

Many people experience blood clots in their lungs (this is known as pulmonary emboli). In some cases, these clots do not dissolve, but stick to the vessel wall and obstruct the blood flow. This is called chronic pulmonary thromboembolic disease. This disease can be improved by surgery.

Below are some definitions that you may find useful

- **What is an embolus?**

An embolus is material, usually a blood clot, but it can be fat, bone, air or a fragment, that travels through the circulation. It is forced into smaller vessels and blocks the blood flow to that vessel.

- **What is meant by pulmonary?**

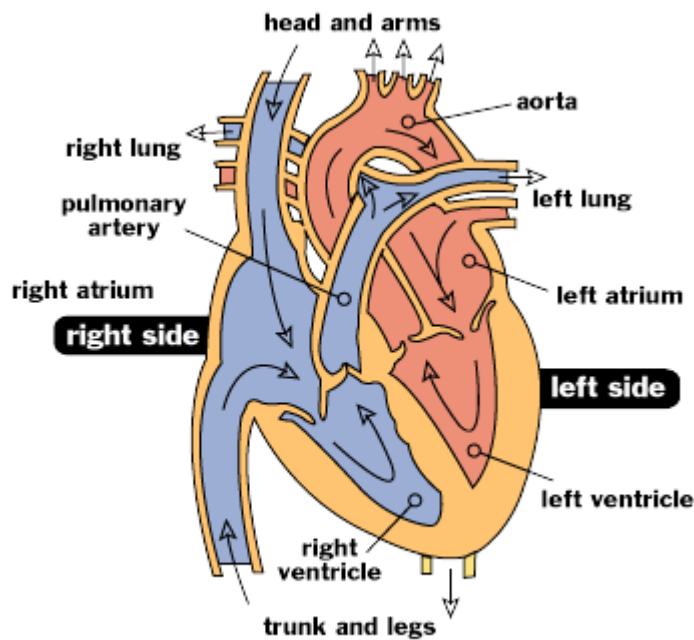
This refers to anything to do with the lungs.

- **What is a thrombus?**

A clot which causes a blockage in a blood vessel.

What is Pulmonary Thromboendarterectomy? (PTE)

- The heart and lungs work together. However, when blood clots form in the lungs, the heart and lung cannot work properly.
- All the blood that has been used by the body is returned to the right atrium (RA) on the right side of the heart through a system of veins. From the right atrium, blood travels to the right ventricle (RV). The right ventricle pumps blood to the lungs through the pulmonary arteries.



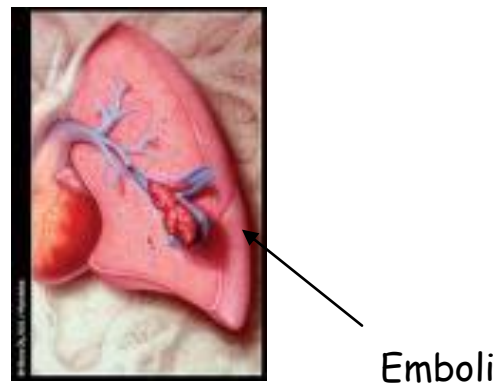
- The purpose of the lungs is to deliver oxygen to the blood. This is done by a system of branching air tubes which bring air in and out of the lungs and a system

of blood vessels (pulmonary arteries) which bring blood to the lungs.

- The pulmonary arteries divide into smaller and smaller arteries. The smallest branches called capillaries surround the walls of tiny air sacs called alveoli which are in the lungs.
- The exchange of oxygen and carbon dioxide happens between the alveoli and the capillaries.
- There are about 300 million alveoli in each lung and about one billion capillaries.
- The oxygen rich blood flows from the lungs to the left atrium (LA) and then to the left ventricle (LV) which is known as the pumping chamber. The left ventricle then pumps blood which is rich in oxygen to the aorta and then to the whole body.

What happens when you have blood clots in the lungs?

- Blood clots form in veins. They usually form in the vein of the legs. If they break loose from the veins, they are called emboli. This emboli is carried by the blood through the veins to the right side of the heart. The right side of the heart pumps blood to the lungs and this emboli becomes stuck in the branches of the pulmonary arteries.

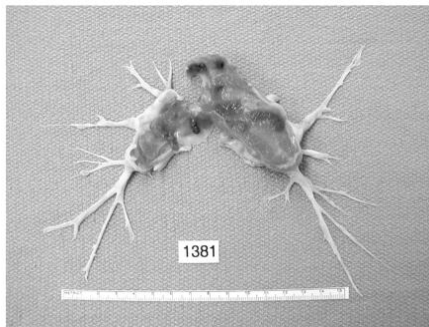


What happens when the emboli is stuck in the pulmonary arteries?

- As the arteries in the lungs are blocked, the amount of oxygen being delivered to the blood is decreased. This causes you to be short of breath.
- The right ventricle must work harder to pump blood through your partly blocked pulmonary arteries. The right ventricle gets bigger and thicker trying to do the extra work. If the right ventricle is too stressed, heart failure can occur. When this occurs, blood backs up into the veins causing parts of the body like the legs and stomach to swell. Blood also has trouble getting to the lungs.

Pulmonary Thromboembolectomy (PTE) Surgery

- Pulmonary thromboembolectomy (PTE) surgery involves removing the old blood clots that are blocking the pulmonary arteries.
- This will allow the right side of the heart to work properly. When these clots are removed from the pulmonary arteries, the heart and lungs are able to work more efficiently again.



This is a picture of blood clots which have been removed from the lung

Before you come into Hospital

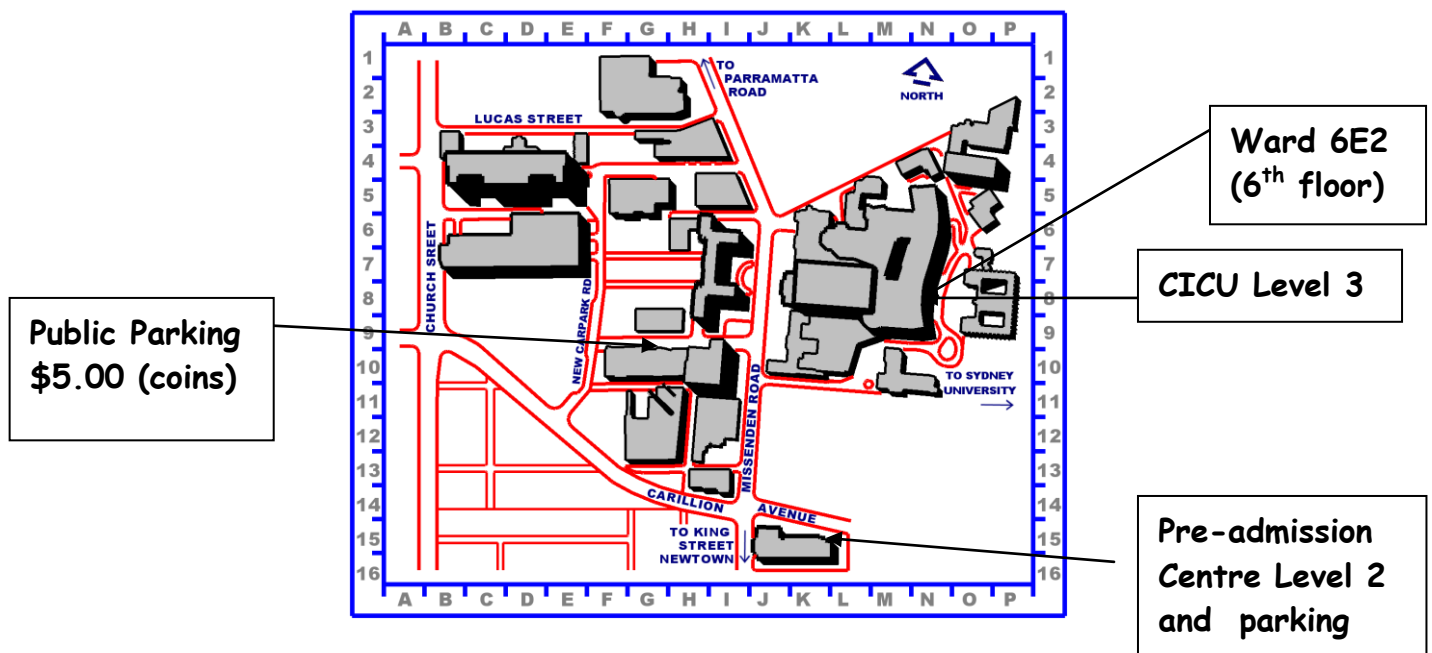
Pre-operation Clinic

Royal Prince Alfred Hospital

We would like you to attend a Pre-operation Clinic about one week before you come into hospital. At this clinic you will meet the staff, have a blood test, and find out what you can expect both before and after your operation.

Where is the Pre-operation Clinic?

- You will need to go to the **Pre-admission Centre**, in Suite 210 on the second floor of the RPAH Medical Centre (No. K15 on the map below) for blood tests, a CXR and ECG (electrocardiograph) the morning of your clinic. You do not need to fast for these tests.
- You will then be asked to go to the **Pre-Operative Clinic** located in the ward 6E2 tutorial room at Royal Prince Alfred Hospital. Ward 6E2 can be found on level 6 in the main building of the hospital which is no. L8 on the map below.



Starting time for the Pre-operation Clinic

- Please be at the Pre-admission Centre for a 7.15am start.
- Finishing time is usually about 4pm.

What do I need to bring with me?

- Bring your medications.
- Bring any Xrays or CT scans with you if you have them.
- **Eat breakfast** before you come to the Pre-operation Clinic.
- **Bring a morning snack and lunch.**
- Bring a relative or friend with you if you can.
- Bring an umbrella if it is raining.

What happens at the Pre-operation Clinic?

(located on level 6E2 in the main building of the hospital)

- At the clinic you will meet your patient educator, case manager, physiotherapist, dietitian and anaesthetist.
- You will be shown deep breathing and coughing exercises which you will be asked to do at home during the week before your operation. These deep breathing and coughing exercises are important to help you recover after your operation.
- You will be shown a DVD about what will happen during your hospital stay.

This DVD does not show your operation.

- You will also be given information about what clothes you will need for your stay in hospital.
- Please take this opportunity to ask questions.

You will also have

- a blood test,
- a chest Xray, and
- and ECG (these letters stand for electrocardiograph)

If the person who is having the operation does not speak English please call our patient liaison officer on (02)95156374, and she may be able to arrange an interpreter for that person.

Do you need accommodation?

If you do not have relatives living in Sydney, the following accommodation is available and is located within a close distance to the hospital. The RPAH Patient Relative Accommodation Officer can be contacted on (02) 9515 9901. Other alternative accommodation are;

- Rydges, Missenden Rd, Camperdown. Ph: (02) 9516 1522
- Quest Apartments, Missenden Rd, Camperdown.
Ph: (02) 9557 6100
- The Alfred Hotel, Missenden Rd, Camperdown,
(02) 9557 2216

Things you should know about your Heart Medications

Taking your Heart Tablets or Medication

- Keep taking your heart medication until you come into hospital.
- You also need to keep taking other tablets which you need for other illnesses such as **asthma or high blood pressure or diabetes**.

Tablets you must not take before your operation

- You must stop taking **Warfarin or Coumadin** 5 days before your operation.
- You must stop taking any tablets that have **Asprin**, or that have similar actions to asprin, five (5) days before your operation, or unless you have been told otherwise by your doctor.

Tablets that contain or behave like asprin include;

Aspro, Astrix, Plavix, Clopidogrel, Brufen, Cartia, Cardiprin, Clinoril, Disprin, Feldene, Indocid, Orudis and Voltaren.

Tablets that you can take if you have pain

- you may take Panadol or Panadeine.

Please call the Patient Educator on (02) 9515 7761 if you have any questions or concerns about your tablets.

If you are travelling from interstate

- You will be admitted to Royal Prince Alfred Hospital about five (5) days before your surgery.
- You will be admitted normally on a Thursday and your surgery will be on the following Monday.
- You may have an IVC (inferior vena cava) filter inserted before your surgery. This is a medical device that is inserted via the blood vessels through your groin. This filter may prevent any further blood clots from forming in your heart and lungs.
- Your warfarin will be stopped five (5) days before your surgery and you may be placed on a heparin infusion.

**This page is for you to write down any questions
that you want to ask us when you come into hospital**

Blood Transfusions

Many people are worried about having to have a blood transfusion with their operation.

Do you know

- that most patients do not need a blood transfusion.
- that a blood transfusion is only used when it is absolutely needed; and
- that our Red Cross Blood Transfusion service is one of the best in the world, and everything is done to prevent any diseases from passing from person to person.

If you are still worried about the risk of blood transfusion, you can donate your own blood.

To find out how you can, ring the Australian Red Cross Blood Service on (02) 92994444

Smoking

Smoking is definitely bad for your heart.

It is a well known risk factor for heart disease.

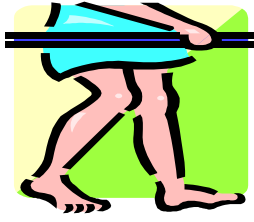
If you smoke...STOP

- You must stop for at least 6 weeks before your operation.
- If you don't stop smoking your operation will be cancelled.
- If you do not tell us that you are smoking you are taking a serious risk with your health.
- To protect your heart and lungs you must give smoking away forever.
- If you need help to quit smoking talk about help options with your local doctor.

Travelling expenses: 'Isolated Patients Travel and Accommodation Scheme.' (IPTAAS)

If you live more than 100 km from the hospital, you may be able to receive some financial assistance, under the 'Isolated Patients Travel and Accommodation Scheme.' This is known as **IPTAAS**.

- If you would like more details, please ask your local doctor.
- If you would like IPTAAS to pay for your flight to hospital, you will need to contact your local IPTAAS office before you leave home. Ask your local doctor to tell you how to contact that office.
- If you are a Repatriation patient, Veteran Affairs may be able to reimburse you. You will need to contact Veteran's Affairs for further information.
- To claim your travelling expenses, you will need to keep your travelling receipts.



Physiotherapy

The Physiotherapist

The physiotherapist has an important role in your recovery. They will speak to you in the pre-operative education clinic or see you at some time before you are taken for surgery.

During this time they will explain to you:

- The importance of breathing exercises.
- The importance of getting out of bed and walking as early as possible after surgery.
- How these will prevent complications such as chest infection and pneumonia.

They will teach you how to:

- Do the breathing exercises and cough with your chest supported.
- Get in and out of chair and bed without pushing on your arms.

Why Breathing Exercises and Coughing?

Breathing exercises are necessary to prevent complications such as the collapse of the lungs and infections.

It is important to do them as taught to you (every hour that you are awake) even when the physiotherapist is not with you.

Breathing exercises will assist with:

- Removal of secretions from your lungs
- Improve your ability to breath
- Improve your exercise levels

How to do Breathing Exercises:

The breathing exercises can be practiced before surgery.

Deep breathing exercises

- Take a deep breath in as far as you can.
- Feel the lower section of your ribcage as it moves outwards.
- Hold the breath for 3 seconds.
- Take a relaxed breath out.

(Repeat 5 times)

Cough

It is important to cough after your operation to clear the phlegm and prevent lung infections. Coughing will not open your chest wound.

- Place your hands or a small towel/pillow across your chest before you cough.
- Take a deep breath
- Cough strongly

Protecting your chest wound

Your breast bone (sternum) is bound firmly together with wires and takes 6 weeks to recover. The muscles that attach to your breastbones run across your arms. If you push on your arms you will be in danger of breaking the wound down which can result in surgery to have it repaired.

During this time you must support your chest by placing your arms across your chest to protect your breastbone. You must do this each time you move in bed, get in and out of bed, get in and out of the chair and during a cough.

You DO NOT need to support your chest when you are walking.

How to move in bed

1. Turning in bed.

You will be able to turn to lie onto your side to relief pressure on your back and to allow your lungs to be cleared.

You can "log roll" without twisting your chest.

- Place your arms across your chest.
- Bend your knees up. Shuffle to one side of the bed.
- Turn onto your side keeping your back straight as your turn.

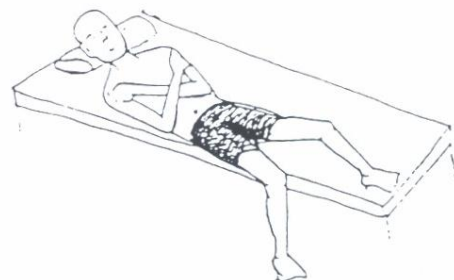
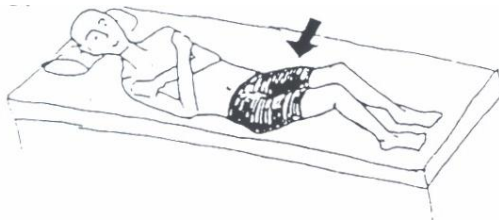


2. Lying to sitting up

This can be difficult at first and you will need assistance.

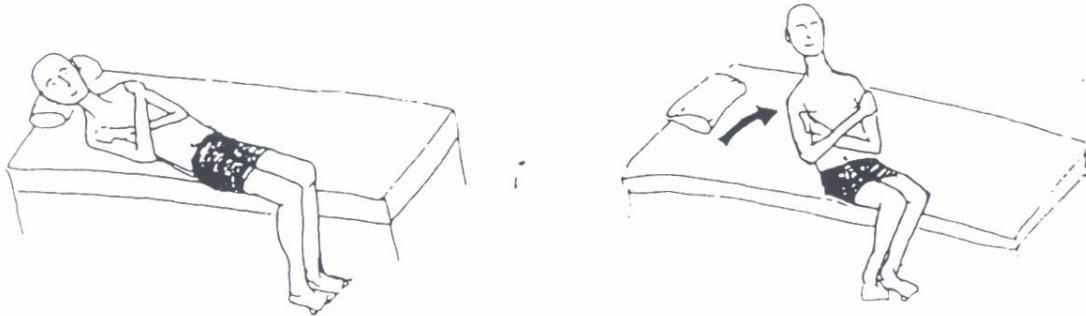
The head of the bed is wound up high so that you do not have to get up from a flat bed.

- Place both your arms across your chest.
- Bend your knees and shuffle your bottom over to the side of the bed.
- Move one leg over the edge of the bed turning your body a little as you do this.



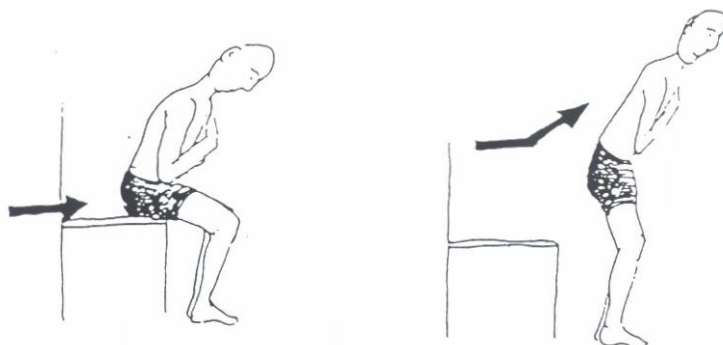
- Bring your other leg over the edge of the bed.

- Gently roll your shoulder, keeping your arms across your chest.
- Use your side trunk muscles to push yourself to sit up. You may push a little at the tip of your elbow.



Sitting to standing

- Place your arms across your chest throughout the process.
- Shuffle your bottom towards to edge of the chair.
- Place your feet on the floor, so that they are directly under your knees.
- Rock your upper body forward, 1-2-then up on 3.
- Bring your shoulders forward and up as you stand.



(drawings by Rocco Micco, Physiotherapist, RPA 2003)

Why is it necessary to walk?

"Early mobilisation" or walking after surgery is a very effective means of preventing complications of the chest.

When you start walking you will desire to take deeper breaths and this will help to expand the "bases" of your lungs. It then helps to get stronger and more effective coughs to remove the secretions from your lungs thus preventing infections caused by accumulations of secretions.

Walking in Hospital

At first you will be walked on the spot, then over the next few days this will be gradually progressed to walking around the ward. Your physiotherapist will assist you to walk initially, but then you will be expected to continue walking on your own. Your physiotherapist will let you know when it is safe to walk on your own or with your family. Before going home you should aim to be doing 5-6 walks on the ward each day. During these walks you should feel only slight exertion.

Walking at Home

Your ability to exercise will improve as you gradually increase the amount of walking you do everyday. When you first get home you should walk (on flat ground) twice each day for 5-10 minutes. Please refer to the recommended Walking Exercise Program for details on how to progress your walking.

Cardiac / Pulmonary Rehabilitation

To continue improving your general fitness we strongly recommend that you attend the Cardiac / Pulmonary Rehabilitation classes at your local hospital.

Tiredness

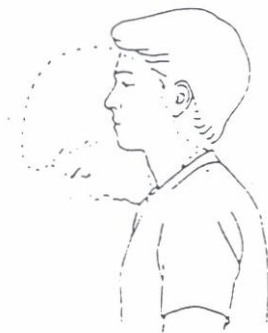
Tiredness is very common after your operation but it is still very important to do your exercises. Space your activities with short rest periods to avoid fatigue.

Arm, neck and shoulder exercises

These exercises will benefit your neck and shoulder muscles as they get stiff and tight. Do these exercises after you have done your walk and are sitting and resting on your own.

Neck

- Bend your neck forward.
- Tuck your chin to your chest and then look up (repeat 3 times)



- Turn your head to look over your right then to the left (3 times each).
- Bend your neck to touch your right shoulder then the left shoulder (3 times).



Shoulder

- Shrug your shoulders up and down (3 times)
- Circle the shoulders around forwards and then backwards (5 times).



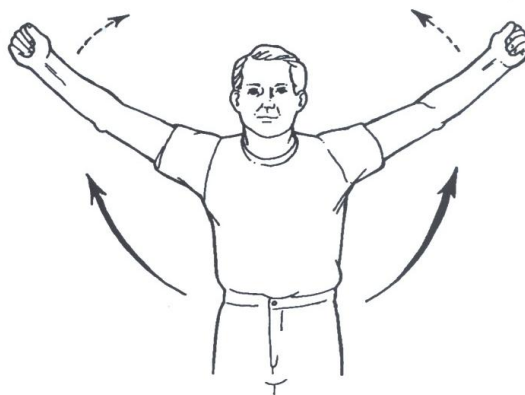
Arm

- Lift your arms out forward in front of you, both arms together (repeat 5 times)



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- Lift your arms straight out to the side above your head (5 times).

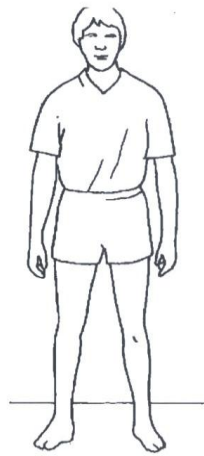


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Your exercises should not be painful. You must tell the physiotherapist if you have had a shoulder problem before coming in for your surgery. Your exercises will need to be modified.

Posture Correction

- Stand with your back against a wall or door
- Pull your shoulders back so they are touching the wall
- Lift your head to look straight ahead
- Hold this position as you step away from the wall



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After your discharge, look up the exercise booklet given to you which has more exercises and a walking program. For any queries during your stay, please contact the ward physiotherapist or speak to them as they visit you. Otherwise, your case manager or your nurse will help contact them.

(Written by Nazmeen Reddy, Senior Physiotherapist, 2003
Revised by Elise Crothers, Senior Physiotherapist, 2009)

Your Hospital Stay

Visiting Hours

Visiting Hours and Contact numbers

Visiting hours are restricted, particularly in Intensive Care so that you get plenty of rest after your operation.

The visiting hours are

-
- **Cardiothoracic Intensive Care Unit (CICU)**

There is strictly no visiting between 1pm and 3pm.

Please note that the nursing staff are busy with patient care before 10am each day.

-
- **Cardiovascular Ward 6E2**

10am- 12pm

2pm-8pm

There is strictly no visiting between 12pm and 2pm.

The **Cardiothoracic Intensive Care Unit (CICU)** telephone number is (02) 9515 8181

The **Cardiovascular ward (6E2)** telephone number is (02) 9515 8635/ 9515 8636

Things you need to know about visitors...

When your relatives visit you in the Cardiothoracic Intensive Care Unit

- Only close family members will be allowed and,
- Only 2 will be allowed at the bedside at any one time.

While you are in the Intensive Care Unit, we ask that only one member of your family telephones for information and that they pass on the news of your surgery to the rest of your family and friends.

If you could please let your next of kin know **not to ring** the **Cardiothoracic Intensive Care Unit before 1pm** on the day of your operation.

We suggest that you fill out the table below so that your relatives or friends will be able to find out about your heart operation without having to ring the hospital.

<ul style="list-style-type: none">• Contact Person (Next of Kin)	Name	Phone Number
<ul style="list-style-type: none">• Others to call with news of your operation.	1.	
	2.	
	3.	
	4.	

After your operation, one of the doctors will notify your next of kin, or the person that you have nominated by phone. Your next of kin will then be allowed to visit you.

We also advise that your family and friends do not wait in the waiting room during your operation.

Things you need to know before your operation, and about your stay in hospital.

The Night before Your Operation

- On the night before your operation, it is important that you **do not have anything to eat or drink from 12 Midnight**. When you see the anaesthetist at the pre-operation clinic, you will be told which medications you take on the morning of your surgery. Please take your medications with a small sip of water.
- When attending the Pre- Operation Clinic, the patient educator will give you an antibacterial soap. It is important that you use half the soap the night before your operation and use the remaining of the soap the morning of your operation before you come into hospital. You will be given a body shave in the operating theatre.
- At the pre-operation clinic you will be given a pink bag to pack a few of your belongings. These belongings will be needed during your stay in intensive care. Please bring this bag into hospital with you on the day of your operation and ensure that this bag is clearly labeled with your name. The night before you come into hospital, please place the following items in the bag:
 - A clean pair of pyjamas/night dress
 - Toiletries
 - Slippers

You may bring additional belongings into hospital with you. They will be locked up safely on the ward.

- Before you go to the operating theatre, you will be given some tablets and an injection. This will make you feel relaxed and drowsy, so please stay in bed after you have had these.
- Go to the toilet before you have your relaxing tablet and needle, because it is best to go to the operating theatre with an empty bladder.
- Your immediate family members are welcome to visit you before you go to the operating theatre.
- However, as the operation takes a few hours, we advise that your relatives do not stay at the hospital whilst you are having your operation.

<p>When your surgery has finished, the doctor will telephone your Next Of Kin at home.</p>

Straight after your operation

- You will go to the Cardiothoracic Intensive Care Unit (CICU) where you will stay for a minimum of three (3) days. CICU is located on level 3 in the main building of the hospital.
- You will wake up with some drips, drains and tubes, which will have been put in while you were asleep.
- You will also be connected to equipment that will assist in your recovery. The following section will provide information about the equipment used in CICU and the role it plays in your recovery.

Things you need to know about your stay in the Intensive Care Unit (CICU)

The Ventilator (Breathing machine)

- When you go to sleep at the beginning of your operation a tube will be placed down your throat to allow a machine to breathe for you.
- This tube goes down your airway, so whilst it is in place you will not be able to talk. However you will have a nurse looking after you who will be able to understand what you need and be there to assist you.
- After your operation, when you are awake, and breathing on your own, the breathing tube will be removed. It is normal for your voice to be hoarse and your throat to be sore for a couple of days after your operation. You will be given oxygen by a mask, or by a small tube which will be in your nose. This will stay for about 2 - 3 days.

The Heart Monitor

- Sticky dots will be put onto your chest. These will be connected to wires which send information about your heart rate and rhythm to the heart monitor.
- Other information on the monitor includes your temperature, and the level of oxygen in your blood.
- The nurses are able to watch your heart monitor from the nurses station as well as at your bedside.

Intravenous Lines or IV drips

After your operation, you will have one (1) or two (2) IV drips. These are called intravenous lines or IV drips because they are put into your veins.

- Medications and fluids you need after your operation are given through these lines.
- Usually, most of the lines are taken out on the first or second day after your operation.

Chest Drains

You will have two or three plastic tubes in your chest after your operation.

- These tubes drain blood that builds up in your chest.
- Sometimes we are able to give this blood back to you if you need it.
- These tubes are usually removed a day after your operation.

Nose to stomach tube (called a Nasogastric Tube)

During your operation, a small tube will be put up your nose and down into your stomach.

- To stop you from feeling sick when you wake up, the nurse will remove fluid from your stomach through this tube.
- The tube is usually taken out the day after your operation.

The Urine Catheter

- A small tube will be inserted into your bladder during your operation to drain urine.
- This is usually taken out after your breathing tube has been removed.

Drinking and eating after your operation

- You will be able to have ice to suck and small sips of water to drink as soon as the nasogastric tube is removed.
- About 2 - 3 days after your operation, you will be able to have a light meal.

Pain Relief

- A controlled amount of medication, usually Fentanyl is given continuously through your drip while you are in the Cardiothoracic Intensive Care Unit.
- The amount of Fentanyl you receive will be controlled so that you can still do your deep breathing and coughing exercises. These are important for your recovery. These exercises will be the ones that the physiotherapist showed you before your operation.
- About three (3) days after your operation you will be given tablets to relieve your pain.

It is important to remember that the pain tablets will not take away all of your pain but it will control it.

You will spend 3-4 days in the Cardiothoracic Intensive Care Unit and then you will be transferred to the ward 6E2 for the rest of your hospital stay. This is usually for about seven (7) days.

Please write in the space below any questions you may want to ask us about IV drips, tubes, the ventilator, or the heart monitor.

What you can expect to do each day after your Operation

The following explains what you can expect to do from the first day after your operation, and each day until you go home from hospital. Even though people have the same operation they don't always have the same problems, and the same experiences. **Just remember that this is a guide only, and progress may vary from person to person.**

We don't expect you to memorise all of the stages that we have written here. As we said, this is just a general guide for your information. Your nurses will guide and explain what is expected of you each day.

After your operation

Day 1:

- You will not remember this day, as you will be asleep and you will have the breathing tube assist you with your breathing.
-

Day 2:

- You will still be asleep and you will have the breathing tube assist you with your breathing. You will not remember this day.
-

Day 3:

- Today, your breathing tube may be removed. You may have ice to suck or a light meal.
 - You will be assisted with a bed bath and then spend the morning in bed.
 - Most of your drips and chest tubes will be removed.
 - You will be recommenced on your warfarin.
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Day 4:

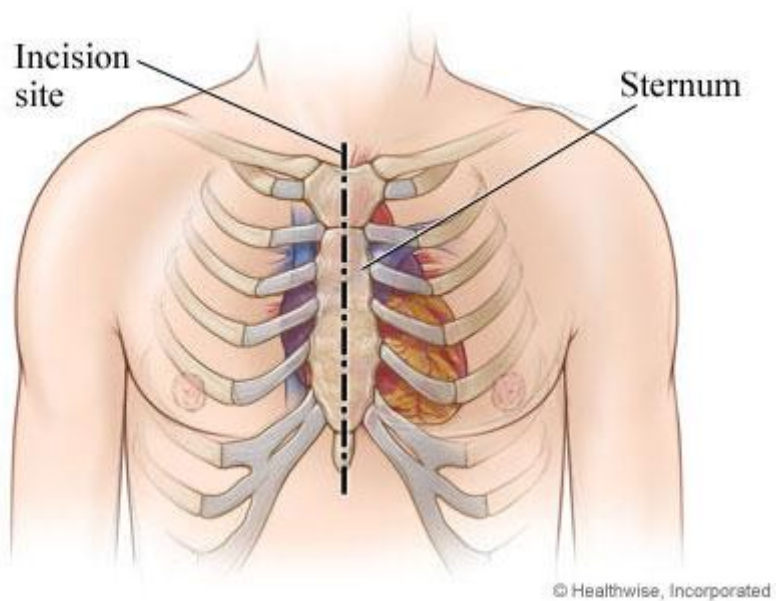
- You will be able to give yourself your own pain medication in the form of tablets today.
- You will be encouraged by the physiotherapists to do your shoulder exercises. Your physiotherapists will assist you with your walking and you will be wearing your TED Stockings.
- If you are well enough, you may be transferred to the ward.

Day 5:

- You may be on the ward today.
 - You will be able to shower, walk, and do the exercises explained to you by the physiotherapist.
 - You will be walking with or without assistance and you will be given a walking program.
 - Your surgeon, or one of his partners will see you everyday after your operation, and you can discuss with him when you can go home.
-

Your chest incision (operation site)

The surgeons will make a cut in the middle of your chest through your breast bone (sternum) to reach your heart. The picture below shows you where your chest incision (operation site) will be.



Things that you will need to know about your Elastic Stockings (TEDS)

If you are having a PTE you will be supplied with two (2) pairs of knee high elastic (anti-embolic stockings) which are called TEDS.

- You will need to wear them for two (2) weeks.
- You need to wear them all day and all night, except when you shower.

When you Travel Home from Hospital

When you are able to go home after your operation, you will need to make your own travelling arrangements.

- A friend or relative may be able to drive you home.
- If you need to catch a bus, taxi, train, or aeroplane home someone should go with you.
- Arrangements can be made for you to board first, before the other passengers.
- If you came to hospital in an ambulance, you will not be able to take an ambulance home.

Things that you need to arrange before you come into hospital

Your discharge home

- You will need to arrange for a friend or relative to come and go home with you.
- Remember you will be in hospital for about seven (7) days.

If you live on your own

- have a family member or a friend stay with you, or
- ask someone to stay with you for the first 1-2 weeks after your operation.
- If this is not possible please talk to our social worker.

Our Social Work Department

- The social worker is available to provide emotional support for you and your family. Our social worker will also assist you with your discharge home by organising services if required.
- Services are limited and are only available if you do not have anyone to help you when you go home.
- Speak to your Case Manager or nursing staff if you would like to see a social worker whilst you are in hospital.

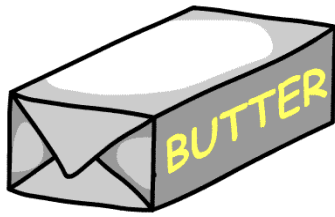
The Cardiac Case Manager will see you after your operation to make sure that everything is organized for you for when you go home.

Eating For a Healthy Heart

Eating to stay healthy is easy

These ideas will help you to have a healthier heart every day!





FATS

There are three main types of fat in our food.

They are:

1. Saturated fats
2. Mono-unsaturated fats
3. Poly-unsaturated fats.



Animal fats in meat, poultry, dairy food and eggs are high in **saturated fat** which can make your cholesterol go up.

Un-saturated fats (mono and poly) are good for your heart so choose these fats instead of saturated fats.



SATURATED FATS – CUT BACK ON THESE

- **Choose lean cuts of meat.** Trim off any fat you can see before you cook the meat.
You should have 1-2 serves of protein foods a day.
A serve is about 65 - 100g - 1/2 cup lean mince, 2 slices roast meat or 2 small chops



SATURATED FATS – CUT BACK ON THESE

- **Remove skin from chicken** and other poultry before cooking.



- **Try to use low fat milk and dairy products.** Choose skim or reduced fat milk, low fat yoghurt and reduced fat cheeses.



- **Watch out for butter, cream and sour cream.** These are high in saturated fat and can make your cholesterol go up.



- If you usually eat margarines or spreads, **use a thin spread only.** Try to have less than 2 tablespoons of fat or oil a day.



- **Cakes and biscuits are often high in saturated fats.** When baking, try to use margarine. Limit the amount of cakes and biscuits you eat.

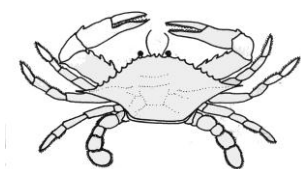


- **Coconut, coconut milk and coconut cream** are high in saturated fat. Only have them occasionally.



- **Limit eggs to 3 - 4 per week**

- **If you like to eat shellfish,** better choices include scallops, oysters, mussels and crab.



UN-SATURATED FATS – GOOD FOR YOU

- If you can , **try to eat fish 3 times a week.** Oily fish is one of the best known sources of Omega-3 fats which are extra good for your heart
Tuna, salmon, sardines and mackerel are the best choices.



- **Nuts are a good source of poly-unsaturated fats.** One small handful a day makes a good snack, preferably unsalted!



- **Avoid frying your food, or adding extra oil or fat.**

If you need to use oil for cooking, the best oils to use are **Olive, Canola** and seed oils like **Sunflower or Safflower oil**. Margarines made with these oils are also good in place of butter in cooking and at the table.

REMEMBER!

As well as the type of fat, **you need to be aware of how much fat you are eating.** Having too much of any fat can make you gain extra weight.



SALT

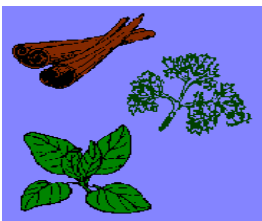
Having too much salt in your diet might make your blood pressure go up. **Try to choose no added salt or reduced salt** foods in the supermarket. Try other ways of making food taste good - like using herbs and spices.

- Try **not** to add salt at the table.



- Foods that are very high in salt should only be eaten in **small amounts** and only have them sometimes. These include: canned meats, ham, vegemite, packet soups and stock cubes

- Use very little salt in cooking



- Use other things to make food taste good. Try marinating, adding lemon juice, herbs and spices.



- **Soy foods are good for your heart.** Try soy milk (with added Calcium), instead of cow's milk, soy cheese and yoghurt and tofu or soy beans in stir fries.



ALCOHOL

Drinking alcoholic drinks has been shown to have some heart benefits in those who already drink. There is no need to start now if you do not normally drink alcohol.

- **1 standard drink** (120mL wine, 1 middy of beer, 1 schooner of light beer, 30mL liqueur or spirits) per day **for women** and **2 for men**, has been shown to be good for your heart. Try to have 2 alcohol free days per week.

VARIETY

Variety is very important if you want to have a healthy eating plan. Eating a good variety of different foods is a good way to make sure you get all of the nutrients you need.



- **Eat a variety of fruits and vegetables.**
Vegetables: Colour is a good guide - try to include as many different colours of vegetables as you can each day. 5 serves will give you all you need (1 serve = $\frac{1}{2}$ cup)
- Fruit: 2 serves of fruit (1 serve = 1 medium piece ie a medium apple or banana 120-150g)



- **Choose wholegrain cereals and breads**
- **Include some other starchy foods** - rice, potato, pasta in your daily plan.



- **Drink 6 – 8 glasses of fluid per day.** Water is best.

HEALTHY WEIGHT

If you are overweight, losing weight will help your heart.

If you have any questions, write them here and ask your Dietitian.



Dietitian: _____ **Phone:** 9515 8053

RPAH DEPARTMENT OF NUTRITION AND DIETETICS 2005 SMOG 8 FOR REVIEW 2009 NL

Appointments with your doctor after your Operation

Before you leave hospital you will be given a letter for your local doctor, and you will also be given a five (5) days supply of heart medications.

- You must see your local doctor within five (5) days for a repeat prescription.

Things that you need to know about Warfarin

If you are having a PTE, you will be prescribed warfarin medication. You will need to take this for the rest of your life. Our warfarin educator will see you when you are on the ward and will talk to you about living a normal life whilst taking warfarin. You will also be given some written information about warfarin whilst you are on the ward.

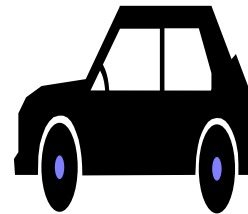
Appointments that you will need to make

- If you do not live in Sydney, you will need to make your own appointment to see your Respiratory Physician three (3) weeks after you go home. For those that live in Sydney, we will make the appointment for you.
- Your surgeon would like to see you 6 weeks after your operation. If you live in Sydney, we make this appointment for you. However, if you live a long way away, you may see your Respiratory Physician instead of having to return to Sydney to see your surgeon.

Caring for your Operation Sites

When you leave hospital, your operation sites should be clean and dry.

- Your nurse will tell you about any wound dressings if needed.
- When you shower you may let the soap and water run over your operation sites.
- Do not put talcum powder on your operation sites, and do not expose them to too much sunlight.



Driving After Your Operation

- You must not drive for six (6) weeks after your operation.
- Before you drive, you must get your surgeons' or cardiologists' permission to say that you are well enough.

Seat Belts

- By law, you must wear a seat belt after your operation. This is for your own safety and you should always 'belt up'.
- Do not squash pillows or cushions in behind your seat belt as this stops your seat belt from working properly.

If you are a Repatriation Patient (Department of Veterans Affairs),

- and you want a car to take you home, please let us know when

you come into hospital, but

- it would be a good idea to arrange your own transport.
- If you arrange your own transport, this cost may be reimbursed by Veteran Affairs.
- You will need to keep your receipts to claim travelling expenses.

If you are not a Repatriation Patient (Department of Veteran Affairs)

- You are eligible for IPTAAS (Isolated Patients Travel and Accommodation Scheme) if you live more than 100km from the hospital.
- IPTAAS is a Health Department Scheme that provides assistance with travel and accommodation costs after your travel.
- Check with your local IPTAAS office before planning any transport by air.

Services that can help you if you do not have anyone to help you when you go home.

Home Care

Home Care is a government run help service, and

- they can do your shopping and housework when you cannot do it yourself.
- A small fee is charged, and
- you can call them on (02) 96892666

Meals on Wheels

Meals on Wheels will prepare meals for you, if you are unable to cook for yourself.

- The fee is small, and you can call them on (02) 92815733

Private Insurance

If you have private insurance

- you may go to a **Private Hospital** to help you recover.
- Find out if there are any Private Hospitals in your area.
- You can find Private Hospitals listed in the telephone book, or
- you can discuss this with your local doctor.

Who to ring if you have any problems when you go home...

The **Case Manager for Cardiac Surgery**, will see you during your hospital stay.

He or she will be happy to help you with any problems that you may have.

If you have any problems after you go home you can,

- see your local doctor, or
- you can call the Case Manager for Cardiac Surgery, by calling the hospital operator on (02) 95156111 and asking them to page the number 81388. The Case Manager will return your call as soon as possible.



We look forward to meeting you at the Pre-Operation Clinic.

