have young children do not tell them that they must keep quiet – it may cause guilt feelings – but do explain that your partner will not be able to pick them up for a while. Remember, if you are having worries or finding adjusting difficult, you can contact the cardiac risk management nurses, coronary care nurses, your GP, or hospital doctor.

ADVICE FOR WOMEN

Whether you are a woman who goes out to work or a housewife, the chances are that you will see caring for the household and the family your responsibility. This often leads to women resuming housework too soon. It is time for the rest of the family to share the responsibility while you take a break. This also applies to shopping and cooking. If you have young children you are definitely going to need some help. Women do not often take advantage of the services which are available – it is just as important for women to attend the Cardiac Risk Management / Secondary Prevention programme.

Lastly, women taking hormone replacement therapy (HRT) or the contraceptive pill should discuss this with their doctor.

GOING HOME

You will be given a 14 day supply of tablets to take home. It is important that you know what they are and how often to take them. Always read the directions on the bottle or box. Any tablets you already have at home may be a different dose or strength, so

asking for help you are being a nuisance or wasting anyone's time.

The symptoms of a heart attack can vary from person to person. They can include chest tightness, squeezing, a pressure sensation, nausea and vomiting, sweating, and an ache in the arms or jaw. The pain can often be confused with indigestion – but indigestion will be relieved by indigestion remedies.

Angina will be relieved by GTN spray, but will only give temporary easing of the symptoms of a heart attack.

ADVICE FOR PARTNERS

Watching your partner following a heart attack can give concern. Seeing them lying in bed attached to a cardiac monitor can leave a lasting impression. Once home they may be irritable and anxious. It does take time for someone to accept and come to terms with the fact they have had a heart attack, and everyone has different ways of coping. Be supportive. If they need to give up smoking, then you try as well. Try not to nag, let them make their own decisions – remember their confidence will be lacking. Try and talk to each other about how you are feeling, but also allow each other some time and space. Do not aim to make drastic changes all at once, especially if you are responsible for the cooking – changing to a very low fat diet can make your partner crave high fat foods.

Remember to allow time for yourself and do not become a full time nurse. It helps if you can spend some time at home initially, but do not feel you have to stay with your partner all the time. If

It is important to **warm up** by increasing the pulse rate slowly and to **cool down** by exercising more slowly and less intensely. This prevents muscle injury and dizziness. Do not exercise within one hour of a meal. You should avoid jerky or unfamiliar exercise, as this may be risky for both your heart and body. Heavy exercise can also be risky if it does not involve movement, e.g. pushing a car, carrying a heavy load, continuous digging, prising open a jammed window. The exercise should demand a degree of vigor and induce **mild breathlessness** and sweating.

Remember that fitness rapidly deteriorates when stopping exercise and it cannot be stored. Playing football in your twenties will not mean you will be fit in your thirties and forties. Avoid strenuous or competitive sports such as squash and weightlifting.

Golf is suitable but be aware it is only the **brisk** walk between holes that constitutes exercise.

SMOKING

We have all heard the advice about giving up smoking. Just because you have had a heart attack does not mean it is too late to stop now. Now is the best time to make a new start.

How does smoking affect your heart?

It makes your blood more sticky, encouraging blood clots to form, which can lead to a heart attack.

1. Carbon monoxide from cigarettes is carried in your bloodstream in preference to oxygen. Your tissues (especially in your heart) need oxygen to survive.
2. It raises your blood pressure which increases the work of the heart.
3. It can cause the 'furring' inside the coronary arteries which reduces the blood supply to the heart muscle.

Some helpful hints:

- Avoid places where people smoke.
- Get your partner to clean everything in the house that is likely to smell of smoke, such as curtains and bedding, and encourage them to give up with you.
- Do not allow anyone to smoke in the house
- Write a list of all the ways in which you will benefit by giving up.
- Drink fruit juice and eat fruit as Vitamin C helps the body to get rid of nicotine.
- If you need to do something with your hands, find something to fiddle with, such as a pencil or a puzzle.
- Try some deep breathing exercises.
- Take it one day at a time.
- If possible try and avoid nicotine replacements. Nicotine is the addictive substance so you will still have to tackle that problem at a later date. However, if you are having difficulties in trying to stop smoking you may find that replacement therapies actually help to reduce cravings and withdrawal symptoms. Ask your GP or local chemist for details.

You should seek **urgent** help if you have pain / discomfort which is similar in nature to your previous heart attack and is unrelieved by rest and GTN spray. Also seek urgent medical attention if you experience pain that is relieved by GTN *but* the pain keeps returning. To get help **dial 999** for an ambulance (or **call 111** for medical advice).

In the event of deciding to attend Accident & Emergency **do not get someone to drive you to the hospital, and DO NOT DRIVE YOURSELF** but dial 999 and speak to the ambulance emergency services.

In summary:

If you experience chest pain or tightness –

- Sit down quietly – do not panic!
- Spray 1 – 2 puffs of GTN / tablet under your tongue.
- If unrelieved after 5 minutes take further GTN spray / tablet.
- If the symptoms persist for 15 minutes despite taking GTN – **CALL 999.**

Using the GTN spray more than usual will rarely have any side effects. It is not a drug you can overdose on, but it can lower your blood pressure and make you feel dizzy, so do not continue to walk around and do not use it whilst driving. Never feel that by

- Never be afraid or too proud to ask for help.

FURTHER SUPPORT:

- Online talking therapy can help – IESO Online Talking Therapy is available free of charge in Surrey- all you need is an internet connection.
- To access this service either speak to your GP or self-refer
- www.iesohealth.com/surrey 01954 230066

RECURRENCE OF SYMPTOMS

It is common to get aches and pains initially following a heart attack. Being in bed often means that you may have found it difficult to lay comfortably and being restricted in your movements may have temporarily changed the way you breathe. Such brief aches and pains should settle quickly.

ANGINA often feels like a **tight feeling in the chest and jaw** and may cause numbness in the hands.

It should be relieved by rest or GTN spray (nitro lingual)

As previously mentioned aches and pains are common after a heart attack although Angina should not occur after treatment. If you have angina occasionally that tends to occur on exertion, it may be necessary to increase or change your medication and you should consult your GP.

DIET

A healthy, well-balanced diet is recommended. It is important to aim for, and maintain, your ideal weight, as this will definitely improve your heart health. You can discuss your ideal weight with one of the cardiac nurses or attend the education sessions when a dietician will present the most current advice for healthy eating.

The best ways to control your weight are:

1. Eat regularly – three meals a day.
2. Reduce the total amount of fat in your diet, regardless of what type it is.
3. Cut down on sugar and foods containing sugar.
4. Be mindful of your calorie intake.
5. Take some regular exercise.

Increase your fibre and starch intake:

These foods are cheap, filling, and provide plenty of roughage.

1. Try and include wholemeal bread, brown rice, and wholegrain pasta in your diet.
2. Eat porridge or a wholemeal breakfast cereal.
3. Aim to eat 5 portions of fruit and vegetables every day. As a guide, a portion is about a handful. These can be fresh, tinned or frozen. Cook them lightly so they retain their vitamin content. Examples of a portion: 1 banana, 12 grapes, 4 broccoli florets, 1 bowl of mixed salad.

Juice counts as one portion. Potatoes don't count towards your 5 a day.

4. Include more pulses such as peas and beans.
5. Remember, if you have increased your fibre intake you may also need to increase your fluid intake.

Reduce your fat intake:

It is important to avoid an excessive amount of fat in your diet as fats are high in calories. There are different types of fats and choosing the right type is also important for your health. Here are some tips on how to cut down on fats.

1. Avoid fried foods – grill, bake, steam or microwave.
2. Use a low fat or monounsaturated / polyunsaturated spreads – but use them sparingly.
3. Change to semi-skimmed or skimmed milk.
4. Choose lean meat and avoid savoury meat products such as meat pies, sausage rolls, scotch eggs, cheap sausages, pork pies and pate. These contain lots of fat in the meat and pastry.
5. Use more chicken and turkey (minus skin) and oily fish such as mackerel, herring, sardines, trout, pilchards, and salmon.
6. Cut down on hidden fats which are found in biscuits, cakes, chocolate, sweets, crisps, peanuts and other snacks.

Fats can be divided into 2 groups and need to be reduced regardless of type:

BEHAVIOURAL SIGNS

- Increase in smoking or drinking alcohol.
- Absent mindedness.
- Accident proneness.
- Reckless driving.
- Repetitive mannerisms such as foot tapping.
- Change in appetite and sleep patterns.
- Unusual aggression.

Tackling stress can be difficult. Now is a good time to take stock of how pressurised you feel. Be honest with yourself and identify areas that may be a problem.

- Change old habits – say no and recognise your limitations.
- Be assertive, not aggressive.
- Be patient with others – you will get much further in the long run.
- Learn some relaxation exercises – there are many self-help tapes and books available.
- Take time out during your working day to unwind – lunch breaks should not be skipped.
- Share problems – talk to your partner.
- Eat a balanced diet.
- Exercise regularly – it will make you feel better about yourself, help you to unwind and sleep better.
- Take up hobbies that can be totally absorbing.
- Try massage, aromatherapy and meditation.
- Do not be frightened to show affection for your family – emotionally it can be very rewarding.
- Be positive and learn to like yourself.

Adrenaline raises the heart rate and blood pressure and increases the stickiness of blood (making it more prone to clotting). The liver also releases sugar and fat into the blood stream to produce instant 'fighting' energy.

Some causes of stress are obvious, such as financial worries, noise, poor time management, and others demanding too much of us.

Other stresses include:

- Taking on too much, not saying **no when you do not want to do something.**
- Setting our standards too high.
- Tiredness through lack of rest.
- Not valuing ourselves and our place in society.
- Relationship problems.

Signs of stress include:

MENTAL

- Inability to concentrate.
- Difficulty in making simple decisions.
- Loss of self-confidence.
- Irritability or frequent anger.
- Worry or anxiety.
- Irrational fear or panic.
- Depression.

Saturated fats can increase bad cholesterol (LDL) which increases the risk of fatty deposits developing in your arteries.

Saturated fats are found in - Dairy products

Meat

Some vegetable oils –
e.g. palm / coconut oil

Hard margarine

Cooking fat / lard

Cakes, biscuits and pastries

Unsaturated fats can be taken in moderation.

There are 2 types – *polyunsaturated and monounsaturated* fats.

They can be found in -

Vegetable oils – e.g. sunflower,
corn, soya, rapeseed and olive oil.

Soft margarine – labelled 'high in
polyunsaturates'

Oily fish

Some nuts

It is recommended you have your cholesterol level checked by your GP approximately six - eight weeks after your heart attack.

Reduce your sugar intake:

Sugar and sugary foods are empty calories as they do not provide any nutrients and are not essential to the diet.

1. Cut down on sweets, chocolate, biscuits and cakes.
2. Reduce sugar in drinks, or use a sweetener.
3. Choose low sugar puddings and drinks, e.g. fruit in natural juice, sugar free yoghurts and whips, diet drinks.
4. Use jam sparingly. Remember honey is a form of sugar.

Reduce your salt intake: - particularly if you have high blood pressure.

1. Use less salt in cooking.
2. Taste your food before adding salt.
3. Cut down on salty snack foods.
4. Watch sauces, especially soya sauce and foods containing monosodium glutamate.
5. Processed foods can contain a lot of salt, where possible choose fresh or frozen foods.
6. Avoid using salt substitutes such as “Lo salt”.

ALCOHOL

Watch your alcohol intake – the recommendations were changed in August 2016 and the recommended or ‘sensible’ limits are:

MEN up to 14 units per week and

WOMEN up to 14 units per week – this is the equivalent of six pints of average strength beer or seven glasses of wine

NB: 1 unit = Half pint of beer (ordinary, not strong)
 1 small glass of sherry
 1 glass of wine (125mls)

require you to complete a medical form – if in doubt you could always telephone the airline medical department and they should be able to advise you.

RETURNING TO WORK

Returning to work usually depends on the type of work you do. However most people are advised to take three to four weeks off work, if you are involved in heavy work you may need to take more time off, or perhaps a short period of time in in another department. Many employers will allow staff to return to part-time initially and it may be wise to take advantage of this. If you return to work quickly, colleagues can easily forget not to make exceptional demands of you. There is pressure on everyone to perform well at their job – but it is important to stop and think about your health and what your needs are. Your doctor will be able to advise you when you can return to work. Try not to make any hasty decisions about giving up work until you are feeling better.

STRESS

Stress affects everyone. Whilst a certain degree of stress is important to motivate us, a high level of stress, experienced over a prolonged period of time, can be detrimental to our physical and mental health. The ‘flight or fight’ reaction which causes the release of adrenaline is useful for self-preservation in life or death situations, but not really beneficial for the stress of everyday living.

1 single pub measure of spirits

HOWEVER, you must inform the DVLA and cease driving under the following circumstances:

1. You have a **HGV** or **PSV** licence. The licence will be revoked and may be reinstated following a period of time and further medical investigations. You will need to discuss this with the DVLA.
2. You experience angina whilst driving. The angina will need to be suitably controlled.
3. You have been experiencing heart rhythm disturbances that cause dizziness / light-headedness or would distract your attention.
4. A permanent pacemaker has been implanted.

Driving can be very tiring and stressful, and although you may be very experienced you can never account for other peoples actions. We advise that when you start driving again you are accompanied by a partner or friend (so they can take over if you feel unwell) and do not drive in rush hour or on long journeys. As with other activities gradually increase your driving times and distances.

AIR TRAVEL AND HOLIDAYS

It is advisable to stay in familiar surroundings for the first four weeks following a heart attack.

Holidays can be stressful – the preparation, possible delays and travelling can be quite tiring and frustrating. It is best not to fly for approximately 4 weeks following your hospital admission and we would recommend you seek medical advice first. The airline may

Most alcoholic drinks contain a lot of calories, which can lead to weight gain. Therefore aim to have no more than 2-3 drinks per day, and try to have at least one or two alcohol free days per week. Record how much alcohol you drink per week and keep it in check. If you really need a drink to unwind, perhaps you should be looking at other forms of relaxation so that your health does not suffer.

Too much alcohol can also increase your triglyceride (blood fat) level, thereby increasing your total cholesterol level.

Uk Chief Medical Officer Aug 2016

SEX

Sex is a natural and normal and no different from any other form of exercise. Having sexual intercourse does not put any extra strain on the heart.

Research has shown that more energy can be used when arguing, driving to work or watching exciting television. The exertion involved in normal sexual intercourse has been equated to climbing up and down two flights of stairs briskly. If you can comfortably walk up and downstairs sex will be safe.

If you find intercourse does induce chest pain, use your GTN spray and if the problem continues discuss this with your GP.

SOME PRACTICAL TIPS:

- Make sure the bedroom is warm. A very cold room can precipitate angina.
- Avoid times when there may be outside interruptions.
- Avoid too much alcohol and do not smoke immediately before or after sex.

Casual relationships and extra marital affairs are likely to put a greater strain on the heart. They are often combined with psychological stresses and sometimes there is “something to prove”

Beta – blockers such as Bisoprolol “may” cause problems with impotence. It is important not just to stop taking these drugs, if you are experiencing problems please go and see your GP – it may be that anxiety is the real problem. Sit and talk to your partner, as very often they will be frightened about resuming sexual activity and may make excuses to avoid sex.

Avoiding sex will not make you live longer; it is a normal part of most people’s lives.

DRIVING

PRIMARY PERCUTANEOUS INTERVENTION (PPCI), a STEMI (Heart Attack with ECG changes), or a NSTEMI (Heart Attack with little or no ECG changes).

Driving may commence one week after successful angioplasty (with or without stent) providing there are no other disqualifying conditions.

- No other URGENT re vascularization is planned (URGENT refers to within four weeks from acute event).
- LVEF (left ventricular ejection fraction) is at least 40% prior to discharge from hospital.
- There are no other disqualifying conditions.

If not successfully treated by coronary angioplasty, driving may recommence after four weeks providing there are no other disqualifying conditions.

The **DVLA do not** need to be notified, but we do recommend you inform your insurance company.

Percutaneous Coronary Intervention

(Angioplasty and Stent) – Elective / Planned.

Driving must cease for at least one week.

Driving may commence thereafter providing there are no other disqualifying conditions.

The **DVLA do not** need to be notified.

Group 2 ENTITLEMENTS – LVG / PCV – (Lorry / Bus)

All Acute Coronary Syndromes disqualify the license holder from driving for at least 6 weeks.

Re – licensing maybe permitted thereafter, providing:

- The exercise or other functional requirements can be met.
- There are no other disqualifying condition.