

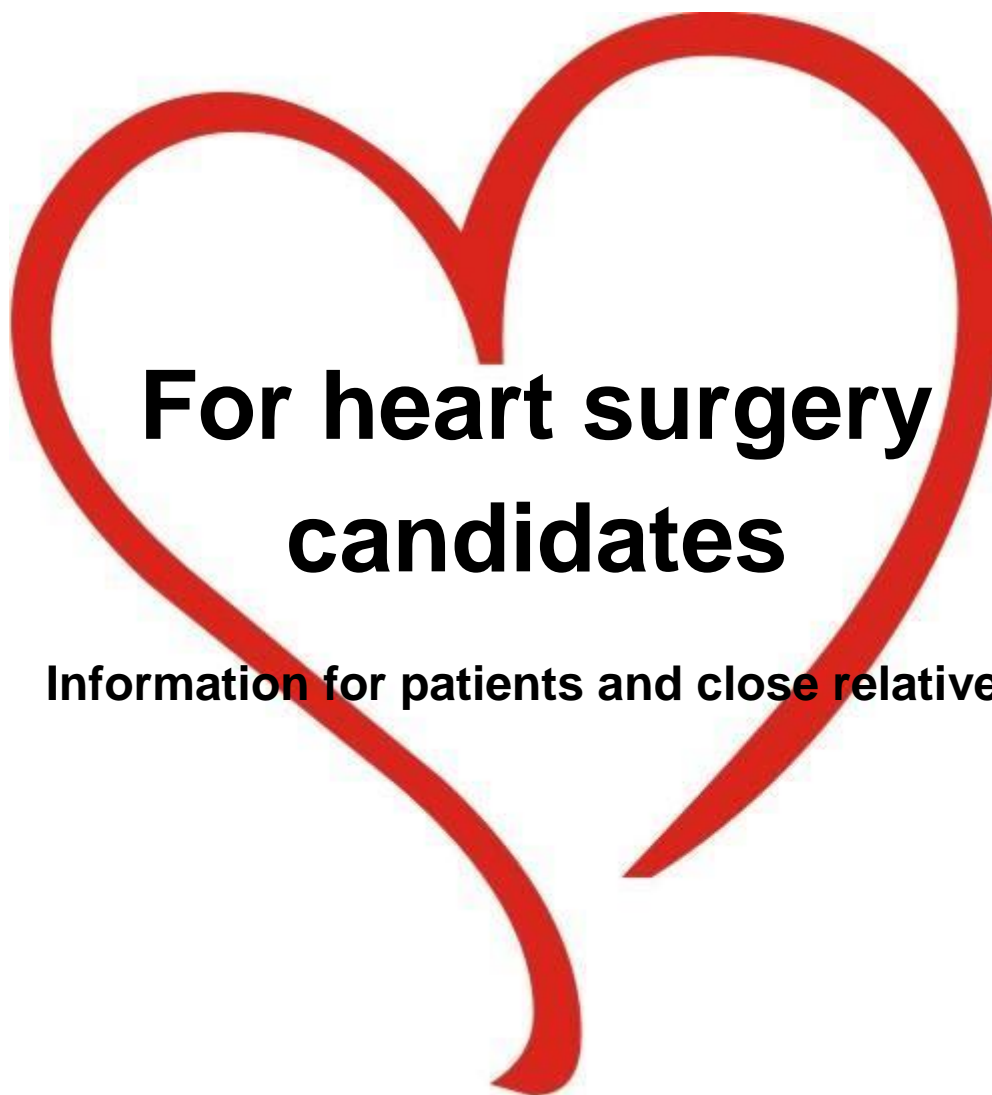
Engelska

Till dig som skall hjärtopereras

Information till patient och närstående



VÄSTRA
GÖTALANDSREGIONEN
SAHLGRENKA UNIVERSITETSSJUKHUSET



For heart surgery candidates

Information for patients and close relatives

The Thoracic Surgery Clinic
Sahlgrenska University Hospital, Gothenburg

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Welcome

With this information brochure, we'd like to welcome you and your relatives to the Thoracic Surgery Clinic at Sahlgrenska University Hospital in Gothenburg. This brochure is intended to provide you with information about what will happen when you're with us in connection with your heart surgery.



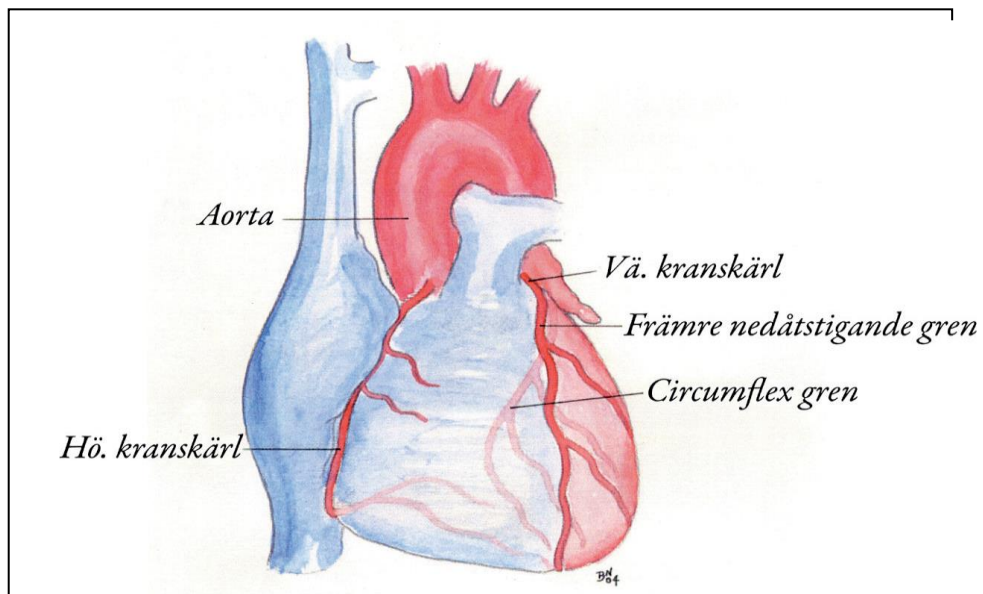
A heart operation is an everyday procedure for those of us who work here at the thoracic surgery clinic; we perform on average 1,100 heart operations each year. We understand that you can feel uncertain when faced with the unknown and, therefore, those of us who work here want to do our best to ensure that you will feel secure, well-informed and well treated during your visit here. Our aim is to combine professional treatment with a good nursing care.

Welcome!

The healthy heart

The heart is a hollow muscle located in the pericardium behind the breastbone. It is divided by a separation wall into a right-hand and left-hand half, each of which is in turn divided into an atrium and a ventricle. In order for the blood to circulate in only one direction, the heart is equipped with a total of four heart valves. The pulmonary valve and the tricuspid valve are located in the right-hand half of the heart, while the mitral valve and the aortic valve are located in the left-hand half of the heart.

The blood from the body empties in the right-hand half of the heart and, from there, is pumped to the lungs where it absorbs new oxygen and then returns to the left-hand half of the heart, which pumps out the oxygen-rich blood in the body via the aorta. The blood is subsequently collected once again in the right-hand half of the heart and the circulation system is completed.



The heart is a muscle that needs oxygen-rich blood in order to function. The vessels that supply the heart with blood are called coronary arteries. The coronary arteries go from the aorta and branch off over the heart.

The diseased heart

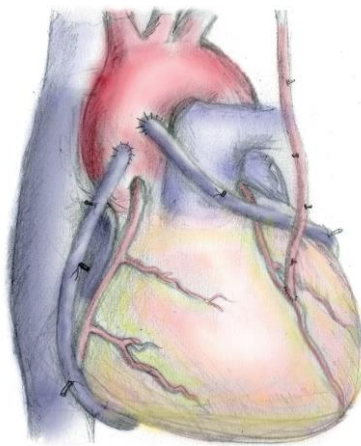
Coronary disease

Arteriosclerosis in the heart's coronary arteries can give rise to increasing congestion of the arteries, with the result that the heart fails to obtain sufficient oxygen-rich blood. This lack of oxygen can express itself as chest pains, generally referred to as vascular spasm (angina pectoris). If an artery is entirely blocked so that the blood cannot proceed, a bit of the heart muscle dies and a heart attack occurs.

Coronary arteriosclerosis and angina are common conditions and there are a number of different factors that can increase the risk of being affected, e.g. genetics, high blood pressure, smoking, heightened blood fat levels, diabetes, stress and overweight.

Coronary surgery (Bypass, ACB or CABG)

Through coronary surgery, the blood is led past the congested areas in the coronary through a new vessel. On the inside of the chest there is an artery called the LIMA (Left Internal Mammary Artery), which can be dispensed with and is often used. When several vessels are needed, it's also possible to take them from the legs or underarms without this causing serious problems. One end of the artery is sewn onto the aorta, while the other end is sewn onto the coronary artery beyond the congestion.



The diagram shows a heart after bypass surgery. Three new vessels are shown connected to the heart, beyond the congestion in the coronary artery.

Heart valve disease

The four heart valves function as check valves. Healthy valves have thin flaps of tissue that open and close as the heart pumps. The heart valves may be defectively formed from birth or become damaged later in life.

The heart valves can be affected by two different diseases. Either the valve does not close properly and leaks (insufficiency) so that the blood flows back, or it is too congested (stenosis), so that the blood has difficulty in passing through. In both cases, the heart must work harder in order to satisfy the supply of blood in the body. As a consequence, the heart grows and becomes enlarged and, in the long term, heart failure develops. Common symptoms of heart valve disease include breathlessness, tiredness, angina and accumulation of fluid in the body which can lead to swollen legs and feet. Dizziness can sometimes occur, and even fainting.

Heart valve surgery

The choice of valve is always made in consultation with a thoracic surgeon. Together with the surgeon, we provide advice on which valve can be best for you based on your life circumstances.

Valve surgery can take place in two different ways. Either the damaged valve can be repaired or replaced with an artificial heart valve. There are two different types of artificial valves. The mechanical valve is made of hard artificial material, while the biological valve is produced using specially processed tissue from calves or pigs.

The mechanical valve never wears out, but life-long treatment with the blood thinner medicine Waran™ is required. The biological valve only requires treatment with the milder blood thinner tablet Trombyl, but wears out over the years.



Examples of our most common valve prosthesis. To the left is shown a biological valve prosthesis where the valve tissue is made of treated calf pericardium. A mechanical valve prosthesis is shown to the right.

Risks associated with heart surgery

As with all operations, there are risks associated with heart surgery. The most common complications are bleeding which requires a new operation, infections in the surgical wound, other infections (e.g. pneumonia) and strokes. Fatalities in connection with scheduled heart operations are uncommon, but do occur.

The risk varies depending on the nature of the operation and the patient's condition. You will have an opportunity to discuss this with a surgeon before the operation.

Tobacco affects the result of surgery

When you have been operated, there are many factors that affect the result of your operation. The use of tobacco in conjunction with surgery is a negative factor which can result in serious complications.

After surgery, smokers suffer from complications more frequently than others. These include:

- protracted or inferior wound healing
- infections
- blood clots
- protracted or non-healing of bone fractures
- cardiopulmonary complications

In order to reduce the risk of complications, we would like you to refrain from smoking for 6 to 8 weeks before the operation and 6 to 8 weeks afterwards.

Stop using tobacco in connection with your operation

By stopping smoking prior to surgery, you reduce the risk of suffering complications and improve the conditions for wound healing. This is also the case if you stop smoking in connection with an emergency operation.

The effects on the body of the use of moist snuff (snus) have not been studied as much as the effect of smoking, but sufficiently that we advise on abstaining from use. It is known that nicotine affects the circulation by contracting blood vessels, which detrimentally affects wound healing. Moist snuff contains more nicotine than cigarettes. Therefore, we recommend abstinence from all forms of tobacco in connection with the surgery.

If you want help to stop smoking, contact your health clinic.

The Sahlgrenska University Hospital is a health-promoting hospital with an entirely smoke-free environment.



The care chain

Surgery coordinators

Decisions about surgery are taken at thorax conferences. Those present at the conference are: a cardiologist, thoracic surgeon, surgery coordinator, and clinical physiologist. As the patient, you receive a confirmation by letter that you have been placed on the waiting list for surgery. The notice is then sent out approx. two weeks prior to the date of the operation. The notice includes information about preparations prior to surgery, a questionnaire to be completed, information about the department, as well as telephone numbers to the surgery coordinators and the department. You confirm your surgery time by telephone. The surgery coordinators are available to take questions prior to the operation.

You can reach the surgery coordinators on weekdays, 10am-12 noon,
on tel: **031-342 11 63**

Patient coordinator

One of our nurses with long experience of caring for thoracic surgery patients acts as patient coordinator, with the aim of serving as a support for, primarily, Gothenburg area residents. She will contact you prior to the scheduled operation and is here during your hospitalisation and as a contact when you are discharged home. The patient coordinator works together with other care personnel and plans your time in hospital, future discharge and any measures and support that you, specifically, might need when coming home.

You can reach the patient coordinator on tel: **031-343 98 33**

Preparations prior to admission

A week before the operation you should stop taking certain medicines that contain or are related to aspirin, such as Treo, Treo Comp, Diklofenak, Pronaxen, Orudis, Ipren and Alganex. You should also stop taking all naturopathic preparations one week before the operation.

Two days before surgery, you should stop taking **Metformin**. Carefully monitor your blood sugar levels and contact your diabetes clinic if necessary.

If you take any of the following medicines, use should be stopped prior to surgery:

- **Eliquis** (Apixaban) – 2 days
- **Pradaxa** (Dabigatran) – 2 days
- **Xarelto** (Rivaroxaban) – 2 days
- **Lixiana** (Edoxaban) – 2 days
- **Brilique** (Ticagrelor) – 3 days
- **Plavix/Clopidogrel/Cloriocard** (Clopidogrel) – 5 days
- **Waran** (Warfarin) – The target value must be below 1.8 (INR). Contact your ordinary anticoagulation clinic at least five days prior to scheduled admission to hospital
- **Trombyl®** (Acetylsalicylsyra) may, however, be used until the day of surgery

If you are to undergo valve surgery it is particularly important to visit your dentist as soon as possible in order to check your teeth.

It's important to ensure that there are no hidden infections in the mouth that might later attack the heart valves.

Mouth infections can emit bacteria into the bloodstream. This bacteria can, in turn, cause damage to the heart valves. It is, therefore, important that the entire mouth (teeth, gums and other tissue) be kept as healthy as possible. You can obtain tips and instructions on how to do so from your dental hygienist or dentist. Dental care personnel can also treat and remove various infection conditions. It's a good thing if the check by the dentist is carried out as soon as possible so that the lining of the mouth can preferably show healing prior to heart surgery. This is also the case if you have a dental plate.

If you ask your cardiologist for a referral to the dentist, the cost for the visit will be at the health care rate.

In many countries, resistant bacteria are more common than in Sweden. If you have been treated at a hospital/clinic or been to a dentist abroad any time during the past 12 months, you should be screened for bacteria referred to as MRSA, VRE och ESBL. Contact your referring clinic for taking of specimens. Also contact our surgery coordinator on tel: 031-342 11 63

It's important that, in the morning and evening of the day prior to surgery, you shower at home in accordance with attached showering instructions. Descutan™ washing sponges can be bought at the pharmacy.

One combined package containing two sponges + shampoo is sufficient.

After each shower, change into clean clothes. Don't forget to have clean bedlinen.

Patients sometimes come with conditions that require emergency surgery. We can often do this without disrupting the scheduled programme, but it can also mean that a planned operation has to be postponed.

The day of admission

Expect admission to hospital to take the entire day.

If you wish to bring a relative with you, you are naturally welcome to do so.

All patients receive their surgery time and are summoned by our coordinators. If you are coming from home, you are summoned for admission to our Pre-Op Thoracic Clinic. If you are waiting while hospitalised at another hospital, you will come directly to our ward. On the day of admission, you will meet a surgeon, anaesthetist, nurse and physiotherapist who will provide you with information before the operation. You will also give specimens and possibly undergo supplementary examinations.

Our pre-op clinic can be contacted on: **031-342 94 66.**

You might have to wait around a lot on this day, so feel free to take something to read, a bit of fruit or something else to eat. Lunch is served at 11.30am for those patients who are admitted in the morning. Evening meal is served on each ward at approximately 4.30pm.

For relatives, a dining room and cafe are located within the hospital area.

Take your own medicines with you; there are no medicines at the clinic.

Already prior to admission, you should consider your domestic situation so that you have someone who can, for example, help you with shopping or lifting heavy things. If that is not the case, you should try to arrange help before being admitted, since hospitalisation periods on the ward are short, usually for barely a week after surgery.

Things to consider prior to admission

- If you have a list of medicines from the pharmacy, take it with you.
- Some medicines are uncommon and the ward doesn't have access to all medicines. Therefore, we would like you to take your medicines with you, in original packaging, for 1 week.
- If you use CPAP/BiPAP (breathing mask against sleep apnea), take it with you.
- Take with you photo ID in conjunction with admission.
- Take only the **most necessary** items, such as slippers and toiletry bag.
Women should take a comfortable, soft bra. During hospitalisation, you will be using our hospital clothes.
- Rollator walkers can be borrowed, so leave yours at home!
- Toiletries in a toiletry bag.
- Strong scents such as perfume and lotions may produce allergic reactions and should be avoided.
- Jewellery, cash and expensive clothes are best left at home, piercing must be removed. The hospital is **not** responsible for personal effects.
- The time can sometimes be long, so take something to read.
- Mobile telephones are permitted at the ward

The evening before surgery

Once you've been admitted, if you live in the Gothenburg area you should go home and sleep at home. You will be given information as to when to come to the ward for hospitalisation and surgery.

If your surgery is scheduled for the morning and you don't have the possibility to sleep at home, you can have a bed at one of our pre-op wards at Sahlgrenska or an overnight stay room at Högsbo Hospital.

You may eat until midnight and drink clear beverages such as water, juice, tea or coffee until 4am.

In order to reduce the risk of skin bacteria entering the surgical wound, it's important that you carefully follow the advice we give you about showering. You will shower twice using a special antibacterial soap, Descutan®. It's important to be particularly careful with armpits, the groin, navel and nails, where dirt is easily collected. The hair should also be washed using Descutan®.

After each shower, change into clean clothes. Don't forget to use clean bedlinen. You shouldn't shave armpits and legs during the days prior to surgery since there is a risk of small skin sores. If you have a beard, you are requested to trim it down and shave beneath the chin and on the neck, since during surgery a tube will be inserted in the windpipe and it can be difficult to fasten the bandage. This is to create the best conditions for administration of anaesthetics.



Morning of the day of surgery

On the morning of the day of surgery, unless otherwise agreed you should not take any medicines!

When you come to the ward on the morning of the day of surgery, you will be looked after by staff who will show you to your bed.

Staff will remove hair from your chest and groin, you will shower again two times and put on clean clothes.

You will be given a tranquilizer prescribed by the anaesthetist, and we will then take you to surgery.

Thoracic surgery

When you arrive for thoracic surgery, you will be received by anaesthesia personnel and be transferred to the operating table. After that, you will be taken to the operating theatre. There, you will be connected to a screen which monitors, among other things, ECG, blood pressure, pulse and oxygen level in the blood. The anaesthetist will insert plastic cannulas in various blood vessels, through which drugs can be administered. Anaesthetics are administered in plastic cannulas. When you have fallen asleep, a tube will be inserted in the windpipe. It will be connected to a respirator which breathes for you during the operation. A urine catheter is inserted in the bladder and connected to a collection bag. Your chest will be washed using tincture and dressed in sterile sheets. The surgery preparations are now complete and the operation begins.



When the operation is completed, 1-4 thin metal thread-electrodes will be sewn onto the heart. If needed, they can be connected to an external pacemaker, which is sometimes required during the days after surgery in order to give the heart some help in recovering. The threads are removed before discharge from hospital.

The chest is closed and drawn together using strong steel threads, cerclage. These are not removed, but will always remain in place.

Drainage tubes are also inserted in the chest before the surgery is completed. They collect blood, which is carried to a drainage vessel. The drainage tubes are normally removed within 1-2 days. On the day after the tubes are removed, an x-ray is taken of the lungs for monitoring purposes.

Once surgery is completed, you will be moved whilst sleeping to the intensive care ward - TIVA

Thoracic Intensive Care Ward - TIVA

Here, patients who have undergone heart or lung surgery are cared for. The ward has 13 beds, with a nurse and a nursing auxiliary being responsible for 1-3 patients. Here, you are never left alone; staff are always on hand. TIVA has no special visiting hours, but rather an arrangement is reached with the responsible nurse.



When you wake up after the operation, you will find that you are at TIVA. You will be connected to a monitoring system which measures pulse, blood pressure, breathing, etc. You will be administered with drainage, urine catheters and a number of other things associated with intensive care.

If you have undergone heart surgery, you will normally stay one night at TIVA, have breakfast the following morning and then return to the ward again.

TIVA can be called on telephone: **031-342 10 11**

Thoracic Intermediary Care Ward - TIMA

There is an intermediate station between TIVA and the ward which we call TIMA. Here, we can take both newly operated patients as well as patients who need a little extra care and monitoring.

If you have undergone heart surgery in accordance with FAST TRACK concept, you will come to TIMA already on the same day after the operation. You will be informed about this on the day of admission.

TIMA has 3 beds and is staffed by at least one 1 nurse and one nursing auxiliary.

The telephone number to TIMA is: **031-342 95 73**

Thoracic Wards 12-25

You will normally come to the ward on the day after your heart surgery. The ward has 34 beds with mixed patient rooms, with men and women mixed. However, as far as possible we attempt to accommodate individual needs. Each day, two doctors make the rounds at the ward and, in evenings, nights and at weekends/public holidays, we always have at least one thoracic surgeon and one anaesthetist at the clinic



Telephone and visiting

Your relatives are welcome to ring to the ward. During the morning, we are often busy making the rounds, so it's preferred if they call after 10am.

Ward 12's telephone number is **031-342 10 12**, while ward 25's telephone number is **031-342 10 25**.

You can receive visitors between **2pm and 7pm** every day. However, be careful to set reasonable limits so that you have strength for visitors. You will be tired after the operation and anaesthesia and require rest. **Two** visitors at any time can be more than enough. Bear in mind also that there are other patients in the room who need peace and quiet.

Strong scents such as perfume and lotions may give rise to allergic effects and should be avoided. For the same reason, flowers should also be avoided.

Daily routines on the ward:

- 08.00 breakfast
- Morning: taking of specimens, examinations, round, telephone contact, shower, re-dressing of wound and physiotherapy.
- 11.30 Lunch
- Afternoon: continued activity as in the morning.
Patient visits between 2pm and 7pm.
- 16.30 Dinner
- 18.00 Checking of blood pressure, pulse, temperature, saturation.
- 19.00 Evening snack

Physiotherapy and rehabilitation

Rehabilitation begins immediately after surgery. We have both physiotherapists and an occupational therapist connected to the ward. It's important that you follow the advice they give you regarding breathing training and mobilisation. Anaesthetics, laying in bed and pain result in impaired pulmonary function after surgery, the pulmonary alveoli collapse and some mucus is formed. By using a PEP valve and through coughing exercises that the physiotherapist will demonstrate for you, pulmonary complications are avoided. You are personally responsible for using the PEP valve in accordance with the physiotherapist's instructions (3 x 10 intakes of breath, sitting on the edge of the bed, each woken hour during the day). The more diligent you are, the more quickly your lungs will recover.



Sitting in an armchair and being up and about as much as possible facilitate physical recovery and reduce the risk of complications such as blood clots or pneumonia. Even if you feel tired and infirm, it's extremely important that you attempt to sit up or move about the ward as much as possible. Your own efforts are of greatest importance and crucial for how quickly you recover. Our physiotherapists and our occupational therapist will guide you and help with training.

The breastbone

In connection with surgery, a division is made along the length of the breastbone. It is afterwards drawn back together using a sort of steel thread that we call cerclage.

Despite this, the breastbone must have time to heal properly, which takes approximately 6-8 weeks. During that time, the breastbone shouldn't be subjected to excessively heavy loads. It is, however, important to move your arms so that you avoid stiffness in the back and neck.

You will receive guidance from personnel on the ward.

Pain

The experience of pain is very individual. Both for your own well-being and in order to get started with rehabilitation, it's important that you have proper pain relief. There's no advantage in attempting to endure pain.

In order to assess the pain you have, we use a scale from zero to ten (referred to as a VAS scale). Zero means no pain and 10 means the worst conceivable pain.

Our objective is that you should be given as much pain relief as possible after surgery; however, coughing will be felt.

Irregular heartbeat (cardiac arrhythmia)

The most common cardiac arrhythmia in connection with heart surgery is a form of irregular heartbeat, atrial fibrillation. Approximately a quarter to one-third of patients are affected. The pulse is often fast and can be experienced as unpleasant. The condition is treated using drugs or by being anaesthetised and given an electric shock (cardioversion).

Discharge from hospital

Patients belonging to another hospital outside Gothenburg return there a couple of days after surgery. We arrange transport and reporting to the accepting department. Return visits and follow-up are handled by the hospital where you live.

Patients residing in the Gothenburg area return home after being with us approximately one week. Rehabilitation starts directly after surgery. Your own efforts are of major importance and crucial as to how quickly you recover.

If you are in need of home help or home nursing, or if you already have this, the relevant assistance assessor in your city district should be contacted as soon as possible, since a functioning domestic situation is important after discharge and the care period spent with us is short.

You will subsequently have contact with our patient coordinator and can turn to her if there is anything you are wondering about.

Sick leave

The sick leave period following heart surgery is normally 8-12 weeks.

When you come home...

Psychological reactions

It's a major change to leave the hospital environment and return home. After the operation, you might feel sad, irritated and depressed. Concentration difficulties, nightmares and memory gaps can also occur. It's important that you and your family are aware that this is entirely normal and is something that will pass.

Driving

Since the ability to concentrate is diminished after the operation, we recommend that you abstain from driving during 6 to 8 weeks after heart surgery. You should resume driving when you feel entirely recovered and, as previously, use a seatbelt.

In the case of longer journeys, it's good to sometimes stop and move about in order to promote blood circulation and prevent swelling in the legs.

Sexual activity

You can resume sexual intimacy once you feel the urge and have strength to do so; it isn't dangerous for the heart.

Physical activity

Resume your activities, recreation activities and household chores, as soon as possible. This is a part of rehabilitation. Go out and take walks – begin with short distances and gradually increase.

Swollen legs

Swollen legs are common after coronary surgery when a blood vessel has been used from one or both legs. Sitting or lying with the legs in a raised position can help. The swelling normally recedes within a couple of weeks.

Checking your surgical wound

There are self-dissolving stitches beneath the skin. If a thread appears above the breastbone, don't touch it – it will fall off by itself. Swelling sometimes occurs high up on the breastbone, which will gradually disappear. You may experience soreness for a long time after your operation. You should contact a doctor if you have problems involving redness, a raised temperature, discharge or fever.

Shower as usual using soap and water, also over the surgical wound. Wait with bathing until after four weeks (the surgical wound must have healed) and wait two months until having a sauna. You may use skin lotion, but not directly on the wound. Protect the surgical wound against the sun during the first year. Paper tape may be bought at the pharmacy which provides protection and results in a neat surgical wound.

Women should preferably use a comfortable, sturdy bra; this supports the breastbone.

Pay attention to...

If you have had a heart valve inserted, you must be particularly attentive to signs of infection. The reason for this is that the blood can carry bacteria to the artificial valve and damage it. If you experience an infection which is worse than an ordinary cold, you should contact your doctor for possible treatment with antibiotics. **In the case of future surgery or when visiting the dentist, you should have antibiotics as protection before and during the operation.**

If you take the Waran™ blood thinner medicine, you will bleed more easily. You should be attentive to any bruising, nosebleeds or bleeding gums. It's important that you inform future care providers that you take Waran™.



Dosages of Waran™ are handled by the coagulation clinic to which you belong. In order to control the dosage, you should provide blood tests at regular intervals.

Who should I contact if I don't feel well after discharge from hospital?

Non-Gothenburg residents

All non-Gothenburg residents should contact their ordinary care provider, heart clinic, health clinic, GP or suchlike.

Gothenburg area residents

- If you belong to Mölndal, contact the heart clinic at Mölndal Hospital on telephone 031-343 17 82, (telephone hours: Mon-Fri: 9.30am-11am, Mon-Tue: 2pm-3pm) or your health clinic/GP.
- If you belong to Östra Hospital, contact *kontaktpunkten* (the contact point) at Östra Hospital on telephone 031-343 50 00, (telephone hours 9.30am-11.30am) or your health clinic/GP.
- If you belong to the GUCH clinic, contact the GUCH clinic at Östra Hospital on telephone: 031-343 59 95 (telephone hours Mon-Fri: 9am-12 noon)
- If you belong to Sahlgrenska, contact us via *kontaktpunkten* (the contact point) on telephone 031-342 24 00, or your health clinic/GP.
- If you belong to Angered Community Hospital, contact the heart clinic on telephone 031-332 69 04, or your health clinic/GP.

You're always welcome to contact us if you have any questions or problems.

Preferably call our patient coordinators on telephone **031-343 98 33**.

In evenings, night time and at weekends/public holidays, you can contact wards 12 or 25, telephone **031-342 10 12, 031-342 10 25**.

Dissatisfied

Do you, as patient or close relative, have any comments or complaints about the care provided. Contact *kontaktpunkten* (the contact point) on telephone 031-342 24 00 or by email: kontaktpunkten.su@vgregion.se

www.sahlgrenska.se

www.1177.se