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اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید۔

ने उदाहृत उदाहरणों में लैंग्वेज वै आं विवरण करके इस नंबर से फोन करें: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

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

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

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Heart Failure

Discharge Information

Heart Failure

If you or a loved one has been told by your doctor that you have heart failure, it is understandable to feel frightened or confused. Heart failure is a common but serious and possibly progressive condition that frequently has no cure. However, by understanding your condition, following your treatment plan as recommended by your doctor and making simple lifestyle changes, you can live longer, feel better and do more.

Activity

Any mild physical activity is beneficial for the majority of people with heart failure. Exercise can help you feel better in general. Activity may improve the functioning of your heart, enabling it to beat more efficiently. This will improve your symptoms.

Before starting an exercise programme, or if you want to increase or change the type of exercise you do, talk to your doctor or nurse to make sure you are not putting too much strain on your heart too quickly. They will also be able to advise you which activities to avoid.

Choose an activity that you enjoy, as you will be more likely to do it regularly. Exercising with a friend also helps, as you will be able to encourage each other. It is important to understand what you can do, for example, if you didn't go jogging before you had heart failure, you probably won't be able to now you have heart failure. But if you like walking or swimming try one of these.

Always warm up and cool down with a few stretches before you begin exercising - a qualified instructor will be able to show you

Unexpected weight loss should always be reported to your nurse or doctor.

If you develop diarrhoea or vomiting you should stop taking ACE-inhibitors, Aldosterone antagonists, Diuretics and ARBs while you have these symptoms and restart when you have recovered. If you are unable to take food and/or fluid for more than 12 hours you should contact your GP or Nurse.

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you still remain concerned please contact our Complaints Manager on 01932 722612 or email complaints@asph.nhs.uk

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- And you should discuss any of the symptoms below with your doctor or nurse.
- Rapid weight gain
- Progressive swelling or pain in the abdomen
- Increased swelling of the legs or ankles
- Loss of appetite/nausea
- Increasing fatigue
- Worsening cough

Weight Monitoring

It is very common for people with heart failure to experience rapid changes in their weight. If your heart failure is causing fluid accumulation you will gain weight.

It is important to weigh yourself every day, at the same time, and to tell your doctor or nurse if you notice your weight increase by more than 2 kilos (3 pounds) in 3 days.

When you notice weight gain on your chart, look at the pattern of weight gain and think about your lifestyle recently. Weight gain due to fluid accumulation is different to weight gain due to a high calorie diet. If you are unsure as to why you have gained weight, contact your doctor or nurse.

Losing a lot of weight unintentionally over a short space of time can be serious. It could mean that you are not consuming enough calories or that your heart failure or inactivity are causing muscle loss. It could also indicate that your diuretic dose is too high.

how to do this safely. If it is cold or windy outside, you should try and warm up before leaving the house. Try walking around for a couple of minutes as this will reduce the shock to your body when you go outside.

Walking is a good activity to start with. Try to walk every day by doing activities such as collecting the newspaper, or getting off the bus one stop earlier.

If you already walk and consider yourself physically active, try cycling or swimming. Start slowly and gradually increase the distance or intensity of the activity as your strength/fitness improves.

A good rule of thumb is that you should still be able to talk while you are exercising. If you are not able to talk, you are probably overdoing it. Stop exercising at once if you experience shortness of breath, dizziness, chest pain, nausea or a cold sweat. If the symptoms persist, contact your doctor or nurse.

Try not to exercise straight after a large meal, or when you haven't eaten for a long time. Plan to exercise 1-2 hours after a light meal. Activities that require holding your breath, bearing down or sudden bursts of energy are best avoided. If your grandchildren are no longer as light as babies it may be more sensible for you to sit with them on your lap.

Diet

SALT Reducing your salt intake can be important for people with heart failure. Your body does need salt to function, however it only requires very little, and most foods contain salt naturally.

- Try to eat more fruit and vegetables (fresh wherever possible), meat substitutes (such as soya protein), unprocessed foods, low fat dairy products, polyunsaturated fats (such as olive oil), cereals and fish.
- Try adding herbs, spices or fruit juices (lemon/lime) to your meal to add more flavour. Do not use salt substitutes like No-Salt as these can cause dangerously high levels of a mineral called potassium.
- Remove the salt pot (shaker) from the table so that you are not tempted to add salt to your meal.
- Avoid processed foods which are high in salt, such as ready-made meals, canned vegetables, cheese, processed meats (cold cuts, sausages, hams), packaged cereals, bread, processed tomatoes (ketchup, tomato juice, etc) and condiments (soy and Worcestershire sauces). Watch out for hidden salt in these foods and always check labels.
- Always check the label of foods for their salt content.
- Consider what you eat when dining out.

FLUID

Water and salt retention leads to an increased amount of fluid in the blood. Your heart has to work harder to push this increased amount of blood around your body. The excess fluid may be pushed into your lungs, making it harder to breathe, into the abdomen making it more difficult to eat and digest food, or into your lower legs.

The most widely used aldosterone antagonist is spironolactone and the main side effect of spironolactone is high levels of potassium in the blood, which can cause problems. Your doctor will do regular blood tests to check for this.

DIGOXIN increases the strength of heart muscle contractions and can also slow down heart rate. It is recommended for people who have symptoms despite treatment with ACE inhibitors, ARBs, beta-blockers and diuretics.

Symptoms worsening

Heart failure can be managed well with the right treatment and lifestyle adjustments, as recommended by your doctor or nurse. However, it is important to monitor all your symptoms on a regular basis as heart failure can progress slowly.

You should call for help immediately if you experience:

- Persistent Chest pain that is not relieved by glyceryl trinitrate (GTN / nitroglycerin)
- Severe and persistent shortness of breath
- Fainting

You should inform your doctor as soon as possible if you experience:

- Increasing shortness of breath
- Frequent awakenings due to shortness of breath
- Needing more pillows to sleep comfortably
- Rapid heart rate or worsening palpitations

(dilate), which makes the blood flow more easily and reduces blood pressure, easing the strain on the heart. The most common side effects are a dry, irritating cough.

BETA-BLOCKERS have been proven to extend life and improve the symptoms of heart failure. Your doctor may start you on a low dose and increase it over a few weeks or months.

All beta-blockers have names that end in -lol. There are several different beta-blockers, including atenolol, bisoprolol, carvedilol and metoprolol.

They work by slowing your heart rate and reducing blood pressure.

ANGIOTENSIN RECEPTOR BLOCKERS (ARBs) have been shown to extend life and reduce symptoms in patients with heart failure. They tend to be used as an alternative to ACE inhibitors and they do not usually cause cough.

All ARBs have names that end in -sartan. They include candesartan, losartan, telmisartan and valsartan.

ALDOSTERONE ANTAGONISTS have been shown to extend life and reduce the risk of being admitted to hospital with heart failure. They work in a similar way to diuretics, but can also help heal scarring of the heart muscle.

Top tips for when you are thirsty

- suck on a ice cube
- limit caffeinated drinks (including coffee, tea and some fizzy drinks)
- limit alcoholic drinks
- use lemon and glycerine mouth swab sticks
- chew gum
- eat frozen fruits
- add lemon juice to your tea or mineral water.

Your doctor may prescribe you drugs called diuretics to help you get rid of the extra fluid you are retaining. You should take care not to replace this water through drinking extra fluids though.

Your doctor or nurse may recommend an amount that you should be drinking on a daily basis.

For most patients with heart failure this varies between 1.5 and 2 litres. If you are asked to limit your fluid intake this means that you should not drink more than 1.5 to 2 litres of water, juice, ice cubes, coffee, milk, soup, tea or fizzy drinks.

Top tips for limiting the amount you drink

- use small cups instead of mugs
- try to spread your daily allowance over the whole day
- try drinking very cold or very hot fluids - it takes longer
- if it is very hot or you have a fever or diarrhoea, you should drink an extra 100-300 ml.

ALCOHOL

Your doctor will advise you how much alcohol is safe for you to drink. It is recommended that you drink no more than 1 to 2 alcoholic beverages a day (a single drink is classed as one glass of beer or wine, or one mixed drink with only one measure of alcohol). If you have serious symptoms, you may be advised to avoid alcohol altogether.

Follow-up

Patients with heart failure who have recently left hospital need a 'check up' after leaving hospital to make sure the treatment given is working. This appointment will be between 2-12 weeks after discharge depending on how stable your condition is. The follow-up appointment will either be with a Community Heart Failure Nurse Specialist, in a Hospital Clinic or with your General Practitioner (GP). If you do not receive a letter confirming an expected appointment do phone the hospital on 01932872000 and speak with the Secretary of your Hospital Consultant or the Patient Advice & Liaison Service (PALS) 01932723553.

If you do not have a scheduled appointment, but you feel that you need to be seen in a Hospital Clinic then please see your GP who will arrange a referral if necessary.

Medications

Most patients with heart failure are treated with medicines. Depending on your symptoms, you may need to take several medicines. Your doctor will discuss the treatments available, and make sure that the medicines are right for you. The first drug or drugs you try may not work properly or suit you, so expect some changes until you find a combination that works well. Most of the medicines prescribed for heart failure need to be taken all the time to work so make sure that you continue the tablets you were prescribed in hospital or at your GPs.

DIURETICS used to be known as 'water pills' because they stop fluid collecting in your body and make you urinate (pee) more often. These are one of the most common treatments in heart disease. There are many different types of diuretic, but some of the most widely used for heart failure are furosemide, bumetanide, metolazone and bendroflumethiazide.

ANGIOTENSIN CONVERTING ENZYME INHIBITORS (ACE inhibitors) have been shown to extend life and improve symptoms in people with heart failure. All ACE inhibitors have names that end in -pril and include ramipril, captopril, enalapril, lisinopril and perindopril. They work by making the blood vessels open up more