

Information for Patients & Families

# Minimally Invasive Mitral Valve Surgery



Repair or replacement of one of the heart valves using keyhole surgery

**This information booklet has been prepared to help you and your family understand more about the operation that is planned for you. It will give you general information about what to expect before coming into Liverpool Heart and Chest Hospital from your admission to discharge home or to another care setting. It will also give you information about what to expect when you go home and your recovery.**

## **Patient and Family Experience**

The Liverpool Heart and Chest Hospital is committed to providing patients and their families with an exceptional care experience. Patient and family centred care is at the heart of what we do. You may wish to involve your family members or carers in your care to assist and support you whilst in hospital. With your permission we are happy to share information about your care and condition with your family members. Please tell us with whom and how much information you would like us to share. Your experience is very important to us.

If you, your family or carers have any concerns during your admission it is important that you let us know immediately, at the time that they occur, in order for us to put things right.

**The Liverpool Heart and Chest Hospital operates a no-smoking site. Please refrain from smoking in the hospital grounds**

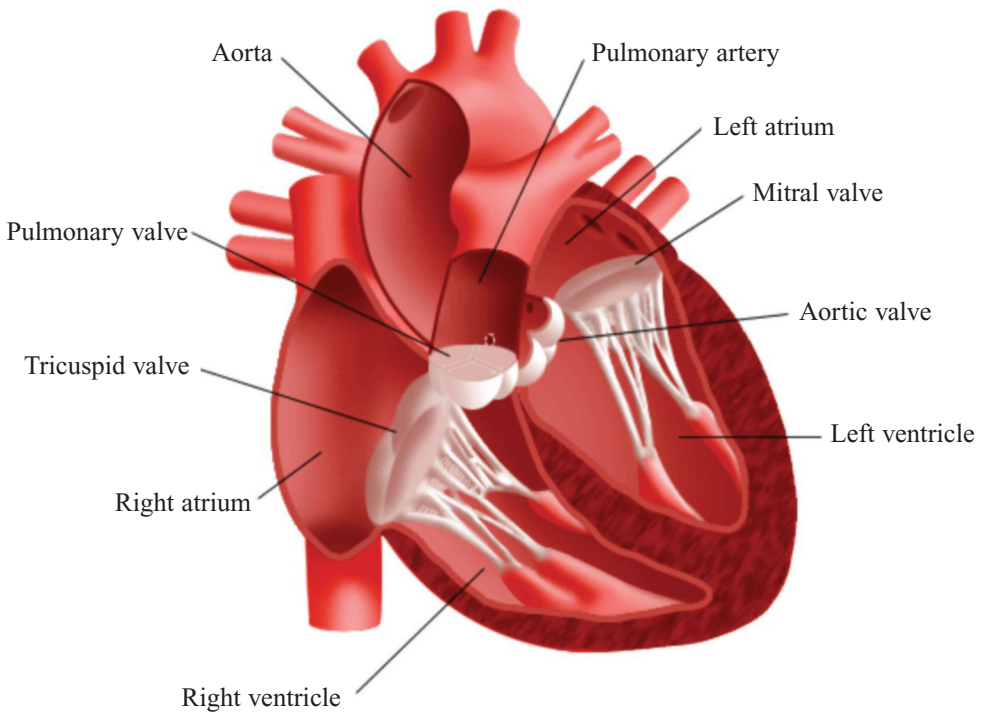


## ***Heart Valve Disease***

Your heart has four valves, which make sure that the blood flows through it and around your body in one direction. These valves can become damaged or diseased over time. When this happens they can either leak, which is known as regurgitation, or become narrowed, which is known as stenosis. When this occurs, it can make you feel tired, short of breath and may limit your daily activities.

The diagram below shows where the valves are situated in the human heart.

**Diagram 1 The Human Heart**



The traditional way to perform surgery on the mitral valve is by dividing the breastbone (sternum). This is known as a sternotomy and leaves a 9-12 inch scar on the front of the chest (see Picture 1 below). It is still used for the majority of cardiac surgery as it gives very wide exposure for the surgeon to perform the operation but this does involve the surgeon cutting through the breast bone (sternum) and it takes the patient on average two to three months to recover from this type of operation.

**Picture 1**      **A sternotomy scar**



In addition to this, there are a number of important lifestyle limitations, which give time for the breast bone to heal back together, that include:

- No driving for six weeks
- No lifting of anything heavier than a bag of sugar for six weeks
- No pushing up from a bed or chair with your arms for six weeks

### ***Why is minimally invasive surgery different?***

With the minimally invasive procedure, otherwise known as mini-mitral surgery, the surgeon uses a 5cm cut on the right side of the chest and gently opens the space up between the ribs in order to see the heart. A high-definition video camera is then used to guide the procedure inside the heart and the surgeon can then repair or replace the damaged mitral valve. Once inside the heart, the repair or replacement technique is carried out in exactly the same way as the sternotomy operation.

### ***Benefits of the minimally invasive approach***

- The recovery period is much quicker. Usually after about three weeks you will feel better and be able to undertake most of your normal activities. This does depend on each individual patient and their general health and may be longer if they have other underlying conditions.
- You will have less post-operative discomfort and pain, particularly with the use of catheters that numb the pain nerves where the incision is placed.
- You will have a shorter hospital stay, usually 4-5 days
- You have less risk of wound infection
- You can drive again after four weeks, if you feel well enough to do so
- The restrictions and limitations on lifting and pushing up from a bed/chair do not apply as with traditional heart surgery when patients have a sternotomy wound
- The cosmetic result is generally excellent by comparison, particularly in females where the scar is hidden under the right breast (see Picture 2 overleaf).

In men, following this type of surgery they will have a 5cm scar that is visible above the right nipple and in women there is virtually no visible scarring as the incision is hidden under the right breast allowing a bikini to be worn with no visible evidence that the patient has had open-heart surgery.

**Picture 2**      **The cosmetic result of minimally invasive surgery.**



### ***Who is suitable for the minimally invasive technique?***

Most mitral and tricuspid valve repairs and replacements can be undertaken through this approach, although the most complex valves to repair are probably still best approached through a sternotomy wound at the front of your chest but your surgeon will advise you on whether this is an option for you.

Valve and ablation procedures (known as cryomaze), where an irregular heartbeat which is known as atrial fibrillation (AF) is corrected at the same time, can also be performed using this type of technique.

Additionally, holes between the top two pumping chambers in the heart, which are called atrial septal defects or ASDs, and benign atrial tumours (myxomas) which are non-cancerous tumours, can be corrected or removed using this technique.

Your surgeon will discuss the best option for you.

### ***Who is not suitable for this type of surgery?***

- Patients who have had previous right lung surgery or radiotherapy to the right side of the chest
- Those with peripheral arterial disease (poor circulation)
- Those who need combined bypass and valve surgery to be performed at the same

### ***How long will I have to wait for this type of surgery?***

Liverpool Heart and Chest Hospital is one of only a few hospitals in the UK that performs minimally invasive mitral valve surgery otherwise known as mini mitral surgery. Currently, only one of our cardiac surgeons performs this specialised surgery, therefore the waiting time for this surgery may be longer but the recovery time is much shorter. All decisions regarding timing of surgery are made on clinical priority, so if you are very symptomatic and struggling, the waiting time should be less than for somebody who is coping well.

## ***What are the risks?***

As with all surgical procedures, heart operations involve some risks to the patient. These risks vary according to the type of operation, your overall health and your individual heart condition. The surgeon will discuss these in detail with you, so that you are fully informed about the risks and benefits of the procedure.

The minimally invasive approach is just as safe as the conventional approach to valve surgery in terms of risk of dying or having a stroke. This type of surgery takes longer to perform, but despite this, patient recovery is much quicker.

There is a 2% possibility that during this type of surgery, the surgeon may need to perform the conventional approach during the operation in order to keep you safe.

All risks will be discussed with you in detail during the consent procedure, when you sign to say you consent to have surgery.

## ***Will I need any special tests before surgery?***

You will be reviewed by the surgeon in the outpatient clinic who will discuss if you are suitable for this type of surgery.

You will then need to have some investigations or tests before it is confirmed that you are suitable for this surgery and these may include:

- CT scan – a specialised x-ray scan of the main arteries in your body
- A TOE or transoesophageal echocardiogram, which is a special ultrasound scan of your valve. You will be required to attend as a day case to have this performed. If your referring cardiologist has already done one of these, you will NOT need a repeat of this.
- Blood tests, chest x-ray, breathing tests and ECG (heart tracing)



## ***Frequently asked Questions***

**Q: I don't live in the Merseyside area, can I still be treated at Liverpool Heart and Chest Hospital?**

A: Yes, due to Patient Choice patients in the NHS have the right to choose where they are treated but you will need to be referred by your consultant cardiologist or GP.

**Q: Is the heart-lung machine still used during the operation?**

A: Yes, we make a 2cm cut in the right groin to use the femoral blood vessels for cardiopulmonary bypass. This incision is placed in the skin crease so will be hardly visible afterwards. There is a 5% risk of developing some swelling at this site but this usually settles down over a few months.

**Q: What are the long-term results?**

A: This technique has been available in North America and Germany since the mid-1990s. The technique of valve repair once the surgeon gets to the valve is identical to those used during the conventional approach and the data we have so far suggests that there is no difference in long-term outcomes.

**Q: Will I still need a coronary angiogram?**

A: Yes, you will need the same pre-operative tests as someone who is having the conventional operation.

**Q: Are any extra tests needed? If so, where will they be performed?**

A: Yes, you may be required to have a CT scan of the arteries in your body which will be performed in Liverpool at your convenience.

**Q: How long is an average operation?**

A: Approximately 4-5 hours but patients are kept sedated for a few hours after the operation on the Post Operative Critical Care Unit.

**Q: How long before my family can see me in the Critical Care Unit?**

A: Once the nursing staff are happy with all your monitoring, two members of your family at any one time are welcome to sit by your bed. Visiting times in Critical Care are from 8.00 am –9.00 am and from noon to 8.00 pm.

***Before coming into hospital***

As part of your preparation for surgery you will be reviewed by a Clinical Nurse Practitioner who is specially trained. The assessment will take up to two hours and during this assessment the nurse will:

- Take a full medical history
- Perform a clinical examination
- Assess whether you require any extra support at home following your surgery or if you have any disabilities
- Explain the procedure and your hospital stay
- Explain the recovery period following your surgery
- Discuss cardiac rehabilitation
- Repeat any tests if necessary
- Give advice on your medication including which tablets you need to stop before coming into hospital
- Discuss any concerns or answer any questions you may have
- Discuss your length of stay
- Arrange any help you may need, such as a social worker, or advise you who to contact for advice about stopping smoking
- **Advise you to visit your dentist before valve surgery; as this is very important as it reduces the risk of infection to your repaired or new valve**

## ***Admission to Hospital***

We believe that relatives or carers should be involved in your care and treatment whenever possible and only if you are in agreement with this.

If you have any special needs or learning disabilities we may need to complete a document called a 'Hospital Passport' which will detail all your requirements and this document will accompany you during your stay. We will hopefully have been informed of your needs before your admission so that any arrangements for extra support can be put in place. If we have not been informed please let us know as soon as possible.

If English is not your first language or if you have any religious requirements please let us know and we will do all we can to help.

### **Single Sex Accommodation**

Sharing a sleeping area with members of the opposite sex will only happen when based on clinical need, for example where patients need specialist care or equipment such as in our Post-Operative Critical Care Unit. Privacy and dignity is maintained at all times.

### **Arrival on the ward**

Some of the tests you had in the pre-op clinic may be repeated. Do not be alarmed at this as some are done as a matter of routine, like your urine test and your weight, and some may have to be repeated to check that any abnormalities have been corrected. The reasons will be explained to you but if you are still concerned just ask.

On admission you will be met by a member of staff and orientated to the ward. You will be seen by an anaesthetist, the

doctor responsible for your anaesthetic. You will also be seen by the Consultant or a member of their team to discuss and complete your consent form, if this has not already been completed at your clinic visit. During the consent process the doctor will discuss in full the risks and benefits involved in your operation and you will be asked to sign the consent form to show that you have understood this. If you have any questions please do not hesitate to ask.

### ***Teaching and further training***

Medical students and other healthcare professionals cannot learn all they need to know from textbooks and lectures. During the period of your treatment, you may be asked to consent to having students present or taking part in your examination or treatment, under the guidance of a qualified person. You have the right to refuse without affecting our standard of care to you in any way. Your co-operation in helping students will benefit other patients in the future.

### ***What to bring when coming into hospital***

You will receive a letter detailing the date and time to come in for your operation. You can eat and drink as usual on the day of your admission unless you are specifically informed otherwise in your letter.

Please bring the following items with you when you come into hospital:

- Your tablets in their original bottles or packets, which you will be asked to hand to the nurse on the ward
- Nightwear, dressing gown and underwear
- Flat comfortable shoes or full slippers
- A book or some magazines

- A separate wash bag containing toothbrush, toothpaste, denture box, brush/comb, glasses in their case if you wear them and shaving equipment. You may also wish to bring a towel and soap/shower gel. This bag will be labelled and will be sent to the post-operative intensive care unit (POCCU) for you to use following your surgery



It would be helpful if you could label your denture box and glasses case with your name and date of birth before you come into hospital.

### **Jewellery and Money**

A small amount of money can be brought into hospital. However, we would advise that valuable jewellery or large amounts of money be kept at home.

**Any jewellery, including wedding rings, will need to be removed before your operation so please leave these at home.**

If it is necessary for money or valuables to be brought into hospital with you, we would advise you to discuss the safe storage of your valuables with the nursing staff.

**Please note the Trust cannot be liable for any loss of personal belongings or valuables during your stay with us.**

## ***Preparing for Your Operation in Hospital***

### **Hair removal**

Before the operation it will be necessary to remove hair from around the operation sites. The nurses on the ward will tell you how to do this and assist you if necessary. **Please do not do this by yourself at home** as shaving increases the risk of infection. If you shave too early, you may cut yourself, which can be another source of infection.

### **Showering**

It will be necessary for you to have a shower the night before and immediately prior to your operation. The nursing staff will advise you when the best time is for you to do this. They will also provide you with the use of an antiseptic skin wash. This will help to prevent any infection occurring in your wounds. If you need assistance when showering please inform the nursing staff.

### **Pre-medication**

Before your operation, your pre-medication will be given to you and is commonly known as the *pre-med*. This is given to help reduce or relieve anxiety and is usually in the form of tablets. The pre-medication can make you very drowsy. Therefore, once you have taken it you must stay in bed and call for a nurse if you need anything.

### **Anaesthesia**

This section is to give you a brief overview of what to expect from anaesthesia and the anaesthetist. Each operation and anaesthetic is tailored to the individual patient. Before your operation your anaesthetist will visit you on the ward. He or she will ask various questions concerning past anaesthetics, your general health and specifically questions concerning the symptoms of your heart disease. This is also the opportunity to discuss your care after the operation in the Post-Operative Critical Care Unit (POCCU) and methods of pain relief following your surgery.

Prior to your surgery, the anaesthetist is likely to alter some of the drugs that you normally take, removing some and adding others. The anaesthetist may offer a sleeping tablet the night before surgery. Although this is not compulsory most patients prefer to have this as it helps them relax and have a good night's sleep before their operation.

On the day of surgery, normally patients are not allowed to eat or drink from midnight the night before, although in individual circumstances this may be altered by your anaesthetist. The nursing staff will advise you about this but if you are in doubt, please ask. This is to prevent the contents of your stomach going into your lungs after you are put to sleep or anaesthetised.

### **Theatre**

You will be transferred from the ward to the operating theatre in your bed. After arriving in the operating theatre you will be asked once again to repeat your name and date of birth and what operation you are expecting to have. You may be asked these questions a number of times but it is important that we carry out these checks prior to your surgery, to ensure that we have the right patient for the right operation.

Before going to sleep, you will have a drip (small plastic tube) inserted into a vein and an artery, but your anaesthetist will use local anaesthetic to reduce any discomfort you may feel. After attachment of ECG stickers, the anaesthetist will ask you to breathe some oxygen from a face mask, anaesthetic drugs will then be injected into the drip and you will slowly drift off to sleep.

Your anaesthetist will stay with you throughout the operation and accompany you during your safe transfer to the Post-Operative Critical Care Unit (POCCU). The anaesthetist is responsible not only for keeping you asleep but also for controlling your blood pressure, heart rate, lung function, kidney function, body temperature and blood volume during the operation.

## ***Following Your Operation***

The time it takes for each operation is different as this depends on your condition and the type of operation you require. Every patient's recovery rate depends upon their general health and any pre-existing conditions they may have.

Following your operation you will be transferred to the Post-Operative Critical Care Unit (POCCU) where you will remain until the doctors and nurses feel you are able to go to the ward to continue with your recovery.

### **Post-Operative Critical Care (POCCU)**

When you are transferred to POCCU from theatre you will have a tube in your mouth to help you breathe and this will be connected to a breathing machine known as a ventilator. You may be aware of this but won't remember much about this. The nursing staff will support you during this time and enable you to communicate. This breathing tube will not make you gag, retch or vomit as during the operation your throat will become accustomed to the idea of a tube being in place. You will receive support from the ventilator for a number of hours following your surgery. The length of time you receive this support will depend on your condition following surgery.

The nursing and medical staff will reduce your sedation and once you are awake and able to breathe on your own, the tube will be removed and replaced with an oxygen mask over your nose and mouth. You will also have drips in your neck or groin. Whilst this sounds unpleasant, it is our aim to keep you as comfortable as possible.

You will also have a urinary catheter in place. This is a tube that will drain urine from your bladder and is attached to a drainage bag. All fluid taken into your body and excreted or drained will be continually monitored by the staff.



## **Pain Relief**

The main type of pain relief for the first 24 hours after your operation is morphine. This will be administered either by the nursing staff or by a device known as a PCA or Patient Controlled Anaesthesia, which you are able to control yourself by pressing a button. This choice can be discussed with the anaesthetist before the operation. As soon you are able, we will give you pain relief medication in tablet form.

For this type of surgery, you may also have a paravertebral catheter which is placed in your back during the operation – this is similar to an epidural and provides local anaesthetic around the nerves on the right hand side of your chest as they exit from the vertebral canal on the inside of your chest. This is a very effective type of pain relief and this will be discussed with you prior to your surgery.

It is our aim to keep you as comfortable and pain free as possible. It is very important that you inform the medical or nursing staff if you are experiencing pain or are uncomfortable.

## **Irregular Heart Rate (cardiac arrhythmia)**

On occasion some patients may experience heart rhythm disturbance or palpitations following surgery. This may happen in the first few days after your surgery. If you do experience these symptoms it is most important that you inform a member of the nursing or medical team.

## **Drips and Catheters**

Whilst you are asleep you will have drips put into your neck and arms which will allow you to receive any drugs or fluids required and also help the staff to closely monitor your heart. You will also have a small tube inserted into your bladder (catheter) which will allow urine to drain freely and staff can measure exactly how much urine you are passing. This will be removed in the intensive care unit or when you are back on the ward.

## **Chest drains**

Following surgery you will have two chest drains. These are tubes leading from your chest to a bottle, which will drain fluid or air from around your heart and lungs. These drains will be removed as soon as the fluid has stopped draining and they are no longer required. Prior to the removal of your drains you can be given some pain control. Once removed you will have a stitch at each drain site which will be removed after 5-7 days. If you have been discharged home before it is time to remove the stitches, we will arrange for the district nurse to do this.

## **Pacing wires**

You may have two small wires coming out of the skin on your chest. These are a precautionary measure; they are there in case your heart beats too slowly. These wires can then be attached to an external pacing box, which will give you the extra beats your heart needs. These wires will be removed before you leave hospital. If, after the operation you feel that your heart is racing or missing a beat then please inform your ward nurse or doctor as this can sometimes occur after heart surgery.

## **Support Stockings**

You will be given support stockings to wear following your operation to help prevent blood clots in the legs (deep vein thrombosis, DVT). In addition to this you will also be given a small injection of anti-coagulant (blood thinning drug) to help the blood flow freely and prevent clots from forming. It is not unusual for you to feel aches and pains across your shoulders, neck and in your chest. You will need to wear your support stockings for 6 weeks following your operation. Prior to your discharge the nursing staff will advise you of the date you can remove your stockings and document this in your discharge information. If your stockings become uncomfortable you should contact the Discharge Recovery Line or your GP for advice and should never stop wearing them before taking advice.

Some people find support stockings difficult to put on and take off as they are tight. If you or your family members need some help with regards to this, please ask one of the nursing staff to demonstrate and assist you or your family and they will be happy to do so.

### **Breathing Exercises**

Physiotherapy Staff will visit you on POCCU and on the ward after your surgery to teach you some breathing exercises. They are designed to increase your breathing function and also to make it easier to clear any secretions from your lungs. After your operation you will be asked to do the exercises at regular intervals.

It is very important to drink plenty of water throughout the day during your recovery, this will keep you hydrated and help loosen any secretions.

### **Getting up and about following your operation**

Following your operation you will need to get up and about as soon as possible, it is for your recovery. The nursing staff in POCCU will assist you into a chair at the earliest opportunity, as the sooner you begin to start moving the better. Mobility helps the heart and lungs to recover and may prevent constipation, stiffness and pressure ulcers (bedsores). You will be assessed and advised on how to reduce your risk of a slip, trip or fall.

Each day as you recover following your operation you should aim to be a little more active and the physiotherapist will visit, advise and assist you with moving on the ward.

Once you have started walking on your own you should aim to take a short walk every hour or two. By the time you go home you should be walking freely around the ward and the nurse or physiotherapy staff will ensure you can comfortably climb one flight of stairs before you are safely discharged home.

If you have any problems with mobility the physiotherapy staff will assess your needs and offer guidance and support. Rest and sleep are also an important part of your recovery and are just as important as exercise. Nurses will advise you on achieving a healthy balance between getting enough exercise and enough rest following your operation.

### **Personal hygiene**

Initially the nurses will help you with washing and changing at the bedside until you are able to go to the bathroom where you will be advised to either have a strip wash at the sink or if you are able to manage, a shower. If you managed to shower yourself before your operation then, by the time you leave us, you should be able to do so again.

### **Wounds**

You will have a 5cm wound on the right side of your chest and some smaller wounds where your drains and drips have been. These may cause you discomfort or muscular aches in other areas such as your arm and your shoulder.

## ***A Guide for the first few weeks at home***

### **Week one**

Exercise is an important part of your recovery, but you should take things easy for your first few days at home. Aim to be as active as you were on your last day in hospital. Remember to carry on with the breathing exercises the physiotherapist taught you and slowly increase your activity each day.

Remember to have a sleep or a rest when you need it. Accept your limitations and do not overtire yourself. Do not do any heavy lifting or carrying for the first week. Take a walk with somebody each day and gradually build the distance up. You may still need some pain relief medication for this first week – you will find them more effective if you take them regularly, *e.g. two 500mg Paracetamol 4 times a day.* Do not drive yet.

### **Week 2-3**

You should feel stronger and able to do more activities around the house. Increase your walking and remember to try to do this each day. Do not get overtired and remember to rest when you need to.

You can do light housework. You will find that you will be able to make short visits to the shops for light items.

You should be invited to attend cardiac rehabilitation class after approximately two weeks following discharge. Remember accept your limitations and do not overtire yourself.

### **Weeks 3-6**

You should be able to manage most household tasks but still avoid heavy gardening. Most patients feel they are back to normal activities at some point during this period but it is important to remember that you have had surgery. It is important that you continue with the exercises you were taught in hospital, and remember, it is usual to get aches and pains particularly in the right side of the chest.

### **Weeks 6-8**

You will be reviewed by the surgeon in the outpatient department.

### **Driving**

You cannot legally drive following heart valve surgery for **4 weeks** from the time of surgery. You can recommence driving after 4 weeks, if you feel well enough to do so and can perform an emergency stop. Remember you must wear a seatbelt at all times, so it is important to ensure that this is comfortable before you recommence driving. If you do not feel well enough to drive and are not able to perform an emergency stop safely, do not drive until you feel it is safe to do so.

Provided you have no other disqualifying condition and you feel well enough to drive, if you hold a car or motorcycle licence, the DVLA need not be notified. You must inform your insurance company of your heart surgery.

However, holders of LGV and PSV licences who have had valve surgery **cannot drive for 3 months** and must inform the DVLA.

You can be fined up to £1,000 if you do not tell DVLA about a medical condition that affects your driving. You may be prosecuted if you are involved in an accident as a result. The phone number is 0300 7906806 or [www.dft.gov.uk/dvla/medical.aspx](http://www.dft.gov.uk/dvla/medical.aspx)

### **Bathing and showering**

Take a shower or a bath daily; do not be afraid to get your wounds wet, showering or bathing will keep your wounds clean and encourage them to heal. You may find it easier to use a shower rather than a bath but if you do take a bath, remember to:

- Empty the water before you get out and take your time
- Use a non-slip mat or a towel before attempting to stand up
- Get assistance to help you get out of the bath

### **Rest, Sleep and Relaxation**

During the first few weeks at home you will find that you tire easily so adequate rest and sleep are just as important for your recovery as exercising. Tell your family and friends when you are planning to rest; this will help cut down the amount of disturbance you get during this time. Try to get eight to ten hours sleep each night. You may find it difficult for the first week after leaving hospital, as your usual sleep pattern will have been disturbed. You may also find it uncomfortable. If you do, make sure you are taking your pain relief. Remember to listen to your body and rest and sleep when you need to.

### **Moods and Emotions**

Immediately after your operation you may have days when you feel down or depressed, this is known as the post-op blues and it is normal to feel this way, so do not worry. You may feel irritable or overly emotional and tearful. This can happen at any

time, and without warning. It usually settles down within the first few months. Both you and your family will be affected by these feelings, so it is important that you discuss with them how you are feeling. If you are still feeling this way after a couple of months, or you feel unusually depressed, lacking concentration or experiencing memory loss, then you should contact your General Practitioner.

### **Stress**

When you are stressed your body reacts in certain ways: Your muscles become tense, your blood pressure rises, you breathe more rapidly, you sweat and you become anxious. You can produce more sugar, fatty acids, cholesterol and adrenaline. This in turn slows down your digestive system and your immune system. It is in your best interest to try to avoid something that you know is going to put you in a stressful situation.

### **Sexual Relations**

Many patients that have undergone cardiac surgery experience anxiety about resuming sexual relationships. It is quite safe to have sex and/or sexual stimulation after the operation. However, we generally advise that you wait between 2 and 4 weeks, to give your wounds a chance to heal. You may resume whenever you feel ready.

### **Holidays and flying**

You can holiday in this country whenever you feel well enough to travel. If you are thinking of going abroad, we advise you to wait until after your follow up appointment. If you are thinking of a long haul flight, then you should leave it longer, but should discuss and agree the best time with your consultant. If you are taking Warfarin, you need to let your anti-coagulant clinic know, as they may need to adjust your dose.

It is important that you cover your scars with complete sun block when sunbathing for at least the first six months to avoid sunburn. You must also inform your holiday insurance company of the details of your surgery.

## **Medication**

The nurse discharging you will give you a supply of tablets, which should last at least two weeks. This will give you time to get your prescription to your GP ready for your repeat prescription. The medication you will now be taking will almost certainly be different to what you took before your operation. Therefore it is safer if you dispose of any previous drugs that you still have at home. They should be returned to your pharmacist for safe disposal.

Your GP will be sent a letter explaining what operation you have had, the medication you are now taking and that you have returned home. You will also be given a copy of this letter. You should keep an up-to-date list of your tablets with you at all times, and if you are taking Warfarin, then keep your dosage booklet with you.

## **Wounds**

Depending on how long you are in hospital, you may have your stitches removed before you leave or you will be given a number to contact your nearest walk-in centre to make an appointment to have them removed. For patients who have restricted mobility or are unwell the district nurse will make arrangements to visit you at home.

If your wound becomes red, suddenly becomes more painful or starts to discharge fluid, you should consult your GP or district nurse **immediately** for advice.

## **Who do I contact if I have any problems after going home?**

We have a Recovery Advice Line for patients, relatives and carers. This provides advice following discharge and during your recovery.

This service is available 24 hours a day, 7 days a week. A member of the senior nursing team will either take your call or if it is not possible at the time, there is an answerphone service and they will call you back as soon as they are able.



## **Recovery Advice Line – 0151 600 1056**

**IMPORTANT** – If you are in need of immediate help, for example if you experience chest pain, breathlessness, palpitations or dizziness, please do not hesitate to contact your GP immediately or attend your local A&E Department.

**Remember – if in doubt ring 999.**

### ***General Information***

#### **Visiting Times**

##### **Post-Operative Critical Care (POCCU)**

Morning visiting - 8.00 am – 9.00 am

Then open visiting from 12 noon – 8.00 pm

- Maximum of two visitors at all times.
- No children are allowed to visit the unit. Arrangements for children over the age of 12 can be made at the discretion of the nurse in charge.
- In certain circumstances visiting hours can be tailored to the needs of individuals with prior arrangement with the nurse in charge.

#### **Wards**

All wards have open visiting from 8.00 am to 8.00 pm.

We recommend a maximum of 2 visitors per bed as patients can tire easily. In consideration of other patients we also request that noise levels within the ward areas are kept to a minimum. Visitors are asked not to eat or drink on the ward and asked not to sit on the beds or use the patients' toilets.

## **Accommodation for Relatives**

The Robert Owen House provides accommodation for the relatives of patients undergoing treatment at the hospital. The hotel style accommodation is built to a very high standard with a mixture of family, twin and single rooms. The house is funded through charitable fundraising and a charge is made to guests for the accommodation. To make a booking telephone 0151 600 1688.

## **Religious Beliefs**

If you wish to have a visit from the minister of your faith, let the nursing staff know and they will do their utmost to arrange this for you.

## **Patient & Family Support Team**

We know that being a patient, relative or carer can be worrying and confusing at times, our Patient & Family Support Team are available to:

- Help provide advice and support
- Signpost you to the right people you need to speak to
- Listen to your concerns or suggestions
- Support you with any concerns you may have or advise you how to make a complaint.

You can contact the team directly on 0151 600 1257/1517 during office hours.

## **Volunteers**

We have a dedicated team of kind volunteers who you may come across during your appointments or admission. We understand that not all of our patients live locally and if you would like a visit from one of our volunteers during our admission please contact the Patient & Family Support Team on 0151 600 1639 who will make arrangements for you to receive a visit.

## **Finally – Compliments, Concerns and Feedback**

Your experience and views are very valuable to us as we use your feedback to improve the care and services we provide. During your stay you will be asked to complete an inpatient satisfaction survey. You can use this to tell us if you have had a good experience or if you feel there are any improvements we need to make.

The views of patients, relatives and carers are important to us as they enable us to develop and provide the highest standards of care that our patients deserve. We would like to hear about your experiences on all aspects of the service and care you received.

Patient and family stories are read at the beginning of all our committee meetings to ensure we hear things from your point of view. All stories are anonymised. If you would like to share your story with us, please contact the Patient & Family Support Team on 0151 600 1257/1517 or email [lisa.gurrell@lhch.nhs.uk](mailto:lisa.gurrell@lhch.nhs.uk)

## **USEFUL TELEPHONE NUMBERS**

Hospital switchboard number	0151 600 1616
Mr Modř secretary	0151 600 1393
Clinical Nurse Practitioners Helpline	0151 600 1298
Recovery Advice Line	0151 600 1056
Patient & Family Support Team	0151 600 1517
Robert Owen House	0151 600 1688
(On site relatives accommodation)	
Post-Operative Critical Care	0151 600 1017
Unit Reception (POCCU)	
Post-Operative Critical Care Unit (POCCU)	0151 600 1148

If you have any queries regarding your appointment dates/times or admission dates please contact your consultant's secretary.

## For further information visit:

www.lhch.nhs.uk  
www.nhsdirect.nhs.uk  
www.bhf.org.uk  
www.dipex.org

## Or contact:

The British Heart Foundation Heart Information Line on:  
0845 070 8070.

If you require a copy of this leaflet in any other format or language please contact us quoting the leaflet code and the language or format you require.

<p>إذا لديك الرغبة في الحصول على نسخة من هذه المعلومات بأي لغة أخرى أو بشكل آخر ( على سبيل المثال بخطوط كبيرة ) ، الرجاء الاتصال علينا على الرقم 0151 600 1257 موضحاً الشكل أو اللغة التي ترغب فيها.</p>
<p>如果您想索取一份以其他語文或形式（如大字體）編印成的資料傳單，請致電 0151 600 1257 向我們查詢，並說明您所需要的形式和語文。</p>
<p>ئەگەر ئەم زانیاریات بەھەر زامانیکی تر یاخود شیۆلۆژیکی تر دەویت (بۆ نموونە بە چاپی گەورە) ئەوا تکیایە بە ژمارە تەلەفۆنی 0151 600 1257 پەیوەندیمان پێوە بکە و نامازە بەم زامانە یاخود شیۆهەیی کە دەتەویت</p>
<p>W celu uzyskania niniejszej informacji w innym języku lub formacie (np. dużym drukiem), prosimy o kontakt z nami pod numerem 0151 600 1257 podając wymagany format lub język.</p>
<p>Haddii aad u baahan tahay koobiga wargelintan oo luqad ama qaab kale (sida far waaweyn) fadlan nagala soo xiriir 0151 600 1257 adiga oo noo sheegaya luqadda ama qaabka aad wax ku rabtid.</p>

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