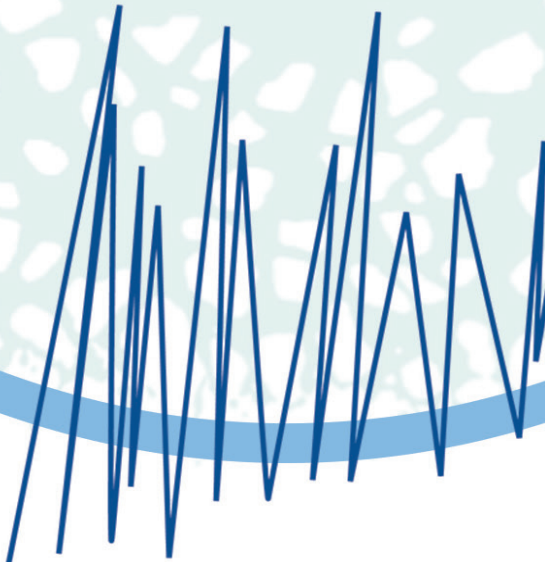
NHS

Royal Papworth Hospital

NHS Foundation Trust

Returning to fitness after a heart attack

A patient's guide



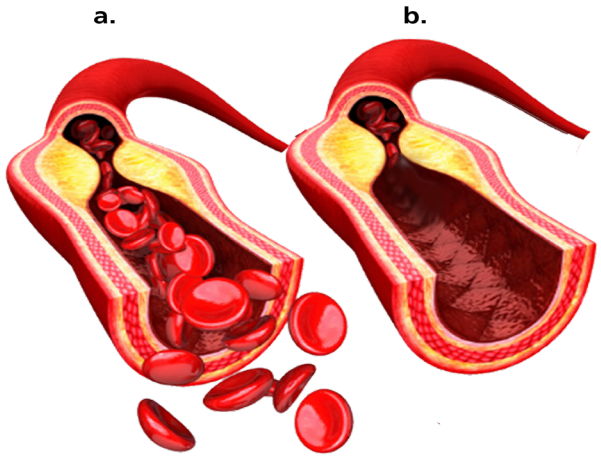
Compassion
Excellence
Collaboration

Heart attack

The medical term for a heart attack is a 'myocardial infarction' or MI.

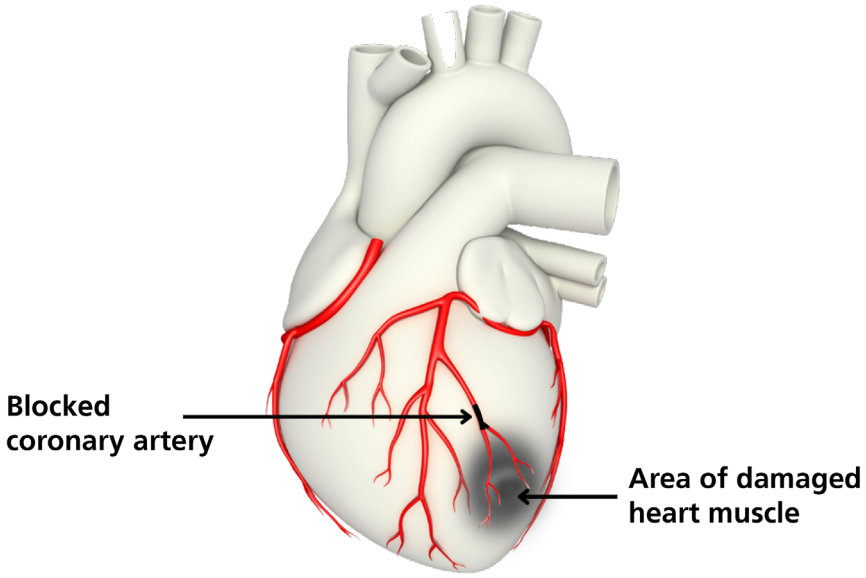
Over a period of time, usually many years, the coronary arteries can become narrowed. They are usually narrowed because **fatty deposits** (atheroma) are laid down in the lining of the coronary artery. This process is called **atherosclerosis**.

When you have a heart attack one of these fatty deposits breaks open and a blood clot forms over it blocking your coronary artery. When one of your coronary arteries is blocked, an area of your heart muscle does not get any blood or oxygen and is damaged.



a) Coronary artery with fatty deposits

b) Blood clot formed, following rupture of fatty deposits



Blocked coronary artery and area of damaged heart muscle

Usually a heart attack causes severe chest pain and/or other symptoms such as nausea, vomiting, breathlessness and sweating; but some people have a cardiac event and experience very few symptoms at all.

Angina

Angina is the name for the symptoms experienced when your heart muscle is not getting enough blood, and therefore oxygen, to meet its requirements. This usually occurs when 'fatty deposits' (atheroma) are laid down in the lining of the coronary artery. This narrows them which reduces the flow of blood to your heart muscle.

Angina can often be brought on by physical exertion, especially when exercising in the cold and/or after a heavy meal or emotional stress. Angina is commonly described as a discomfort, ache, tightness, heaviness, pressure or burning sensation around the chest area. It is not always a pain.

Angina is often, but not always, felt across the chest. You may have pain or discomfort in your neck or throat or down one or both arms. This may be in addition to chest pain or discomfort, or these may be your only symptoms of angina. Angina may feel like indigestion and be experienced in the upper part of the abdomen. For some patients their main symptom may be breathlessness.

Angina can usually be relieved by glyceryl trinitrate (GTN) spray (it can also be taken as a tablet) which relaxes your coronary arteries and lets the blood flow to the heart more easily.

It is unlikely to be angina if:

- It changes when you move position
- The area is tender to touch
- It is aggravated by your breathing
- It is relieved by burping
- It only lasts a few seconds

If you experience new symptoms that you think may be angina, or if your existing angina becomes more frequent or severe, see your GP. Keep a diary of the pain and/or discomfort you experience and include information on what you were doing at the time, how long it lasted and what you did about it. This will help you and your doctor to decide if the symptoms you are experiencing are angina or something else.

If you think you have the symptoms of angina:

Sit down if possible. (If you have been exercising keep your feet moving)

Try taking a couple of slow, slightly deeper than normal breaths and try to relax

If after sitting for two to three minutes you still have symptoms (however mild) spray one or two puffs of your GTN under your tongue, or place one tablet under your tongue

If the symptoms have not gone take a second spray of your GTN

Don't delay

If your symptoms have not gone completely after ten minutes or if at any time you think you may be having a heart attack, you must dial 999 and ask for an ambulance.

Treatment options

There are three main treatments:

- **Stent insertion**
- **Coronary artery bypass surgery**
- **Medical management**

Angiogram and stent

An angiogram is a test which allows the doctors to view your coronary arteries to detect any areas where there may be a build up of fatty plaques. This is done by inserting a very fine catheter (hollow tube) into an artery either in your groin or wrist. It is done using local anaesthetic and passing the tube through the artery until it reaches your coronary arteries. A dye will then be injected into your coronary arteries to allow the doctors to view X-ray pictures of your coronary arteries.

This test may be done whilst you are an in-patient, or it may be carried out as a day case out-patient at Royal Papworth.

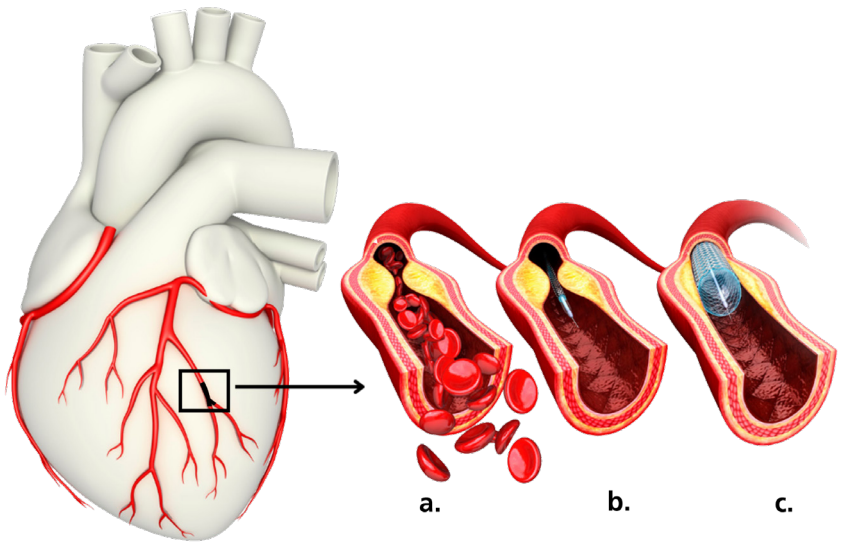
Stent

If the angiogram shows areas of narrowing in your coronary arteries a stent may be inserted. A stent is a small tube made of open meshwork that is inserted into your coronary artery via a balloon (coronary angioplasty) and positioned in the narrowed or blocked part of your coronary artery. When the balloon is inflated the stent widens to fit perfectly within your artery and the fatty deposits are squashed back against the wall of the artery.

Primary percutaneous coronary intervention (PPCI)

This is when the stent procedure is carried out urgently and during a heart attack. The blood clot is removed and a stent is inserted to re-establish blood flow to the affected area of heart muscle.

The sooner you receive treatment to reopen the blocked artery, the sooner the blood flow is restored to the affected part of the heart muscle. If this is done very quickly less heart muscle will be damaged, which increases your chance of a full recovery.



a) Blocked artery b) Angioplasty procedure c) Stent in place

What happens to the stent after it is fitted?

After a few months, the cells lining your artery wall will grow to cover the mesh, so your artery will be held open permanently.

However, until this happens it is very important that you look after your stent, and your arteries. You will be given tablets to prevent blood clots from forming within the stent and elsewhere in your arteries. Blood clots in a stent can be a heart attack.

What happens if I get symptoms after I go home?

It is common for people to experience discomfort in their chest in the first few days and weeks following a stent procedure.

This is because your artery has suffered some trauma and bruising during the heart attack and then from the stent being fitted. You can have episodes of pain/discomfort as the stent 'settles' into place.

This pain is usually quite different from that of angina. It is felt quite locally in the chest, and is often described as sharp or stabbing. This type of pain may be relieved by paracetamol.

It is also very common to be more aware of your heart beat, especially at night, and you may feel more tired than usual. These feelings are a normal part of getting over a heart attack, and should reduce over a couple of weeks.

Some people may experience further angina. This is because they may have narrowing within other coronary arteries that were not treated at the time of the emergency care. Very occasionally there may be further problems with the stented artery and this will require rapid treatment.

Radial (wrist) approach

The dressing on your wound site is designed to stay in place for 48 hours. You may bath and shower with the dressing in place. Once the dressing is removed, please do not put talcum powder on or around the wound site until it has healed. Your wrist may be bruised following the procedure.

If your wound site bleeds, apply firm pressure and contact a doctor or call 999.

If you experience any of the following you are advised to call a doctor or attend A&E: excess swelling, oozing from the wound site, inflammation or changes of sensation in your hand or fingers.

Femoral (groin) approach

It is normal to have bruising around the groin in the area where the tubes were inserted to carry out your stent procedure. This is because a lot of drugs were used to thin the blood during the procedure. The bruising may look quite extensive but will fade over the next couple of weeks.

You may shower the day after your procedure. You should avoid putting talcum powder on or around the wound site until the wound has healed.

If you experience any oozing, swelling, heat, or redness around the wound or if you notice any discharge through the dressing please contact a doctor or attend A&E.

If your groin wound bleeds, lie down flat and apply pressure to your groin. Contact your GP or call 999.

Coronary artery bypass graft surgery (CABG)

If an angiogram shows that you have areas of narrowing in your coronary arteries that cannot be treated by stents you may require coronary artery bypass surgery. If the doctors feel this is the best and safest option they will discuss the surgery with you further.

Medical management

You may be told the best treatment for you is neither of the above procedures and that your coronary heart disease will be best managed with medications and good control of your risk factors. You will get additional information about this when you are in hospital and more when you come to the cardiac rehabilitation programme.

Medication

Following a cardiac event you will be prescribed medication to reduce your risk of having another cardiac event. This is called secondary prevention medication. You will get the benefits for as long as you take them so you will be on most of these medications for life. Your cardiac rehab team will discuss your medications and their benefits with you.

Do not stop taking the medication that has been prescribed for you without first consulting a doctor.

Aspirin

This is called an anti-platelet drug. It helps to prevent platelets in your blood from sticking together and forming blood clots. It is very important to prevent clots forming in your blood vessels. Aspirin is taken once daily usually at breakfast time, after some food, to help protect your stomach. Tell your GP if you get indigestion after taking aspirin. Another medicine may be prescribed to counteract this. You will need to take aspirin for the rest of your life.

Clopidogrel or ticagrelor

These are anti-platelet drugs and work, together with aspirin, to give the best possible cover. One of these will be prescribed for 12 months. It is very important that you continue taking the drug as prescribed to prevent clots forming in your blood vessels or in your stents.

Cholesterol lowering drug (statin)

Statins, together with a healthy low saturated fat diet, will help lower your cholesterol level. They also help to slowdown the deposit of the fatty plaques in your arteries. You must avoid eating or drinking grapefruit as this can alter the level of statin. You should report any symptoms of muscle pain, weakness or tenderness to your doctor as this can be a rare side effect of the medication and will need to be investigated if it occurs.

Beta blocker (e.g. bisoprolol)

This medicine will slow your heart rate, keeping it in a regular rhythm and at a safe level which will protect your heart. This will help your heart to pump blood around your body more efficiently. Your blood pressure will also be reduced. These effects will reduce your risk of having a further heart attack.

ACE inhibitor (e.g. ramipril)

This drug helps your arteries to relax. This action lowers your blood pressure. It is then easier for your heart to pump blood around your body. ACE inhibitors have been shown to reduce your risk of a further cardiac event. The dose of this medicine will be increased gradually by your GP. This will give you the best possible benefit from the medicine, so do not be concerned. Some people develop an irritating cough. If you do, then do not stop taking this medicine but consult your GP who will prescribe an alternative.

Nitrate (glyceryl trinitrate GTN)

Your GTN spray or tablet is a nitrate. Nitrates relax your coronary arteries and allow the blood to reach the heart muscle more easily. Always keep your GTN with you in your pocket or bag. Emergency GTN sprays are available from your pharmacist without prescription.

Additional medications

You may be on a number of other medcations. For further information ask your pharmacist or GP. Please read the patient information leaflets inside your medicine's packaging for a complete list of side effects and information. If you need to take any 'over the counter' medicines or supplementary alternative medicines please discuss this with a pharmacist before you purchase them. Some of these drugs can interact with your heart medicines.

A pre-payment certificate is available for people who pay for their prescriptions. This can save you money in the long term. Please speak to your GP or pharmacist for more information.

Going home

You will be discharged home after a few days. This can be worrying for some people but remember that you will not be allowed home until your doctors have assessed that you are in a safe and stable condition.

For the first few days you should take things easy, not doing much more than you were doing in hospital. It is normal to feel tired and emotional when you first get home. Set time aside each day to rest or sleep.

Do not forget to drop your discharge letter in to your GP surgery straight away so that they are informed of your recent illness.

Make an appointment to see your GP soon. They should check your pulse, your blood pressure and may need to check your kidneys with a blood test. They can tell you how to get a repeat prescription.

Getting back to normal activity

The following guidelines are suitable for most people who are making a straightforward recovery. They are not hard and fast rules.

Do not push yourself faster than the guidelines. Listen to your body and do not worry if you feel you are not progressing fast enough.

Things you should **not do** for four weeks (or until advised by your cardiac rehab team):

- Drive (this is a DVLA directive). Your cardiologist will advise you if you may drive sooner
- Travel long distances - even as a passenger
- Ride your bike
- Heavy lifting including bags of shopping
- Vacuuming
- Any DIY
- Any sporting activity other than walking
- Mow the lawn or cut hedges

Week one

- Potter around the house, sit or stroll in the garden if the weather is warm.
- After a few days you may feel well enough to try a short walk. Start with five minutes the first time and see how this feels. Over the next few days try to increase the time you are walking for.
- You may make light snacks, coffee and tea etc.
- If you go outside, do not walk up any hills. Avoid going out in very hot or very cold weather.
- Make time for a nap after lunch and rest when your body tells you to.
- No heavy work such as vacuuming, making beds, hanging out washing or lifting.

Week two

- Try to increase your walking. Walk, starting off slowly and then at a moderate pace, for 10 to 20 minutes on the flat, such as short trips to local shops or walks outdoors.
- Light housework, such as making beds, washing up and preparing simple meals.
- Gradually increase your daily activities as you feel able, but still incorporate a rest during the daytime.

Weeks three to four

- Increase your walking to 20 to 30 minutes a day (starting off slowly and then at a moderate pace).
- Light housework, such as tidying and dusting, hanging out washing, but rest after 20 to 30 minutes.
- Some light gardening, such as easy weeding or planting out. Bend from your knees rather than from the waist.
- Short social outings.
- Visit your GP to ask about resuming driving. Inform your insurance company that you have had a heart attack.

After four weeks

- Increase your daily walking to 30 minutes if you feel able to.
- General housework, including ironing and vacuuming, but rest after 30 to 40 minutes.
- Moderate garden work, such as lawn mowing, weeding and light hoeing, but rest after 30 minutes.
- Normal social activities.
- May restart swimming. Discuss with your cardiac rehab programme first.

Remember to take your GTN with you at all times.

How much is too much activity?

You are working too hard if:

- You cannot 'walk and talk'. For example, if you cannot say your telephone number out loud and without gasping. If this happens slow down.
- You become excessively tired either during or some time after exercise or general activity.
- You have chest pain or discomfort (angina).

Driving

It is DVLA directive that you may not drive for four weeks after a heart attack. Very occasionally some people are allowed to drive sooner than this. Do not do so unless your cardiologist has told you that you may.

It is advisable to check with your GP before starting to drive again.

You must inform your insurance company that you have had a heart attack, but you do not need to inform the DVLA.

Begin with short, familiar journeys.

If you ever develop chest pains when you are driving you should stop. Follow the guidelines for use of GTN. Contact your GP or cardiologist when you arrive back home and discuss further driving.

If you hold a PSV or LGV licence you must not drive for six weeks. You must inform the DVLA that you have had a heart attack and they will ask you to take a special cardiac exercise test before they re-issue your licence.

Planning holidays

Plan your journey to allow time for rest breaks and plenty of time to reach your destination. You may consider stopping overnight to break up a long journey. Do not lift big, heavy suitcases. Always make sure you have a good supply of your medicines, and keep them in your hand luggage. Take a separate list of your medication names and doses with you.

Holiday insurance

It can be difficult to get reasonably priced holiday insurance following a cardiac event. It is possible but you may need to shop around extensively.

The British Heart Foundation website provides information about holiday insurance that you may find useful: **bhf.org.uk**. You can also contact the British Heart Foundation on: **0300 330 3311**.

Travelling by aeroplane

Following a heart attack you may travel short distances by air (i.e. less than three hours) from about ten days after your discharge from hospital.

Ask your doctor or cardiac rehabilitation specialist for advice about when you may fly. Airline company policies vary so check with the airline and insurance conditions before you book. You will need to wait longer before taking long-distance fights.

- Make sure you have effective travel insurance.
- Always carry your medicines in your hand luggage.
- Drink plenty of water during the flight, and avoid alcohol until you arrive at your destination.

When can I have sex again?

Many people are anxious about resuming sexual activity. If you are worried, try to increase your confidence by being close and intimate with your partner.

Generally, if you can walk about 300 yards on the level comfortably, or comfortably climb two flights of stairs, you can resume sex. Do not force yourself to 'perform' and make sure your room is warm and comfortable. Try to relax and let your partner take a more active role at first.

Impotence, or erectile dysfunction as it is often called, is more common in people who have heart disease or diabetes. It is also more common as you get older and can be a side effect of some medications. Stress can also cause impotence. If impotence is a problem for you please discuss this with your doctor or a member of the cardiac rehabilitation team, who will be able to give you more information and refer you to a specialist.

You should not use Viagra, or any similar tablet such as Cialis or Levitra, if you are also using GTN spray or any other form of nitrate tablets.

Returning to work

Most people return to their usual job after a heart attack and this can help you feel you are getting back to normal. Your doctor will give you guidance about when to return, but most people take at least four to eight weeks off work.

If your job involves heavy lifting you may need to wait at least three months before you resume these duties.

You can use this time to recover and to put plans in place for your future lifestyle. This is best done by attending your cardiac rehabilitation programme.

Talk to your employer as many are sympathetic and may arrange for you to return part-time at first. This can help you to avoid becoming too tired and having to travel in the rush hour. If you have been doing heavy manual work, see whether you can return to lighter duties at first.

If you are self-employed, seek advice from the local Citizen's Advice Bureau.

Risk Factors

Risk factors are things that we know make it more likely that you will develop coronary heart disease. Some risk factors are related to your lifestyle and you can do something about them.

Smoking

Stopping smoking after your cardiac event is one of the most important things you can do to reduce your chances of another one and to increase your chances of making a good recovery.

Continuing to smoke will increase your chances of:

- Having another cardiac event by two three times.
- Having angina or making your existing angina worse.
- Being readmitted to hospital or needing to see your GP.

Smoking interacts with other risk factors for heart disease. The risk of high blood pressure and high cholesterol levels are doubled in smokers.

Cutting down does not reduce your risk of having another cardiac event. There is no safe level of smoking.

Using nicotine replacement therapy such as patches, gum, inhalers or lozenges increases your chances of successfully quitting smoking. If you are a smoker please speak to a member of the cardiac rehabilitation ream who can advise you further, provide you with more information or refer you to a specialist smoking cessation support service.

Stopping smoking after a cardiac event will reduce your risk of premature death or a future event by 50%.

Physical activity and exercise

'Activity' raises your heart rate, makes you feel slightly warmer, breathe slightly faster and possibly perspire lightly.

Lack of regular activity makes it more likely that you will develop heart disease. Your heart is a muscle and needs moderate activity to keep it strong. Having an active job is not the same as undertaking regular moderate activity.

Walking is good for your heart. Please refer to the 'going home' section of this booklet to find out how to increase your activity following a heart attack.

In the long term you should aim to be physically active or exercising at a moderate level for 30 minutes on all or most days of the week. This level should feel comfortable enough for you to continue if you need to. You will need to build to this level gradually over the next few weeks and months.

Swimming and water based exercise

Swimming and water based exercise, such as aqua aerobics, are considered strenuous activities and you may underestimate the effects they have on your heart and circulation.

In water your blood flow alters and your heart has to work much harder compared to when you are out of the water. The deeper you are in the water, the greater the effects. Check with your cardiac rehabilitation team before commencing any water based activities.

Healthy Eating

What you eat plays an important role in coronary heart disease. It can influence your cholesterol level, your blood pressure and your weight. All of these are risk factors for coronary heart disease. Certain foods may actually help to protect against heart disease.

Following a heart attack it is advised you have a diet low in saturated fat and low in salt. Try to include fruit, vegetables and lean protein in your diet every day.

Research shows that by following these guidelines you can reduce your risk of having another cardiac event. Your diet will be discussed at your cardiac rehabilitation appointment.

Weight management

Being overweight is a risk factor for coronary heart disease. It is associated with high cholesterol, high blood pressure and diabetes. Being overweight increases the strain on your heart. Your heart has to work harder to carry excess weight and therefore it is advisable to aim to be a healthy weight for your height.

Make realistic changes that you can maintain for life. To reduce your weight you need to balance the amount of food you eat with what you are burning up through daily activity. Try smaller portions at meals, use low fat products and fill up on fruit and low calorie snacks instead of biscuits and crisps. If you are overweight, reducing your weight by approximately 10 percent, and maintaining this, will help to reduce these risk factors. During the cardiac rehabilitation programme further advice will be provided regarding weight management.

Cholesterol

Cholesterol is a fatty substance carried in the blood stream. High cholesterol levels are associated with a build up of fatty deposits in the coronary arteries.

Reducing your cholesterol level after a cardiac event reduces your risk of a further cardiac event. The amount of cholesterol you produce can be affected by what you eat, by other lifestyle factors and by hereditary factors. Medication helps lower your cholesterol. Lifestyle changes are still just as important.

Alcohol

There is evidence to suggest that a small amount of alcohol is good for your heart. However, drinking in large amounts can cause problems. If you enjoy drinking alcohol in moderation there is no reason why you should stop. If you do not drink alcohol or have been advised to stop drinking alcohol for other reasons then we do not suggest that you start.

Guidelines for sensible drinking

Drinking within the following limits should not be harmful to your health. The current guidelines recommend a maximum of 14 units per week. Aim to have two alcohol free days each week.

What is one unit of alcohol?

- One small glass of wine - 100 ml.
- A half pint of ordinary strength beer, lager or cider.
- One pub measure of spirits.
- One small glass of sherry.

High blood pressure (Hypertension)

A certain pressure is necessary to keep the blood flowing around the arteries of the body. Blood pressure changes throughout the day in response to what you do.

Your blood pressure is recorded as two numbers. The top number (systolic) is the blood pressure in your arteries when your heart is beating. The bottom number (diastolic) is the pressure in your arteries when your heart is resting between each beat. It is measured in millimetres of mercury (mmHg).

If your blood pressure is too high it can damage the lining of the coronary arteries, making it more likely that fatty plaques will build up in this area. By constantly working against high blood pressure your heart muscle may also begin to work less effectively.

What should my blood pressure be?

It is important that your 'resting' blood pressure is kept lower than 140/90mmHg. You may be advised by your GP or cardiologist to aim for lower than this level, particularly if you are diabetic. If you are prescribed medication to help to lower your blood pressure, remember that lifestyle changes are still just as important.

Stress

When you experience stress your body produces body produces adrenaline. Adrenaline is a useful chemical that makes you more alert and helps you cope with what you have to do. However, too much adrenaline can make you feel unwell and can increase your heart rate and blood pressure.

When does stress become a problem?

Stress becomes a problem when there is a high level of adrenaline in the blood most of the time. It is the effects of prolonged periods of stress that contribute to heart disease. Prolonged stress will raise your blood pressure and can also reduce your ability to fight illness. It is one of the causes of eating, smoking and drinking too much.

Managing stress

Learning to manage stress, in combination with improving your physical fitness, can reduce the risk of another cardiac event and improve your quality of life. Stress management, in particular relaxation training, has been shown to be effective in reducing high blood pressure.

Change

Reducing as many risk factors as you can will give you the best chance of making a full recovery. If you have more than one, do not panic and try to change them all immediately. Making changes to your lifestyle can be stressful. Before you make any changes you may find it helpful to discuss your plans with staff at the cardiac rehabilitation programme who will help you prioritise changes.

Cardiac rehabilitation programme

Whilst you were in hospital you will have received some information about cardiac rehabilitation. Your details will have been passed on to a specialist cardiac rehabilitation team who will contact you in the next few days after you have gone home.

Some people choose to go to a local cardiac rehabilitation programme and others prefer to return to Royal Papworth Hospital. On the back page you will find the contact details for the cardiac rehabilitation teams. You will be given some information about the choices that are available to you.

Research studies have shown that people who attend cardiac rehabilitation after a heart attack are able to do more, feel more confident and lead a healthier lifestyle than those who do not attend. It is possible to improve how well your heart works and to reduce your risk of having another cardiac event.

The rehabilitation staff will help you continue with your recovery. They will help you identify any relevant risk factors for heart disease, to enable you to adopt a healthy lifestyle and get the most out of your procedure. You can follow a programme that is suitable for your own level of fitness.

What are my options for cardiac rehabilitation?

Group based exercise programme

This is a programme consisting of an initial assessment followed by weekly group sessions of exercise, in either a community centre or hospital gym, and includes relaxation and education. Each week the cardiac rehab team will deliver exercise classes and support on all aspects of your recovery. You will be given the most up to date information and have the opportunity to discuss your progress. You may be with a group of up to 15 people who have also had a cardiac event. The programmes usually range from 6 to 12 weeks and provide exercise from low level/ seated to higher intensity.

Road to recovery home-based programme

The road to recovery programme is run from Royal Papworth Hospital for patients who live further away or have work commitments and have difficulty regularly attending a group based programme. You will only have to attend the hospital once for an initial assessment.

Following your assessment, you will then go home with a DVD for exercise, a relaxation CD and a selection of education leaflets, plus a personal diary in which to record your progress.

You are supported by a weekly telephone call or email from the rehabilitation team to monitor and discuss your recovery and progress. The programme usually lasts 12 weeks.

How do I know which option is best for me?

Evidence from clinical studies show that both the home based and group based exercise programmes deliver results in equal measure. Each programme has advantages and benefits that will suit different people.

Useful contacts:

Royal Papworth Hospital
Advice line tel: **01223 638468**

British Heart Foundation
Tel: **0300 330 3311**
Website: **bhf.org.uk**

NHS Smoking
Helpline tel: **0300 123 1044**
Website: **givingupsmoking.co.uk**

NHS Direct
Tel: **111**
Website: **nhsdirect.nhs.uk**

DVLA
Website: **dvla.gov.uk**

Diabetes UK
Tel: **0345 123 2399**
Website: **diabetes.org.uk**

Heart support groups
Tel: **0300 330 3311**

To subscribe to Heart Health, a free publication from **The British Heart Foundation**, call **0300 330 3300** or register at **bhf.org.uk/heartmatters**.

Large print copies and alternative languages may be available on request.

Cardiac rehabilitation contact details within your area:

Bedford Hospital, Bedfordshire
Tel: **01234 792618**

Cambridge University Hospital (Addenbrookes), Cambridgeshire
Tel: **01223 216985**

Doddington Community Hospital, Cambridgeshire
Tel: **0330 726 0077**

East Coast Community Health CIC
Tel: **01493 809977**
Email: **cardiacnurses@ecchcic.nhs.uk**

Glenfield Hospital, Leicestershire
Tel: **0116 2583986**

Lincolnshire Community Health Services
Tel: **01522 449900**

Luton and Dunstable Hospital, Bedfordshire
Tel: **01582 497469**

Norfolk Community Health and Care
Tel: **01362 655234**
Email: **cardiacrehabpatientqueries@nchc.nhs.uk**

Royal Papworth Hospital, Cambridgeshire
Tel: **01223 638429**

Peterborough City Hospital, Cambridgeshire
Tel: **01733 673785**

Suffolk Care Co-ordination Centre
Tel: **0300 123 2425**
Email: **suffolk.ccc@esneft.nhs.uk**

West Essex and East and North Herts Community
Tel: **01279 621925**

West Suffolk Hospital, Bury St. Edmunds, Suffolk
Tel: **01284 713611**

Royal Papworth Hospital NHS Foundation Trust

A member of Cambridge University Health Partners

Papworth Road
Cambridge Biomedical Campus
CB2 0AY

royalpapworth.nhs.uk

01223 638000

Large print copies and alternative language versions of this leaflet can be made available on request.

View a digital version of this leaflet by scanning the QR code.

Author ID:	Cardiac rehabilitation nurse
Department:	Cardiac rehabilitation
Printed:	November 2023
Review date:	November 2025
Version:	8
Leaflet number:	PI 103