Patient Information

C02

NHS Golden Jubilee

Your heart attack procedure explained and cardiac rehabilitation when you go home

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Next review: May 2027
Version 11

About this leaflet

The purpose of this leaflet is to give you information about the treatment you have had and the next steps for you. The sections marked with ☑ are specific to your treatment.

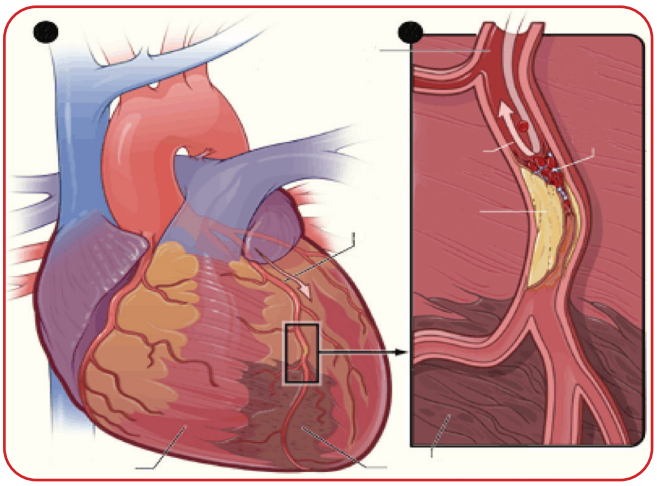
Why were you admitted to the Golden Jubilee University National Hospital? ☑

You were referred to us because you were showing signs of having had a possible heart attack.

What is myocardial infarction (heart attack)? ☑

Most heart attacks occur as a result of coronary heart disease (CHD). Coronary heart disease occurs when the coronary arteries (the arteries that supply blood and oxygen to the heart muscle) become narrowed by a gradual build-up of fatty materials within their walls. This fatty material is called atheroma or plaque. If the plaque becomes unstable, it may lead to a blood clot forming. If the blood clot blocks the coronary artery, the heart muscle is starved of blood and oxygen, and may become permanently damaged. This is called a heart attack. A heart attack is sometimes called acute coronary syndrome, myocardial infarction or coronary thrombosis.

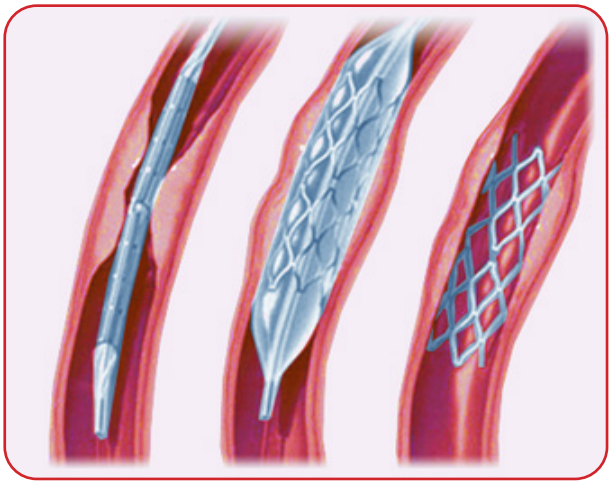
To find out if you have had a myocardial infarction, you underwent a procedure called an angiogram, which is a detailed X-ray procedure carried out in a specialised area called the Cardiac Catheterisation Laboratory (Cath Lab) by a team of doctors, nurses, radiographers and cardiac physiologists, which demonstrated if your coronary arteries were narrowed and by how much they are narrowed.



The outcome of that procedure may have led to:

- Progressing to treatment of the narrowing in your arteries by Percutaneous Coronary Intervention (PCI).
- Advice to continue taking medication.
- A referral for cardiac surgery.

What is PCI?



Percutaneous Coronary Intervention (PCI) with or without a stent is a treatment to widen or unblock the artery. The procedure is performed via the radial artery (in your wrist) or femoral artery (at the top of your leg) using specialist equipment designed to deal with coronary artery disease.

Everyone who has had a PCI will also be advised to take specialist medication.

Medication

The doctors or nurses may also give you a combination of drugs which could include:

- Statins
- Beta-blockers
- ACE inhibitors.
- Antiplatelet drugs:
  you will be prescribed Aspirin, along with a drug called Ticagrelor or Clopidogrel to take regularly to reduce the risk of blood clots. **It is very important that you take these tablets as prescribed by your cardiologist.**

Both medication and PCI aim to:

- improve the blood supply through your coronary arteries;
- ease your chest pain; and
- reduce the risk of ongoing damage to your heart muscle.

Referral to cardiac surgery

Sometimes the pattern of narrowing found in your coronary arteries may be best treated by cardiac surgery. If this is the case, this will discussed with you and you may either be seen by the Consultant Cardiac Surgeon whilst your are still in the Golden Jubilee University National Hospital, or you may be transferred to your local hospital or discharged home and sent an appointment to see the Surgeon at an outpatient clinic at the GJNH in the following few weeks.

What happens next?

Transfer to your local hospital or discharge home?

You will usually be transferred back to your local hospital within 12-24 hours of your procedure and can expect to stay there for a further day or 2.

Sometimes you will be discharged home from GJNH following your procedure.

In either event, you will be referred to a **cardiac rehabilitation programme.**

Cardiac rehabilitation

Cardiac rehabilitation is an important part of your recovery. It is designed to support and encourage you to make positive lifestyle changes to improve your heart health and assist your recovery.

Shortly after your discharge from hospital you will be contacted by the Cardiac Rehabilitation Nurse at your local hospital to discuss your recovery and plan your follow up.

Attending the Cardiac Rehabilitation clinic will depend upon your recovery; the following information aims to give you some information prior to your local service contacting you at home.

After reading this booklet, if you or your family have any questions or concerns, please feel free to ask the team looking after you in hospital, or if you have been discharged, get in touch with your local hospital for more information on the contact numbers at the end of this booklet.

On discharge

Exercise

Days 1 and 2: When you go home, spend the first few days around your house, taking things easy. You can use your stairs as normal and do light housework, but don't do any heavy lifting or anything that involves vigorous exertion.

Day 3: You will feel ready to start walking outdoors. Plan an easy 5 to 10 minute circular route (ideally on mainly flat ground) and do this twice a day. Your normal walking speed is fine unless this makes you breathless and tired.

Day 7 onwards: Once you have been home for a full week, and provided you have had no difficulty completing your 2 short walks a day, then you should increase your walking time to 30 minutes per day. You can choose to do this either as one 30 minute session or 2 or 3 shorter sessions over the course of the day.

The Cardiac Rehabilitation at your local hospital team will give you individual advice on returning to active hobbies and sports.

Smoking cessation

Smoking is a major contributor to heart disease.

Smokers are advised to stop to minimise the risk of a further heart attack. You can be prescribed nicotine replacement therapy as an inpatient and on discharge from hospital.

You can also speak to your local chemist for advice or call the Smoke Free Services on 0800 848484 or visit the following websites for any information you may need:
www.nhsggcsmokefree.org.uk
www.canstopsmoking.com
www.nhsinform.scot./healthyliving/stopping-smoking

Diet

Eating healthily can help control risk factors associated with heart disease, such as high blood pressure, high cholesterol, obesity and diabetes. This means eating plenty of fruit and vegetables, lean meats, fish, and wholegrain bread, rice and pasta. Drink plenty of water or other fluids during the day. You should also reduce the amount of salt and sugar in your diet.

Alcohol

Too much alcohol may have a detrimental effect on your health. It is recommended that men and women limit their alcohol intake to no more than 14 units per week, and having 2 or 3 alcohol-free days each week.

Alcohol should not be taken with certain medications. You will be advised of this on discharge from hospital.

Medication

During your admission you may have had a stent inserted into your coronary artery.

You will also have been started on antiplatelet medication to reduce the risk of blood clots forming around your stent. It is very important that you take this medication for the length of time advised by the doctor who carried out your procedure.

You may also be started on other medications. These will be discussed with you before you are discharged.

Driving

The Driver and Vehicle Licensing Agency (DVLA) provides information on when you can drive after a heart attack and/or stent insertion to a narrowed or blocked artery.

In general terms, you may begin driving 1 week after successful coronary angioplasty if:

- the outcome of echocardiogram is satisfactory;
- no other urgent PCI is planned within 4 weeks of your first procedure; and
- you do not have any other disqualifying condition.

Otherwise it will be at least 4 weeks before you can legally drive again. Please remember that you will need to inform your car insurance company. You do not need to inform the DVLA

Taxi drivers and Group 11 Licence holders will need to satisfy the guidelines in place by the local council or the DVLA. Group 11 Licence holders will also need to inform the DVLA of their situation.

Going back to work

Most people can return to work after a heart attack.

The length of time you will need off work will depend on several factors, including the extent of disease in your arteries, the amount of damage the heart attack did to your heart muscle, the type of work you do, and whether you need a driving licence to do your job.

If you are not working, money worries can be an added stress.

The Cardiac Rehabilitation team at your local hospital will be able to advise you on Benefits you may be entitled to.

What to do if you have further chest pain

On discharge from hospital you may be prescribed Glyceryl Trinitrate (GTN) in spray or in tablet form.

If you require to use this medication it is best to sit down or be supported in some way as it may make you feel lightheaded or dizzy.

If you do get chest pain and stopping or a short rest does not help, place 1 or 2 sprays, or 1 tablet, under your tongue, and wait for 5 minutes. If your chest pain is relieved, rest for a further 5 minutes. However, if your chest pain continues, place a further 1 to 2 sprays, or 1 tablet, under your tongue and wait for a further 5 minutes.

If your chest pain still continues, take a further 1 to 2 sprays, or 1 tablet, under your tongue and wait for a further 5 minutes.

If the pain does not go away after taking your spray or tablets 3 times in 15 minutes, phone 999 for an ambulance. Explain that you have recently had a procedure for your heart and are having chest pain which has not been relieved by your GTN spray or tablets.

If the spray or tablets does take away your pain, rest for 10-15 minutes before continuing with your activity. If you find that you are using your spray or tablets on a regular basis, please tell your GP.

More detailed information and advice will be given to you by the Cardiac Rehabilitation Service at your local hospital. If you do not receive a letter or a phone call from your local Cardiac Rehabilitation Service at your local hospital, please contact them on the relevant phone number listed at the end of this booklet.

Your personal information

All of the hospitals in Scotland which carry out angiograms and PCI store the patient details on the same computer database. Your information is used to record the care you are given and also to compare and hopefully improve the results of treatment in different hospitals. All medical records are confidential. Only the doctor and other healthcare professionals looking after you will be allowed to look at your medical records.

Any information given by you is gathered together centrally to allow us to compare our practice with other hospitals. The results are gathered anonymously and your records cannot be identified as you. This type of information collection is carried out in accordance with the Data Protection Act. If you do not want your information stored in this way you have the right to refuse permission.

Taking part in research

As a regional centre for the West of Scotland in the treatment of heart disease, the Golden Jubilee University National Hospital participates in a number of research studies. During your stay here, you may be approached by a member of the Research Team and invited to take part in such a study. Participation in research is entirely voluntary and will not affect the standard of care you receive.

Contacts

Golden Jubilee University National Hospital

Coronary Care Unit	0141 951 5202
2 East	0141 951 5250

West of Scotland Cardiac Rehabilitation Services

Queen Elizabeth University Hospital	0141 451 6134
Glasgow Royal Infirmary	0141 211 4009
West Glasgow Ambulatory Care Hospital	0141 201 0815
Stobhill Hospital	0141 355 1020
New Victoria Hospital	0141 347 8110
Royal Alexandra Hospital	0141 314 6852
Vale of Leven Hospital	01389 817408
Inverclyde Royal Hospital	01475 504484
Dumfries and Galloway Royal Infirmary	01387 241322
Crosshouse Hospital	01563 577175
Ayr Hospital	01563 577175
Forth Valley Royal Hospital	01324 566349
Oban, Lorne and Islands (including Mid Argyll and Campbeltown)	01631 789080
Western Isles Hospital (including Uist and Barra Hospital)	01851 708258

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