

## Patient information factsheet

# Recovering from heart surgery

## Mindful movement for moving, lifting and physical activity

This factsheet contains important information about movement, lifting and physical activity while you are recovering from heart surgery. Please read it carefully and keep it in a safe place so you can refer back to it. If you have any questions or concerns, please speak to a member of your cardiac team using the contact details below.

### Moving, lifting and activity during your recovery

During your heart surgery, your surgeon made a cut to your sternum (breastbone) known as a sternotomy.

In the past, patients recovering from sternal procedures (involving a cut to their breastbone) were advised to take 'upper limb precautions'; restrict their arm movements, including pushing and pulling; and avoid lifting anything heavier than 5lbs (half a kettle) for 12 weeks after surgery.

### What has changed?

However, medical research from around the world has now shown that these restrictions are not justified and can, in fact, leave patients and family members feeling anxious about the activities that can safely be performed after leaving hospital. This can lead to reduced activity levels which can actually be worse for your recovery.

Therefore, in response to the latest medical evidence, we no longer recommend the traditional upper limb precautions following heart surgery. Instead, you will be taught to perform lifting, pushing/pulling (load-bearing) and non-load bearing movements in a way that avoids excessive stress to your sternum. This approach is called "Mindful movement".

### What does this mean for my recovery?

We will discuss this approach with you in detail, but the key points are:

#### At the beginning of your recovery:

- **When lifting (load-bearing activities)** you may wish to keep your upper arms close to your body, as if you were in an imaginary 'tube' (see illustration on page 3).
- **For non-load bearing activities** such as personal care, there are no limitations - you can move out of the 'tube'.

#### As your recovery and confidence progresses:

- Be guided by your pain level. Listen to your body. When lifting, pushing or pulling you can perform mindful movement outside of the tube, as long as your pain level doesn't increase during the activity.

*Mindful Movement can be summarised in just a few words: "Let pain be your guide."*

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## What are the benefits of moving 'inside the tube'?

- Keeping your upper arms inside an imaginary tube means that you will shorten the length of your outstretched arm (lever), reducing pressure on your sternum.

## Are there any restrictions on the weight I can lift?

There are no weight restrictions. The old advice about only lifting half a kettle no longer applies. If your pain increases however, you should stop the activity or adjust your arm position (shorten the lever arm by getting closer to the object), keeping in mind the imaginary tube.

## Tip

Be guided by your pain level. Build up gradually. If an activity doesn't cause an increase in pain, then it is safe for you to do it.

## Is this new approach safe?

Yes. This approach is based on approved research and we are confident it will be adapted as standard practice in due course. We will be gradually updating our patient information materials to reflect this change of practice, however some of our earlier materials may still recommended upper limb precautions. We thank you for your patience while we make these changes.

In the meantime, if you have any questions or concerns please speak to a member of your cardiac team.

## Your cardiac team will:

- Discuss mindful movement with you (this involves movement out of the tube with resistance, for example picking up a kettle, vacuuming, lifting an item off the shelf) and discuss how you can move 'out of the tube', providing your pain levels remain the same.
- Show you upper limb exercises and posture awareness to help you achieve a full range of movement and faster return to your normal activity levels.
- Encourage you to aim for progression in what you can do. You'll be advised to let your pain level guide the activities you can perform and when to progress.

## Mindful movement diagram

The diagram on the next page shows a person carrying out activities inside an imaginary tube, as mentioned above:

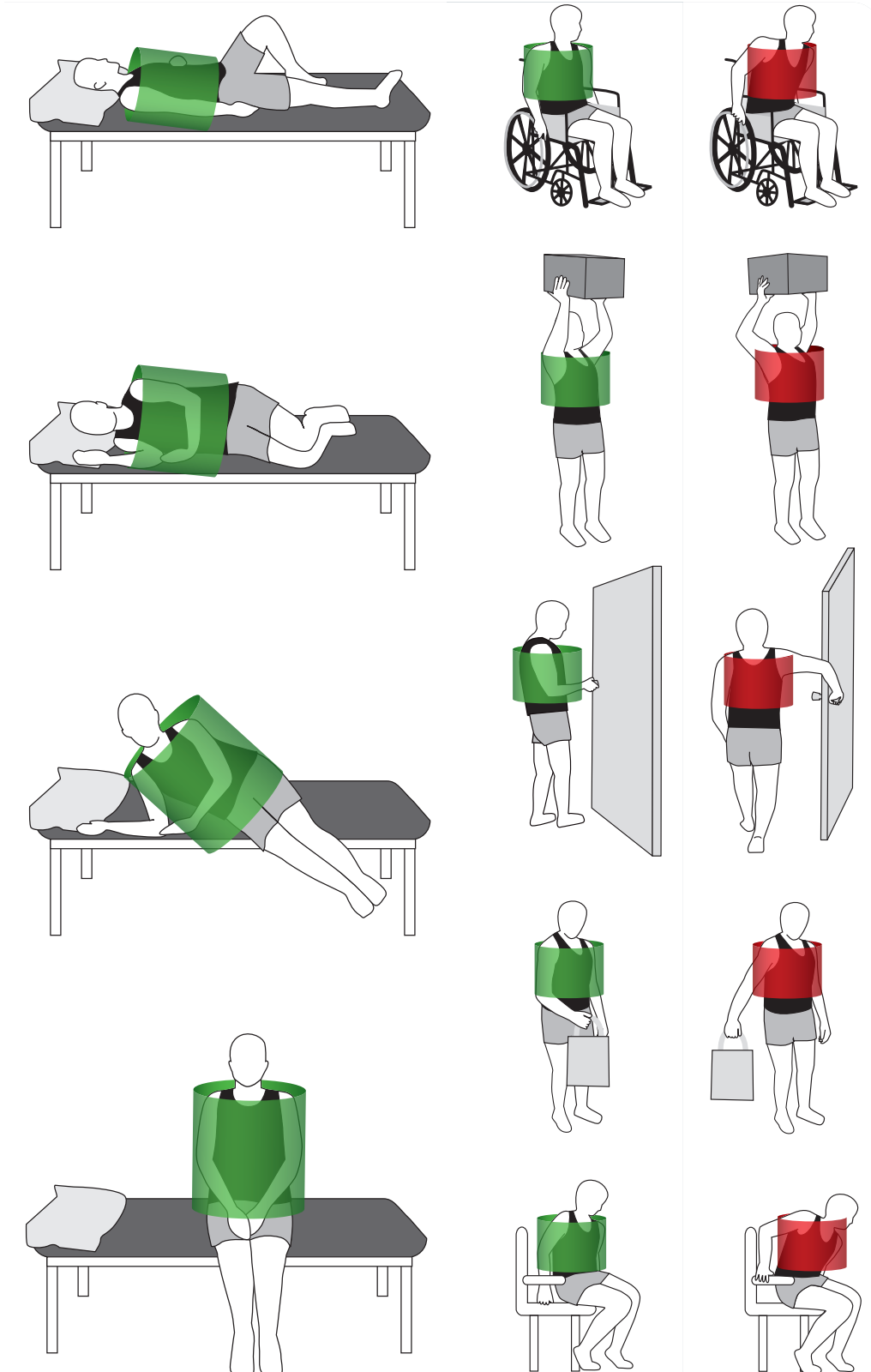
- **The green tube - 'in the tube' activities:** they demonstrate how you can perform this activity with minimal pressure on your sternum.
- **The red tube - 'out of the tube' pushing/pulling (load-bearing) activities:** performing the task in this way can increase pressure on your sternum. However, if the activity does not increase your pain level, then it is allowed.

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## Mindful movement inside an imaginary tube

**Green** - movement inside the tube you can do safely at the start of your recovery.

**Red** - movement outside of the tube you can perform while you recover provided your pain does not increase during the activity.



## Exercises

Your therapy team will discuss breathing exercises with you.

We have included these below as a reminder.

**Deep Breathing exercises** – to be done every half hour when you are awake.

- Sit upright in bed or in the chair. Keep your shoulders relaxed.
- Take four slow deep breaths in through your nose and out through your mouth. You should feel your ribs in the lower part of your chest expand.

**Chest clearance** – only if you feel you have secretions (phlegm) to clear.

- Huff (with an open mouth) – crossing your arms across your chest for support.
- Strong cough to clear your chest - crossing your arms across your chest for support.

**Posture** – Good posture is key to your recovery to allow effective movement and function.

- Scapula setting – sit upright and squeeze your shoulder blades down and together. Hold for 5 seconds and repeat 5 times.

**Arm exercises** – to be done three times a day.

- Slowly raise one arm above your head, then down again. Repeat with the other arm. Repeat 5 to 10 times.
- Shrug your shoulders up towards your ears and then relax. Repeat 5 to 10 times.
- Roll your shoulders (not elbows) backwards. Repeat 5 to 10 times.

**Circulation exercises** – to be done every half hour when you are awake.

- Circle or pedal your ankles for one minute.
- Tighten your thigh muscle by pushing the back of your knee into the bed. Repeat 5 to 10 times for each leg.
- Bend and straighten your knee. Repeat 5 to 10 times for each leg.
- Clench your buttock muscles, hold for five seconds. Repeat 5 to 10 times.

**Remember that walking is the best way to exercise and expand your lungs. This will help to prevent chest infections following surgery.**

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## Contact us

If you have any questions about anything covered in this factsheet, please speak to a member of your cardiac team:

**Before your surgery (pre-op)** contact the nurse case manager team on: **023 8120 8686**.

**If you are an inpatient** please talk to your nurse. They can arrange for you to speak to a member of the therapy team if required.

**After leaving hospital** contact the cardiac rehabilitation team on: **023 8120 6673** (Monday to Saturday). If you reach the answerphone, leave your name and telephone number and we will call you back as soon as possible. Please note, this number is not for medical emergencies.

If you are a patient at one of our hospitals and need this document translated, or in another format such as easy read, large print, Braille or audio, please telephone **0800 484 0135** or email **patientsupporthub@uhs.nhs.uk**

For help preparing for your visit, arranging an interpreter or accessing the hospital, please visit **[www.uhs.nhs.uk/additionalsupport](http://www.uhs.nhs.uk/additionalsupport)**