

Great Yarmouth & Waveney Cardiac Support



Carer's Handbook

Compiled by Brian Ovenden



Gt Yarmouth & Waveney Cardiac Support Group

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Foreword

In no other branch of Medicine is there a greater reliance on high technology than in the diagnosis and treatment of patients with heart disease. Prospects for continuing good health in patients who have suffered a heart attack or developed other forms of heart disease are improving every year. What many of us have forgotten is that the application of this technology and the emotional upheaval associated with the discovery that one has heart disease can take its toll, not only on the individual, but also those who love and care for them. Hospitals can provide a certain degree of support and rehabilitation in the early days after the first diagnosis, but eventually the patient returns to the community and at this stage it is critically important that he or she receive the care and supervision by someone close, as well as the emotional and sometimes physical support of fellow sufferers and those who take an interest in their continuing well-being.

This handbook can be considered part of the “prescription” for patients and their relatives/friends or carers. It has the full support of the Clinical Staff involved in the treatment of heart disease at the James Paget Hospital, Gorleston, Gt Yarmouth.

Dr W J Grabau
Consultant Physician



HeartCare would like to thank all who have contributed to this
Carer's Pack.

Patients, doctors, nurses, carers and everybody else, however large
or small their contribution. Without this co-operation we could not
have produced it.

Names have been withheld to preserve confidentiality.

It is hoped that those who read it will take some comfort from the
experiences of others and come to realise that life does not necessarily
end with Heart Disease, it only changes and, very often, for the better.



Carer's Handbook

When it was first suggested that I attend a meeting to be held with other cardiac support groups to produce a carer's handbook, I was rather dubious. This was not because I was unwilling, but I felt that my knowledge of the subject was very limited, to say the least.

HeartCare held several meetings of Carers to discuss all aspects of caring, their experiences and feelings. The credit for this Carer's Handbook has to go to them for sharing all this with us and giving up their time to write about these things. All I have done is to collect all their efforts and put them down in some sort of order.

We know how you are feeling. All of us have experienced the shock and horror of seeing a loved one suffering the pain and agony of a heart attack. There is a feeling of disbelief that this is happening to us. Earthquakes, plane disasters and even winning the lottery are things that happen to other people, things that we read about or see on television.

It is important to realise that our lives have not finished; they have only changed. The main road along which we have been travelling for many years has gone, but there are many side roads that we can take. In

the early days after a heart attack, this side road that we find ourselves on takes on the appearance of a very narrow winding lane, along which we have to go very slowly. As time goes by, it gradually gets straighter and wider. We meet many different people and take part in other activities.

Forget the plans to climb Mount Everest, taking part in the London marathon, or trying for a gold medal in the next Olympics. These may prove to be a little too energetic!

The emphasis initially is on the patient, which is as it should be. The poor old carer does get some information but, still reeling from shock, they are unable to absorb very much. It is only after the patient is discharged from hospital that things begin to sink in and the worry of what to do for the best begins to take over. A heart attack has been likened to a major operation and time is obviously needed for a full recovery. There are no hard and fast rules that a carer can follow. We are all different in our needs and our capabilities

Generally speaking, the carer's role is to keep an eye on their partner. Do not stop them from doing things that they feel that they are able to do, but make sure that they do not try anything too energetic too soon. In the



first instance a short, slow walk up the road is enough, while mowing the lawn or digging the garden is out. As time goes by, more and more things may be tried. The carer must be on hand to ensure that too much is not attempted, to offer assistance or, if you feel the job is too exacting, take over.

About six weeks after leaving hospital, some patients are advised that s/he should attend the Rehabilitation Unit. There is expert medical staff who, among other things, will assess the patient's progress. If this applies in your case, do your best to gently persuade your partner to attend.

HeartCare Cardiac Support Group is available at all times to offer help and advice. Patients are visited on the ward and also during the rehabilitation sessions. In addition to these visits, there is a listening-ear service, with telephone numbers listed in "*HeartCare News*". Please note that any queries regarding medication or medical subjects should be addressed to your doctor or the hospital and not to HeartCare.

Properly supervised exercise classes, swimming and walks are organised by HeartCare to help patients regain their health. Social meetings are held every month with guest speakers and these give you the opportunity to meet people who have had similar experiences to

yours. You are advised to eat more fresh fruit and vegetables, increase your fibre intake and reduce the amount of fat that you consume. Once again, I must remind you that you should consult a dietician on this matter and not HeartCare.

Over the past 10 years, things have changed beyond recognition. Much more information and explanation is given to both patients and carers by the medical staff. This enables them to understand what has happened and to point the way forward.

I have been privileged to read accounts detailing the most intimate thoughts of HeartCare members who have suffered as you are suffering. These people have poured out their hearts to show you that you are not alone. It is not easy to write about their experiences, as memories come flooding back with every word.

It was suggested that these letters be included either in full or in part. The thoughts and feelings expressed by those who found themselves in the same situation that you are in will help you to rebuild your life. I have also included an account from a patient to show what can be achieved.

In order to keep confidentiality we have withheld the names of the individuals concerned but all are Heart-



Care members and wish to remain anonymous for obvious reasons.

The first account shows how things were in 1988. Over the years, things have gradually improved with 1999 (HeartCare's 10th anniversary) reflecting this.

However, read on. I feel sure that at least one of the articles will reflect your own experience.

1: Before HeartCare.

When my husband suffered his heart attack in December 1988, we were both in shock and disbelief because, of course, you never believe it will happen to you.

As a carer, I had no back up at all. No one in the hospital talked to me about what had happened, until I forced the issue on the day that my husband was due home, and even then it was only a few hurried words. The ward doctor just confirmed that it had been a heart attack, told my husband to go home, take things easy and to come back in six weeks for his stress test. At home, I never let him out of my sight, frightened that he would have another attack. I listened to his breathing when he was asleep to make sure that he was all right. Six weeks is a long time on your own, and our doctor was not very helpful. We were very much on our own.

My emotions at that time ranged from shock through to crying and, finally, anger. Anger that more advice was not given out, not just to the heart patient, but also to the carer. We are hurting also and fearful that our loved ones are going to die.

It has been over 10 years now and, thank God, my husband is still with me. We were in the hotel trade at the time. We sold the following July and moved to a bungalow where we are both semi-retired. We are both very involved with HeartCare CSG, which we helped to form in November 1989. It is hoped that this carer's handbook will be of help to you new carers out there.

I still worry, of course, but things do improve with time, and you adjust to a new way of living. I am afraid I do nag my husband if I feel that he is doing too much, but he knows it is only because I love him and look forward to many more years together.

2: On Holiday

Having a heart attack is a very frightening experience, not only for the patient, but also for the spouse and family to see a loved one suffering excruciating chest pains.

At that time, having suffered what the doctors described as a substan-



tial heart attack with severe complications, and the fact that this all happened while we were away from home and on holiday, all added to the worry and stress of the situation, not just for the patient but also for the carer.

After spending 15 days in hospital and still feeling very ill, we returned home. We received no after care apart from visits from GPs when called upon and we had no one to turn to for advice or guidance as to what to expect or what the future might hold.

While the patient is suffering, especially in the early stages of the illness, there is a great deal of stress on the carer who, very often, does not know how to cope. There is a very fine line between being on hand to give help and support when needed and falling into the trap of being overprotective and not allowing the patient his own space.

Toleration is also needed on both sides. It is perhaps easier to walk away when one feels the need to scream and vent their feelings, but be there to comfort when one needs a shoulder to cry on, as this can be an emotional time for both parties.

Very often, a patient is reluctant to let the carer know when they are in pain or feeling ill, as they do not want to worry their partner. It can be

far more worrying to look after a person who never makes a fuss, as one has to be more alert in watching for tell-tale signs of stress and discomfort.

It is a great help, and very important, if the patient confides in his partner when he has days of depression or not feeling well, then there is an understanding if they want to be left alone to rest or need to talk to someone. The carer is then aware of the situation and can act accordingly, or is prepared to seek medical advice as necessary.

Fortunately, these days, much more help is available in assisting the patient and carer to come to terms after a heart attack. Many cardiac support groups have been set up. It is a great help to join a community of fellow colleagues who share the same or similar problems. The feeling of being so alone to face such a traumatic situation was a dilemma in which I found myself. I had no one to give me any direction, information, what to do or expect or where to seek any after care that may be needed.

Cardiac support groups have wonderful facilities and projects where a great deal of valuable information can be obtained to assist both patient and carer. They



also give an opportunity of sharing experiences with other members.

There can be no definite do's or don'ts as each person has different needs. By following sensible guidelines and sharing anxieties, one can look forward to a reasonably new, healthy lifestyle and a new-found outlook in a caring community by joining a cardiac support group.

3: Abroad

My husband was 58 when he had his first angina attack. He was determined to prove that nothing was wrong and the medical treatment that he was receiving was not necessary. I was fighting a battle on the home front, with my husband and/or his *alter ego* being enemy number one.

The problem was to persuade him to slow down after 40 years of constant high pressure activity, either in employment or running his own business. Many times he would have breakfast in London, hovercraft to France for a business lunch and then return to Lowestoft for dinner with me.

In October 1993, we arrived in Spain with a party of 40 people. My husband was walking a few yards to the local tourist information office when he felt as if somebody had given him a strong kick in the chest.

This caused massive pain and great difficulty in breathing. He struggled to return to the hotel and telephoned his GP in Oulton Broad. He was advised that he should go to the nearest hospital.

In spite of my limited Spanish, the experience in the hospital was an ordeal, as was the remaining six days that we had to spend in Spain. Like a record stuck in a groove, I had to repeatedly assure my husband that the other driver and the male passengers would load and unload the entire luggage.

This was followed by a period in James Paget Hospital for tests etc., with return visits at a later stage for Rehabilitation. In addition, there were regular and frequent appointments with his GP. I had to go with him, because my husband still insisted that he was wasting the doctor's time and was reluctant to talk about his health

problems or query the possible side effects of his medication. In addition, I had to constantly remind him to take ALL his medicines.



We took the advice of the dietician to increase the fibre in his diet. A year later, my husband's visits to his GP became less frequent and I stopped going with him. I felt quite



rewarded when he came home after a surgery visit with a hand written letter from his GP, "... your husband should lose a bit more weight. He has been doing quite well, losing some since he came last, but it would be good for him to continue this ... should he eat from a smaller plate?"

After a year, my husband was determined not to waste any more of NHS resources and I still do not know how he convinced his GP to strike his name off the waiting list for a by-pass operation at Papworth. He had no success, however, in retaining his PSV licence after nearly 40 years.

The following spring, he hired a coach with two drivers for an eight-day holiday in Italy. The day before departure, he went for his regular check-up and prescription. The doctor did a routine ECG and asked for a second opinion. A telephone call from my husband meant that I had to abandon my packing, collect him from the surgery and take him to James Paget Hospital as he had had a mild heart attack. When we arrived, we found that a bed was ready for him in the Cardiac Ward.

Now, I can smile away the shocking worry that I felt at the time. My husband refusing to stay in hospital, with the doctors and nurses suggesting that it would be better to be

there than go on holiday and die. We had to wait for a specialist doctor to authorise his discharge.

Six years on and my husband is keeping his body in the "switched off" state that he promised his doctor. He takes his pills and medicine, and his chest discomfort is at a minimum. He is still apologetic and will try not to worry his GP at the surgery.

As his carer, I help him with his involvement with HeartCare. He is also a volunteer ambulance driver.

At home, we enjoy a healthy and balanced diet. I police his temperament when there is a traffic jam caused by an automatic rail crossing barrier, the raising of a bridge, road works or even stupid drivers (male or female). I remind him that stress is not good for his heart or my hypertension.

4: Pregnant Pause

In the early hours of one morning, there was a terrific crash as my husband had collapsed. He lay there clutching his chest and gasping for air.

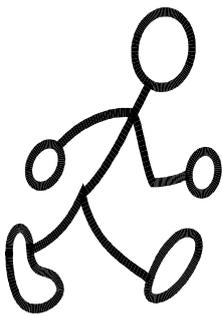
Our GP arrived very quickly, followed by an ambulance and an amazing team of paramedics. We arrived at James Paget Hospital where my husband received immediate treatment, while I completed the



routine things that had to be done on admission.

At the time I was five months pregnant, after 16 years of marriage. For those five months, I was the centre of attention and wrapped in cotton wool. Suddenly, the roles were reversed and I had to be strong both for my husband and myself, doing my best to encourage him.

He came home from hospital after about 10 days. Gradually, and nervously, he got back on his feet. He started with a short walk around the lawn, then round the estate and



eventually all round the village. I used to worry myself sick waiting for him to come home from his walks. Even now, if he is later than I expect, I imagine the

worst.

My husband returned to work after about six months when our twins were about two months old. Unfortunately, because of the pressure of work combined with the onset of angina, he had to retire on ill-health grounds.

If he feels well enough, he still walks or cycles each day, in an effort to keep fit.

Our GP assured me some years ago that my husband was capable of

light household chores and gardening, but I feel unable to “allow” him to do much more than the washing up. As a consequence, I find myself heaving furniture about, decorating, digging and cutting the grass. This is not because I want to, and certainly not because I do them well!

5: Happy Christmas

My wife and I had just travelled about 200 miles to spend Christmas (1995) with our daughter. About an hour later, my wife was in the cardiac unit of the local hospital, having suffered a heart attack.

Like the vast majority of people, I was under the impression that a heart attack was usually fatal and, in the unlikely event of recovery, meant that the person concerned would be unable to take part in normal activities, spending the remainder of their days sitting about waiting to die. I was full of gloom and doom. My mother had died some three weeks earlier and now it seemed that my wife would be following her.

My amazement upon being told that my wife would only be in hospital for about seven days and would be well on the road to full recovery in around six months was only





equalled by the manner of the nursing staff. Nothing was too much trouble and they invited questions regarding their patients.

I had to return home after the Christmas period, leaving my wife in hospital. When she was discharged, she spent a couple of weeks with our daughter before returning home.

During the following few weeks, my wife made extensive enquiries regarding rehabilitation and it was only after a lot of trouble that she managed to get in touch with the Rehab Unit at James Paget Hospital. (I would stress that this was in no way the fault of the hospital, but the lack of awareness by the doctors concerned at that time). It was while she was attending the Cardiac Rehab Unit that she was first made aware of HeartCare, who visit ex-patients at the centre, as well as those on the ward.

It was entirely due to the efforts of HeartCare, in providing exercise classes, that she was put well on the road to recovery.

Over the weeks, months and years that have followed, we have gradually returned to leading a full life, albeit not quite so energetic as before.

6: Up To Date

I am the carer for my husband, whose heart attack came out of the blue just over a year ago. (At the time of writing).

I found that the care he received in the CCU at James Paget Hospital to be first rate and this also applies to the sensitivity shown to me.

I was kept informed at each stage of his treatment, even when he nearly died, and was allowed to nurse him a little myself for a while, which helped me to get over the initial trauma of the event. I did not feel that I was in the way. The staff was welcoming and considerate, and seemed even grateful that I could take a few minor chores off them for an hour or so. They welcomed questions and stressed that I could call at any time, day or night, if I was anxious. Information over the phone was given promptly, fully and cheerfully. Nobody patronised me or inferred that I could not understand my husband's condition. The doctors were as pleasant and forthcoming as the nurses were and I felt at all times that they were telling me the complete truth.

I was warned that the first four days would be critical, but the whole approach was positive and supportive. I shall always be grateful to all in the unit.



Finally, I would urge all carers not to be afraid, too inhibited or too “British” to express emotion, even to cry. It will help to talk, especially to those good souls who have volunteered to be “Listeners” for Heart-Care.

Carers have been hurt and shocked by the events they have observed. It will help them to heal if they express their fears. There is no shame in crying.

7: The Heart was Willing but the Legs Gave Out

During a barbeque, early in August, the Norfolk Churches Trust sponsored bike ride came up in conversation, and much to the horror of the fit people there I stated my intention of having a crack at it. Of course I had a bike that had sat in our shed untouched for approximately three years, the reason being I was too busy to ride, running a business and unknowingly getting ready for my collapse and hurried journey into the CCU.

The necessary forms and list of churches were obtained, the bicycle removed from the shed, cobwebs removed and the whole thing serviced. After showing the list of churches to the rehab staff and asking the question “Am I capable of doing this?”

and receiving the answer in the affirmative along with some sponsorship, it was time to address the real problems: How to ride a bicycle for eight hours in a comfortable and efficient manner! The bicycle had originally been purchased from Stuart Males Cycles in Gorleston and I had spent some of my time in hospital opposite Richard Males when I was suffering from pneumonia. I also recalled that the thing you had to sit on had a dual purpose, firstly as a saw to cut you in half and secondly as a perch to give it somebody to saw through. Therefore off to Stuart Males Cycles, firstly as they sold me it, they could sponsor me which, without hesitation, both brothers did, secondly they addressed my problem of the onboard saw and sold me a “GEL” saddle at a rather keen price for which I will be eternally grateful.



I had now one month to get ready, the cycle ride being on Saturday, 11th September. Only one way to do this and that was practice. Starting with an hour's practice, I found several problems, firstly a 38-ton lorry from behind would definitely not do my heart or the bicycle any good and



secondly my cycling technique was so inefficient I was just burning energy. To overcome the problem of lorries, plan the route where possible on the back roads. To improve cycling, well, you don't need to rock from side to side to make the legs push. Thirdly what if something cardiac happened. OK, GTN spray kept in pocket and the mobile phone in top pocket, maybe if necessary I could talk the ambulance driver into putting the bike into the back of the ambulance with me! The rides got longer as I improved my technique and the sustained speed got faster; concentrate on the hilly bits and the level parts would look after themselves.

On the Tuesday before the ride, I moved into the Burrage Centre to join Norman and his merry bunch of exercisers, I joined on the Tuesday and rode to the Burrage Centre from Ormesby, but into disaster. Cardiac rehab had invariably always had leg exercises that involved a cycling motion. Norman had me moving sideways, other muscles were coming into play, cycling was now difficult. Back to the Burrage on the Thursday, more sideways movements, little time before the big ride now to recover. Complete at the Burrage, on



the bike later and cycle for two and a half-hours, this should make it all hurt in the right direction.

A day off on Friday and then up early on the morning of the ride, route planned, I want as many churches as I can get. I had already decided it was no good starting locally, therefore depart home at 08:45 to ride to Shrublands, arriving just after 09:30, the ride starts at 10:00 therefore sit in the sunshine in Magdalene Square. It's then time to start and sign in at St Mary Magdalene. Third church, St Andrews, Gorleston by 10:05, not without some amusement saw Paddy the vicar mending a puncture outside the church door. (Little did I know then that we were to meet later). Through my village church by 11:30, which is number 12 church signed in, my wife sitting here on duty. Onwards with the day getting hotter and hotter, but of course I have been clever and tied a towel to the handle bar cables to wipe away the sweat. Hemsby, Winterton, Martham, Rollesby, Repps and Thurne then down for Clippeby, first rest for 10 minutes sitting on the side of a back road at 14:00. Must get Billockby sign at the farm, they won't get many visitors because of location, therefore a must, there at 14:30 and only number 13 to go through this location. Now double back for Fleggburgh and Filby, still sweating well with



the towel in regular use. Out through Filby, Thrigby and run for Stokesby via the other churches in this area, also I am now on my second sign-in form. Stokesby at 15:50, sign in and given the quick route to the Methodist Chapel, which is open.

Around Stokesby church and free-wheel down the rough track towards the road, moving quite fast. I can see a car coming but I will be on the road well before he gets to my exit from the track. Then things happen quickly, Paddy, the vicar who was at Gorleston with a puncture in the morning, goes flashing past in front on the road, I get on the road distracted and the towel detaches itself from the cables and, of course, goes into the front wheel. At this point the bike decided we had been together long enough and throws me off, straight across the road and into the largest bunch of nettles for miles around, where I land on my back. All that happens at this point is that I can't stop laughing. Pull myself together and gather the undamaged bike, tell the car driver, whilst still laughing, that I'm okay but well stung and off to the Methodist Chapel. Sign in and decide to sit on the river wall in order to let the nettle rash fade.

Acle at 16:35, two churches here, but time is running out as the ride finishes at six. Check with my map,

there is a way over Halvergate marshes, which promises five churches in quick succession. Therefore I have no option but to go for it. Out onto the marshes down a public footpath, the bicycle seems to be misbehaving as if it is made of lead. Stop at the entrance to a large field, the footpath is shown to go diagonally across and just on the other side should be the church and a large manor house. Head into the field with the bike getting harder to ride until I grind to a halt. No sign of the church or the manor house. In view of the time and present condition of the propulsion system, I decide to change the rules of the ride. Turn around and back to Acle, arriving at the Bridge Inn, two pints don't even touch the side, this is when I decide to put the mobile phone into use as I am probably over the limit in charge of a bicycle, here I call my wife for international rescue.

I suffered a heart attack in April, being released from the CCU and heading back into hospital again in mid-May with pneumonia. After release I could barely walk around the block and had difficulty in getting out of a car. I eventually made it into cardiac rehab at the James Paget to suffer the kind ministrations of Rosemary, Pam and Janet along with their other staff, also being given the opportunity of extending rehab for



an extra three weeks. I, of course, jumped at the chance.

How many churches? 41 in total with close to £100.00 being raised for the Norfolk Churches Trust. With learning my way around the marshes I have a feeling that 50 are possible next year. Total damage to me was none apart from slight nettle rash, the saddle worked, the heart was willing, but the legs gave out.

Summing Up.

If we had tried, we could not have had a more varied mixture of experiences. The range covers heart attacks at home, on holiday and abroad, affecting people in many different ways. Every time, it had a harrowing effect on individual's lives.

In every case, there is the initial shock and horror when, for several days, confusion reigns. During this time the mind is numb and very little is taken in as to what is happening. When the patient is discharged from hospital there is a feeling of relief and pleasure, although we are not sure what we can do to help.

All our contributors are members of, and have benefited from, HeartCare, being able to share their concerns and worries with others who have had similar experiences.

HeartCare is not a medical group,

although visits are made to heart patients in the CCU, on the wards and at the later rehabilitation sessions. These visits are to reassure patients and to help them come to terms with what has happened.

At all times HeartCare is there to help you to rebuild your life with the valuable help of carers and patients alike.

HeartCare offers you the following: -

- Free membership for both patient and carer.

- Properly supervised exercise classes by a qualified tutor.

- Swimming (at two different locations).

- Organised walks.

- Social evenings once a month.

- Free monthly magazine - "*HeartCare News*" - posted direct to you.

- Outings, at home and abroad, to places of interest, theatre trips and holidays. (These are not free, but the cost is low.)

- Last, but by no means least, if you are feeling depressed or low, just ring one of our members who are "willing to listen."

I must repeat that questions on medication and diet should be addressed to your GP or the hospital



and not to HeartCare. The fable of the hare and the tortoise is a good indication of the way forward - and we all know who won that race. Slowly but surely is the way to recovery. Do not let frustration and stress build up inside you. When my father upset my mother, she told us that she would go into the kitchen and swear at the sink. You will have to make your own arrangements!

At the end of this handbook there are two copies of a patient record card for you to fill in and each of you carry with you. In the event that medical attention is needed, all the information will be immediately to hand.

We would like to thank every one who has contributed, in any way, large or small, by giving up their time, writing down their experiences, making cups of tea or coffee and so on. Without their help it would have been impossible to produce this Carer's Pack.

Will it Happen Again?

Many CHD patients wonder if they will have another heart attack.

After the first few days and as time passes, the chance of another attack is reduced. The risk is still there but by adopting a healthier lifestyle and the medication your doctor has prescribed for you and, possibly, at-

tending rehabilitation classes, you will begin to gain more confidence. It also helps to join a Cardiac Support Group such as HeartCare. You can learn more about us by telephoning or visiting us on the internet at www.heartcarecsg.co.uk

Feedback

We would be very pleased to receive any of your comments after you have read this Carer's Handbook.

Did you find it helpful?

Could we have added more to it?

Have you any suggestions that we may add in any future issue?

Please send your comments to the publisher. Address shown on page 4, e-mail them to us or visit our web site; www.heartcarecsg.co.uk

Useful Telephone Numbers

<u>Name</u>	<u>Number</u>
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Dealing With Chest Pain

What Does the Pain Feel Like?

Often felt in the middle of the chest and may spread across it; it may radiate down arms or into neck and jaw.

It may also be felt in the back of the shoulders

It may be intense pain; or just a discomfort and is often described as tightness, heaviness, crushing, squeezing or as a dull ache

The pain may be associated with sweating, nausea or shortness of breath

Is the Pain Due to Angina or Something Else? Ask Yourself These Questions.

Q: What brings on the pain or discomfort?

A: If it is associated with eating it may be indigestion. If associated with exercise it could be angina

Q: Does the pain/discomfort change or even worsens when you change position?

A: Angina is NOT affected by changes in body position

Q: Can you point to the position of pain/discomfort with one finger?

A: Angina tends to radiate across the area, it is not localized in one small spot

Q: Is the pain deep or close to the surface?

A: Angina feels deep inside the chest

Q: If you press where it hurts, does it make it worse?

A: Angina pain is not painful to touch

Using Your GTN Tablets or Spray

GTN (Glycerol Trinitrate 50 Micrograms) tablets or spray have been given to you in case you develop angina (chest pain). GTN improves the blood supply to the heart muscle and reduces its workload.

If you are lying down, sit up, in a chair with your legs down. Place one tablet under your tongue - do not swallow it or it will not work.

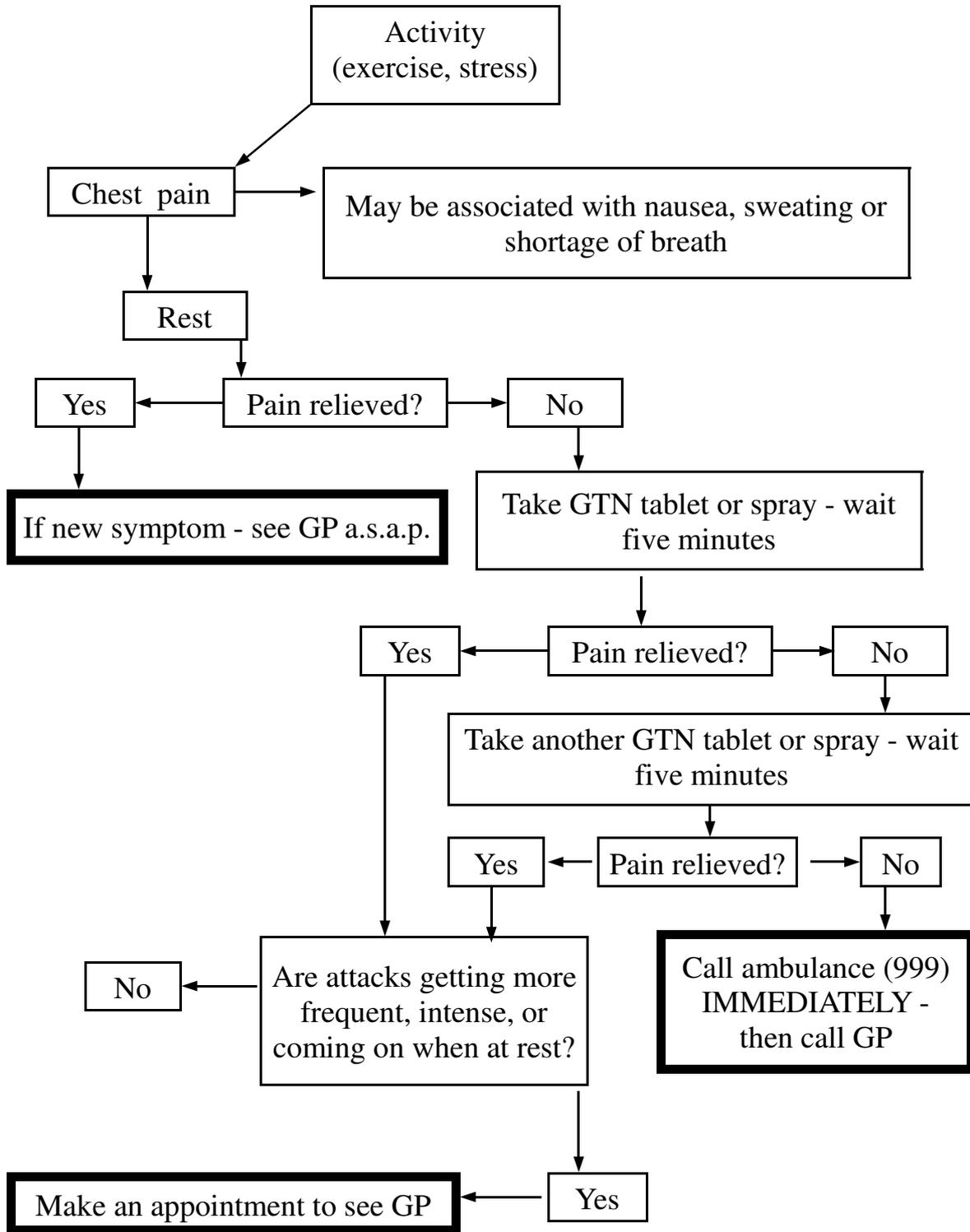
The tablets often cause headaches - if so, spit the tablet out when the chest pain has subsided

You may also feel dizzy or faint - this is why you should sit down before taking it.

The medicine will evaporate from the tablets if the lid is not screwed on tightly - they will then not work when you really need them. Never transfer them to another container.

Once opened, put the date on the bottle and get a new supply every eight weeks.

You can obtain GTN from a pharmacy without prescription but it is better not to forget to





Useful Contacts

Suffolk Carers: - Jerry Demierre ☎ 01502 713372

Norwich and District

Carers' Forum: - Jackie Soards ☎ 01493 445540

The following are members of HeartCare who have been on our
“Listening Ear” course.

Neville E Sanderson ☎ 01502 572277

n.e.s@btinternet.com