

# Information and self-care guide for your heart failure

## **Community Heart Failure Team**

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## **Heart failure Nurse Service**

Welcome. We are giving you this information leaflet as you have been diagnosed with heart failure. It explains what our service is, what to expect at your appointments, and your role in self-care and management of symptoms.

Heart failure is a long-term condition that tends to gradually worsen over time. However, with treatment and careful monitoring, symptoms can be managed well, allowing for a good quality of life.

The aim of our service is to provide high quality care, ensuring the best treatment, to prevent unnecessary hospital admission.

This is achieved through monitoring your condition, optimising your medication, and providing written and verbal information to enable you to participate in monitoring your symptoms and feel confident in your ability to know when to seek further advice.

Your heart failure nurse works with both your GP and cardiologist to ensure all professionals involved in your care are kept up to date with your treatment and condition. Referrals can be made to additional services if required.

## **What is heart failure?**

The diagnosis of heart failure can be frightening. However, it does not mean your heart has stopped working. It means your heart is not working as well as it used to and is less efficient at pumping blood around your body. The blood provides your body with oxygen and nutrients that it needs.

Symptoms can include leg swelling, shortness of breath, cough, feeling tired or weak (fatigued).

Common causes of heart failure include:

- High blood pressure
- Heart attacks
- Heart valve problems
- Cardiomyopathy (disease of the heart muscle)
- Cardiac Amyloidosis
- Lung disease
- Viral infections
- High alcohol intake

Diagnosis is made following investigations, including an echocardiogram, and / or an MRI scan, chest X-ray and blood test. You may hear the term ejection fraction. This refers to the amount of blood pushed out of the left ventricle of the heart. It is measured as a percentage. Over 50% is considered normal.

Heart failure is categorised into:

- Heart failure with reduced ejection fraction.  
The left ventricle at the bottom left of the heart which sends blood around the body is not pumping effectively. The ejection fraction, (which is a measurement expressed as a percentage used to assess how much blood the left ventricle pumps out with each contraction), is less than 50%.
- Heart failure with preserved ejection fraction.  
The ejection fraction is above 50%, but the left ventricle stiffens and is unable to relax and fill with blood.

### **Treatments for heart failure**

Treatment for heart failure is aimed at improving your heart function and reducing symptoms. These include medication and cardiac devices. It can take time to get the right combination and doses of medication.

You will be closely monitored for possible side effects and have regular appointments with your heart failure nurse or GP.

Vaccinations for influenza (flu), pneumonia, shingles and Covid-19 are recommended, unless advised otherwise by your GP.

### **Medication**

Listed below are some of the most commonly used medications for heart failure.

**Diuretics** (sometimes known as water tablets). Furosemide, Bumetanide, Bendroflumethiazide, Metolazone.

Symptoms of heart failure often include swelling (oedema) in the legs and lungs.

Diuretics help your kidneys get rid of this excess fluid. This will reduce leg swelling and improve breathlessness.

**Angiotensin-converting enzyme (ACE) inhibitors.** Ramipril, Lisinopril, Enalapril, Perindopril.

ACE inhibitors help relax and widen your blood vessels. This lowers your blood pressure and reduces the work the heart has to do, to pump blood around the body.

**Angiotensin receptor blockers (ARBs).** Candesartan, Losartan, Valsartan.

These work in a similar way to ACE inhibitors. These are less likely to cause a persistent dry cough that some people get when taking ACE inhibitors.

**Angiotensin receptor Neprilysin Inhibitor (ARNI).** Sacubitril/Valsartan, brand name Entresto.

This medication is advised for patients with more severe heart failure. It widens blood vessels, increasing blood flow and lowering blood pressure. It is a single tablet taken twice daily, which combines two drugs.

**Beta Blockers.** Bisoprolol, Carvedilol, Atenolol, Nebivolol

Beta blockers slow your heart rate and lowers your blood pressure, to reduce the workload of your heart.

**Mineralocorticoid receptor antagonists (MRAs).** Eplerenone, Spironolactone,

MRAs lower blood pressure and help the body get rid of excess fluid. They are a mild diuretic.

### **Cardiac Implantable Device Therapy**

Cardiac implantable electronic devices can play an essential role in the management of a range of cardiac arrhythmias. Changes to damaged heart muscle may affect electrical impulses as they move through the heart.

Devices include implantable cardioverter defibrillators (ICD), single or dual chamber pacemaker, and biventricular.

### **What to expect at your appointment**

We will offer you an appointment at a local clinic or arrange to see you at home if you are housebound or unwell. Assessments will be completed regularly, asking about your symptoms and how well you are feeling. Your blood pressure, pulse, and weight will be recorded, and checks for signs of fluid retention will be made. Regular blood tests will also be taken.

### **Managing your symptoms**

You can help manage your symptoms by

- Daily weighting – weighing yourself daily is your guide to knowing your fluid balance. The best time is in the morning after passing urine.
- Maintain fluid intake of 1.5-2L daily unless advised otherwise.
- Avoid adding salt to food. Do not use Lo salt as this is high in Potassium.
- Being active is important. Mild to moderate exercise is usually safe and encouraged. Avoid heavy lifting or pushing. Guidance can be given by medical staff if unsure.
- Limit alcohol intake. Recommended maximum intake is 14 units a week.

- Support can be given to help you stop smoking.
- Ensure you request your medication from your GP Practice 7-10 days before you run out.
- Tell your heart failure nurse or GP if experiencing side effects from medication. Do not just stop medication.

### **When to contact your heart failure nurse or GP**

You should contact your heart failure nurse or GP if:

- If you gain more than 2-3kgs, (4-6lbs), in less than a week.
- Increased swelling of your feet, legs or stomach.
- Increased shortness of breath, and or, persistent cough
- Waking in the night due to breathlessness. Needing more pillows in bed.
- New dizziness or more frequent dizziness than is normal for you.

### **In an emergency**

Call 999 or 111 if:

- You are very breathless and unable to speak full sentences.
- Have severe and persistent shortness of breath
- Experience chest pain for more than 5-10 minutes, not relieved by GTN spray (if you have one)
- Have palpitations lasting more than 10 minutes.

### **Sick day rules**

It is very easy to become dehydrated if suffering from diarrhoea or vomiting, certain medications you may be taking may increase the risk of problems. Pausing some medications for 24-48hrs may be advised. Please contact your heart failure nurse or GP for advice, before stopping any medication.

### **For additional information, the following websites are recommended.**

Pumping Marvellous <https://pumpingmarvellous.org>

British Heart Foundation [www.bhf.org.uk](http://www.bhf.org.uk)

Stop Smoking Surrey [www.healthysurrey.or.uk](http://www.healthysurrey.or.uk)