



# Heart Surgery

## **Sydney Adventist Hospital is operated by Adventist HealthCare Limited.**

Adventist HealthCare is a Christian health care provider owned by the Seventh-day Adventist Church, operating several businesses including: Sydney Adventist Hospital, San Day Surgery Hornsby, San Radiology & Nuclear Medicine, Sydney Adventist Hospital Pharmacy and ELIA Wellness. As a not-for-profit organisation, our purpose is to benefit our community – not shareholders, with all proceeds reinvested back into services and facilities ensuring we provide the best possible care.

Adventist HealthCare originated with the opening of 'Sydney Sanitarium' in 1903 – a place of health and healing where people learned to stay well. Sydney Adventist Hospital, still fondly referred to as 'the San' has grown to become NSW's largest private hospital.

The organisation's reputation for exceptional care is built on the continuous provision of leading medical & surgical care, underpinned by the expertise, commitment and compassion of our people, and our faith-based approach to caring for the whole person – which is reflected in our Mission 'Christianity in Action – caring for the body, mind and spirit of our patients, colleagues, community and ourselves'.



**Adventist  
HealthCare**

# Contents

WELCOME	4
WHAT TO BRING	5
ARRIVAL INFORMATION	5
CARING FOR THE CARDIAC FAMILY	6
ABOUT YOUR SURGERY	7
THE HEART	8
THE DAY BEFORE SURGERY	9
THE DAY OF SURGERY	9
INTENSIVE CARE INFORMATION FOR FAMILY & FRIENDS	10
WHAT TO EXPECT WHEN YOU WAKE UP IN INTENSIVE CARE	11
YOUR RECOVERY ON THE CARDIAC WARD	12
GETTING BACK ON YOUR FEET AFTER SURGERY	14
DOCTORS APPOINTMENTS AFTER DISCHARGE	15
OUTPATIENT HEART HEALTH PROGRAM	16
OTHER PROGRAMS	16
COMMONLY ASKED QUESTIONS	17
YOUR CHECKLIST PRIOR TO DISCHARGE	19





# Going for Heart Surgery

## A HEART-FELT WELCOME

WELCOME TO THE SYDNEY ADVENTIST HOSPITAL!

OUR TEAM OF HIGHLY SKILLED DOCTORS AND NURSES, CARDIAC REHABILITATION AND PHYSIOTHERAPY STAFF, PLUS MANY OTHER HEALTH PROFESSIONALS ARE ALL HERE TO CARE FOR YOU IN A WAY THAT IS UNIQUE TO THE 'SAN' HOSPITAL.

We hope that you and your family will find your time here a positive and comfortable experience. Please ask as many questions as you need so you will feel comfortable and reassured about the surgery and your recovery.

Please take the time to read this booklet before you are admitted to hospital as it contains a lot of information which will aid in your recovery.

By taking a sensible approach to your recovery, and following a healthy heart lifestyle, you can expect to feel fitter and healthier than ever. We look forward to helping you achieve your goals!

**The Cardiac Team**  
Sydney Adventist  
Hospital

# What to bring

- Please bring this booklet with you to hospital
- Usual toiletries including soap, shampoo, razors, tooth brush and paste
- Pyjamas or comfortable clothing
- Dressing gown & slippers
- Comfortable clothing, which opens down the front, eg zip up tracksuits
- All medications you are currently taking. Please bring them in their original packets
- Chest x-rays
- Positive attitude!
- Labelled spectacles case and/or hearing aid container
- Ladies, please bring a comfortable bra, preferably with no underwire.

# What not to bring

- Towels
- Valuables and more than \$20 cash
- It is best to leave valuables and extra cash at home. If this is not possible, please let the nursing staff know. Whilst all care will be taken, the hospital is unable to take responsibility for valuables brought in with you.

# Arrival information

## ADMISSION TO HOSPITAL

Upon arrival at the hospital on the day of your admission, please go to the reception desk on level 4 of the Entry Building, accessed from P1 (the multi-level carpark). After registering, you will be admitted to your ward.

## ARRIVAL ON THE WARD

When you arrive on the ward, you will be shown to your room by a nurse. Every effort will be made to accommodate your room preference. Unfortunately, however, no guarantees can be made. If your room preference is initially unavailable on admission, we will accommodate your request at the first opportunity. Your understanding is appreciated.

## DISCHARGE TIME

Discharge time from hospital takes place between 8am and 10am as this allows the room to be prepared for the next admission. If you are unable to be picked up from hospital during these hours, you may be transferred to a discharge lounge.

# Caring for the cardiac family

Heart disease or heart surgery can be highly significant events for patients and their families because of the emotional and social impact on lives and the stress inherent in the situation.

Often the partners and family of the cardiac patient experience similar emotions to the patient themselves. As with any crisis, many people feel shock, disbelief, fear, anger, guilt or sadness. These feelings are very normal and usually go away in 4-6 weeks. Being aware of your feelings and discussing them as a couple or a family are important parts of dealing with the situation. Not only will this help to lessen fears and anxieties, but it can also create positive changes in a relationship.

Research has shown that couples and families who cope best are those who view this stressful situation as a challenge in their lives and an opportunity to improve relationships within the family. The challenge of the cardiac crisis is facing the reality of your situation, letting go of what is lost and developing new ways to live which enhance the quality of your life.



- Let your partner know that he or she is important too. How you and your partner interact has a significant impact on the quality of both your lives. Remember, it's normal for you to feel scared and distressed about your partner's illness.
- Set aside time for you and your partner to talk or be together quietly. Communicate openly about your fears, anxieties and needs while trying to develop a positive plan for the future.
- Try to make some healthy changes in your lifestyles which will improve the quality of both your lives, e.g. exercising more, making changes to your diet.
- Don't be afraid to ask questions of all health care workers. You all need information to aid in the recovery process.

# About your surgery

## CORONARY ARTERY BYPASS GRAFT SURGERY

Coronary artery surgery is performed when one or more of the coronary arteries becomes blocked with a fatty substance called plaque. The coronary arteries are located on the surface of your heart and supply your heart muscle with oxygen carrying blood. Blockages to these arteries can cause angina (chest pain) and may put you at risk of having a heart attack. By 'bypassing' the blockage in the coronary artery with a new vein or artery, angina and the risk of heart attack is greatly reduced.

During your surgery, you will be anaesthetised by a specialised cardiac anaesthetist. Once asleep, your breast bone (sternum) is cut and your heart is stopped or slowed so your surgeon can perform the surgery. When your heart is stopped, another specialised doctor called a perfusionist, operates a machine that temporarily takes over the role of your heart and lungs. This machine keeps your blood rich in oxygen and has the role of pumping it around your body.

As your coronary arteries are on the surface of your heart, the surgeon has easy access to them. Your new replacement 'plumbing' may be either a vein taken from your leg, a mammary artery taken from your chest wall, or an artery taken from your arm. Once the

replacement vein or artery has been taken from your leg, arm or chest wall, the surgeon sews it both above and below the blockage in your coronary artery. This allows blood to flow freely past the blockage to the heart muscle below.

Once the heart has been repaired and it has started beating normally again, your breast bone is wired firmly together, and you will be taken to the Intensive Care Unit. You will not wake up from the surgery for some hours. This is a normal part of your recovery.

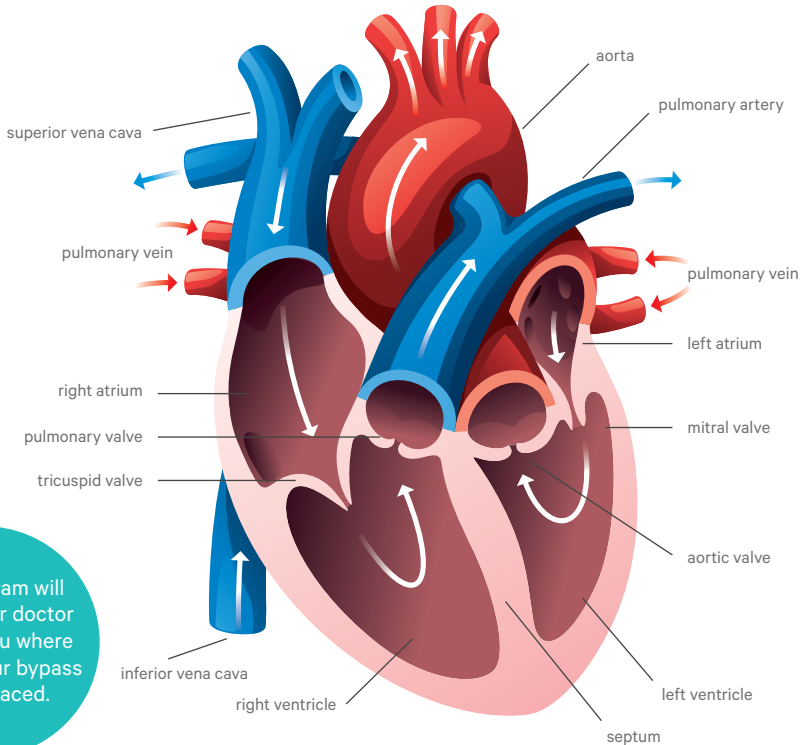
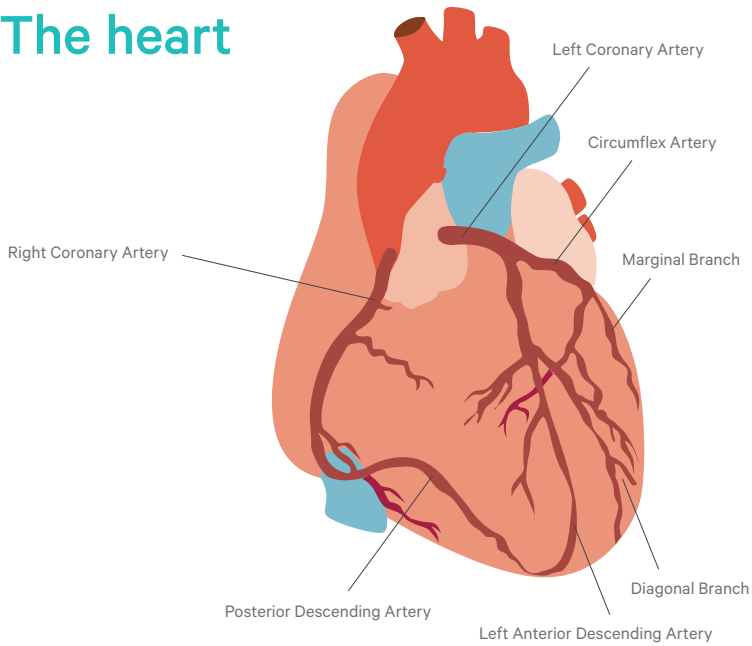
The time taken to perform this operation will vary between patients due to the number of bypass grafts required and the complexity of your circumstances. Your surgeon will be able to give you an estimate regarding the length of time your operation will take.

## HEART VALVE SURGERY

In many cases, your heart valve can be repaired. However, if this is not possible, a replacement is required. The two main replacement valves available are mechanical or tissue valves.

The surgical preparation for this operation is very similar to coronary artery bypass surgery. Once the chest has been opened and the heart has been stopped, the heart is then opened and the damaged valve either repaired or replaced. When this has been performed, your heart is started and the breast bone is wired firmly together.

# The heart



This diagram will enable your doctor to show you where you had your bypass grafts placed.



## The day before surgery

- In order to reduce the risk of infection, the night prior to your surgery you will be asked to shower using an antiseptic wash which will be given to you by your nurse.
- Remember – after showering with the antiseptic wash, it is important not to apply any powders or lotions to your skin. This recommendation also applies after surgery as it is important to keep your wounds clean.
- Your nurse will help you pack what you will need for intensive care. The rest of your belongings should be sent home with your family if possible.
- Nurses will administer your medication.
- Eat a normal evening meal as your appetite will not return immediately after your operation. Depending upon the time of your surgery, you may be asked to fast from midnight, or after an early breakfast on the morning of your surgery. Your nurse or anaesthetist will advise you of the time you are to stop eating and drinking.
- If you have body hair on your arms and legs, this may be removed before surgery.
- Your chest will be clipped before surgery.

- You may be seen by many different health professionals prior to your surgery, these will include your anaesthetist, perfusionist, physiotherapist, your surgeon, cardiologist and case manager/ patient educator.
- The night before your surgery, your nurse may give you a sleeping tablet prescribed by your anaesthetist, this will help you to relax and have a good nights sleep. Please ring for assistance if there is any need to get out of bed after taking this sleeping tablet.

## The day of surgery

- On the morning of your operation you will be woken up by your nurse who will assist you to have a shower using antiseptic soap. **Do not apply any powders, lotions or perfumes to your skin after your shower.** Men may have a facial shave at this time. You may also clean your teeth. Remember however not to swallow any water.
- After your shower, you will be given a clean hospital gown to wear – this ties at the back. Make sure you have removed all jewellery, including wedding rings. If not removed, a wedding band may be taped. Your nurse will advise you whether your dentures are to stay in or be removed.

- At the time instructed by your anaesthetist, your nurse may give you a tablet which will make you sleepy. It is important not to get out of bed after having this medication. Call your nurse if you need anything.
- Approximately 30 minutes before you are required in theatre, you may be given an injection which will make you very drowsy and relaxed. Soon after this a nurse and a wardman will take you to the operating theatre where you will be met by your anaesthetist. The next thing you know, you will be waking up in the Intensive Care Unit...
- To ensure privacy, we request visitors talk to our receptionist and if the desk is unattended please use the intercom before entering the Unit (whether the doors are open or closed). We ask that only two people visit at the bedside at any one time. There will be times that we are unable to allow visiting. Visiting times are restricted to ensure your and the other patient's privacy in the ICU when nursing handover & medical ward rounds are underway. There may also be other times we ask your visitors to leave the bedside, such as during X-rays & emergencies. Staff will let your visitors know when it's appropriate to return.

## Intensive care information for family and friends

- **Please be assured that if we have any concerns about you at any time, we will contact your next of kin immediately.** It is also advisable to have one member of your family act as a contact person whom your family, relatives and friends can call to inquire about your progress.
- We recommend you bring your phone, charger and a bag of toiletries - a toothbrush, some toothpaste, hairbrush, shaver, deodorant, some body moisturiser. If applicable hearing aids and glasses, you can leave the rest of your luggage on the ward.
- Your immediate family are most welcome to stay with you in your room on the ward until you are due to leave for the operating theatre.
- When you are taken to the operating theatre, your family may also go with you as far as the theatre door. Your family is welcome to wait in the intensive care waiting room, or make use of the Coffee Shop facilities.
- The Intensive Care team know that you want to be with your loved ones as much as possible. We will try and give you as much time together as we can whilst also looking after your medical and nursing needs.

# What to expect when you wake up in intensive care

- Upon arrival in ICU, you will be unconscious and require a machine to help with your breathing. As you start to wake up from the anaesthetic and begin to breathe for yourself again, the breathing tube will be removed and an oxygen mask will be placed over your face for the next day or two.
- You will have a catheter in your bladder for the first couple of days after surgery so you won't have to worry about passing urine.
- You will be connected to a monitor which will show your heart rhythm, blood pressure and oxygen levels on the screen. These monitors often alarm, and the staff rely on these alarms and will respond as necessary. The alarms can be loud and scary. Most of these alarms are harmless so please don't be worried. You and your family are encouraged to ask questions at any stage about noises the machine makes – it is better to ask and be reassured than be worrying about noises which may be concerning you.
- You will have various drips in both of your arms as this allows both fluid and pain medication to be given to you as needed. If you are experiencing discomfort, please let your nurse know so you can be given medication and made to feel more comfortable. Adequate pain relief leads to a better, faster recovery. The physio will visit regularly to facilitate with your mobility and post operative recovery.
- You may be prescribed anti-embolism stockings. If so, your doctor will advise how long they are to be worn.
- Depending upon your progress, after 2-3 days in intensive care you will be transferred to the Cardiac Ward.

# Your Recovery On the Cardiac Ward

You will be transferred to the ward usually on the second day after your surgery. Some people require a longer period in Intensive Care. At this stage of your recovery you may be feeling tired and lethargic. This is quite normal after major surgery. You may even feel irritable or tearful, but again this is a normal response following heart surgery.

## DIET

It is common to experience a lack of appetite and nausea for the first few days but this will pass as your recovery progresses. If nausea persists, please advise your nurse as you can be given medication to relieve this.

For the first few days the nurse will keep a record of your fluid intake and urine output, this provides valuable information about your progress. The nursing staff will also weigh you on a daily basis for the first few days. This is usually done first thing in the morning. Some fluid retention is common.

## PHYSIOTHERAPY

Regular physiotherapy and walking play a vital role in your recovery. The duration of your hospital stay is often determined by how well your lungs are functioning

and how well you are walking after the operation. The physiotherapist will help you in progressing your walking, breathing and general exercises and activity levels during your admission and upon discharge.

You will be provided with a bed strap which is attached to the bottom of the bed, this helps you move around the bed without straining your chest too much. When using this device it is important to use equal effort with both arms, to avoid excessive strain on one side of the chest.

## WALKING

Walking and gentle limb exercises are important as they improve your circulation. As soon as you are able, the nurse and physiotherapist will assist you firstly to stand out of bed and then to walk for short periods.

## WOUND CARE

Your wounds will be covered with a dressing as chosen by your surgeon. This will be removed as directed by your surgeon. Do not put any moisturising lotion or powder near your wounds until they are completely healed. Slight puffiness, swelling or bruising around the incision site is common and will gradually disappear over a few weeks. If you have any external clips or stitches these will be removed by the nurse before you go home.

Some surgeons prefer removal of sutures on day 10-14 which can be done by your GP.

## PAIN

It is normal to experience wound, muscle and bone discomfort after cardiac surgery. Everyone experiences pain, although the extent of this pain differs from person to person. The first few days are usually the most uncomfortable. During this time your doctor will order pain relief for you. It is important to take your pain relief regularly as pain inhibits your ability to do your exercises. Your physiotherapist will guide you through your individual walking programme. A folded towel or small pillow can be used to help support the breast bone.

## EMOTIONAL STATE

You may get a bit confused and your thoughts may be jumbled in the first few days post operation. It can also be difficult remembering things. This may only last a few days.

It often helps to see your loved ones and to talk about things that you all remember, to help you think more clearly. Writing things down or keeping a diary may help.

People have different reactions to illness and operations. It is common to have good and bad days, or mood changes during your recovery. You may feel a range of emotions. It does not mean you are getting worse. It is all normal and part of your recovery.

Due to effects of the operation and the blood bypass machine, changes to your usual sleep patterns and vivid dreams are also common. Sleeping times usually return to normal after a few weeks.

## BOWELS

Many people have trouble opening their bowels after major surgery, this is usually due to a combination of things such as decreased activity and pain relief medications. You will be given a mild laxative to help you with this problem. Sometimes, you may have loose stools before your bowels return to what is normal for you. Please report any problems to the nursing staff.

# Getting back on your feet after surgery

This program is only a guide for you during your recovery on Level 9 Clifford Tower. As all patients recover differently from open heart surgery, it is important to check with your nurse on a day to day basis that the following activities are appropriate for you. The physiotherapist will see you regularly.

There are sometimes some complications and setbacks after surgery. If you wish to have more information about these possibilities, please speak to your Doctor.

## DAY 2 POST SURGERY

- You will be assisted by your nurse to stand beside the bed 3-4 times, walking on the spot and deep breathing.
- If feeling well enough, you will be assisted to walk to the bathroom to clean your teeth and freshen up.
- You will be assisted if well enough, to sit out of bed for meals.

## DAY 2 (NIGHT TIME)

- You will be woken at midnight and given additional pain relief medication. You will have your blood pressure, pulse and temperature taken at this time.
- The nurse will assist you to stand for a short while to relieve the pressure on your back and bottom.

## DAY 3 POST SURGERY

- You will be assisted by your nurse to have a shower on a shower chair.
- You will be assisted or supervised to have 3-4 walks of the corridor throughout the day with a physiotherapist.
- Sit out of bed for all meals.

## DAY 4 POST SURGERY

- You will be supervised by your nurse to walk to the shower. A shower chair will be provided for you to sit on as you shower.
- Aim to have 4-6 walks during the day, at least the length of the corridor. Remember, if you become too tired or short of breath during your walks, rest, and advise your nurse.
- Sit out of bed for all meals.
- Dress in a track suit or comfortable clothing if available.

## DAY 5 POST SURGERY

- Walk to the shower – your nurse will assist you if required.
- Walk 4-6 times during the day and aim to walk the length of the corridor each time.
- Sit out of bed for all meals.
- Dress in a track suit or comfortable clothing if available.

## DAY 6 POST SURGERY

- If all is going well you may be discharged today or within the next few days.
- Shower on your own if able.
- Walk 4-6 times during the day, aiming for twice the length of the corridor if able.
- Sit out of bed for all meals.
- Dress in a track suit or comfortable clothing if available.

## DAY 7 POST SURGERY

- Follow the guidelines outlined on the handout provided by your physiotherapist.
- If you are not discharged today, follow the Day 6 plan as outlined above until you are discharged.

## DAY OF DISCHARGE

On the day you go home you will be given the following items:

1. Discharge summary to take to your GP
2. Medications
3. Printed list of your medications
4. X-Rays

As it is a requirement by law to wear a seatbelt when travelling in a car as a passenger, it is advisable to place a cushion or towel under the seatbelt sash for comfort.

If you have a long distance to travel home ensure you stop every 1-2 hours and get out of the car to stretch your legs.

# Doctors appointments after discharge

## GENERAL PRACTITIONER

It is advisable that you visit your GP within the first few days after discharge from hospital.

## CARDIOLOGIST

Unless otherwise specified by your cardiologist, make an appointment to see him/her four weeks after discharge from hospital. You will need to book your appointment soon after discharge in order to get an appointment close to four weeks post discharge.

## SURGEON

Most surgeons like you to see them approximately six weeks after discharge. Again, ring early after you leave hospital in order to make an appointment close to six weeks post surgery.

# Outpatient heart health program

## Participation is vital

Sydney Adventist Hospital's Outpatient Heart Health Program is an **essential care following a cardiac procedure or event**.

### Benefits of program:

1. Return to family and work life with confidence.
2. Increase physical fitness.
3. Understand cardiac disease and benefits of risk factor modifications.
4. Individually prescribed exercise in a group setting.
5. Exercise in a safe environment. Gain reassurance and learn what is normal and abnormal in recovery.
6. Sessions supervised by Cardiac Registered Nurse and Exercise Physiologist.
7. Reduce incidence of subsequent cardiovascular events and increase quality of life.

The program runs for 4 to 8 weeks, depending on your health fund, providing exercise and education sessions to increase your confidence with exertion, overall health and wellbeing.

The Outpatient Heart Health Program can be commenced two weeks post procedure, unless directed by your surgeon and is suitable for all ages and levels of fitness.

Cardiac Rehabilitation staff will receive an initial referral from your cardiac Case Manager. On discharge call as soon as possible to organise a booking.

Once you have booked in, the department will then obtain final consent from your cardiologist.

The program is fully or partially covered by most health funds.

**For further information regarding the Outpatient Heart Health Program, please contact Cardiac Rehabilitation Department on 9480 9470.**

**Be Heart Smart.**



# Other programs

## MAINTENANCE EXERCISE PROGRAM

The program is a continuation of Outpatient Heart Health Program. An independent program for those wishing to maintain their fitness level under a supervised, caring and supportive environment.

## CONDITIONING FOR LIFE PROGRAM

This program is specifically designed for people with reduced physical function due to :

- shortness of breath / chronic lung disease
- extended hospital stay / illness
- reduced heart function

The program runs 4 to 8 weeks depending on your health fund, activities are designed to improve your confidence, mobility and muscle strength. Exercise is individually prescribed to suit your needs / requirements.

Cardiac Rehabilitation staff will call you if we have received a referral from your case manager, or you may call us directly to participate in this program.

This program is fully or partially covered by most health funds.

**For further information regarding the Conditioning for Life Program, please contact Cardiac Rehabilitation Department on 9480 9470.**

# Commonly asked questions

## 1. HOW LONG DOES IT TAKE FOR THE BREAST BONE TO HEAL?

It takes around 6-8 weeks for the breast bone (sternum) to heal so avoid activities that put excessive strain on your chest during this time. Things to avoid include pushing up with your arms when getting out of a chair, lifting weights in excess of 2.5 – 3 kilos, and activities such as driving or opening difficult jar lids which require a rotation action.

## 2. WHAT ABOUT SEX?

Sexual relations after surgery can cause feelings of anxiety – this is not uncommon! Like most activities after surgery, sexual relations is something you can try when you feel like it. It is best to avoid times when you are tired, stressed or immediately following a meal and consumption of alcohol. Make sure you are well rested and relaxed.

Talk about your feelings with your partner. It is not unusual for your partner to be afraid that sexual intercourse will result in a heart attack or sudden death. This common fear is not supported by facts as recurrent cardiac problems are rarely related to sexual activity. Whilst your breast bone is healing, it is advisable to avoid positions that will place strain on your chest.

### 3. WHEN CAN I RETURN TO WORK?

This will depend largely upon the type of work you do and how well you are physically. It is advisable to discuss this with your surgeon or cardiologist during your first post discharge visit.

### 4. WHEN WILL I BE ABLE TO DRIVE MY CAR?

For the first few weeks after discharge from hospital your breast bone is still healing and your reactions are slowed due to many factors, including fatigue, pain medication and the fact that you are recovering from a major operation which involved a long anaesthetic!

During this time, driving is not permitted.

After six weeks, if you have gained clearance from your cardiologist or surgeon, you can get back in the driver's seat again!

### 5. SHOULD I AVOID STAIRS?

Your physiotherapist will assess you on stairs prior to discharge from the hospital, if it is indicated. Even though walking up stairs requires more energy than walking on level ground, stairs can be taken so long as you relax and take your time. Rest during the climb when needed.

### 6. IS IT NORMAL TO HAVE 'DOWN' DAYS?

Absolutely. Whilst not everyone has depressed or emotional days, it is quite normal to have days where

you feel more emotional or down in the dumps than usual. During these times it is important to remember that this is a temporary state and should not persist for more than a day or two at a time. Try to still do your activities as normal and rest when required. If these feelings persist for more than a few days, discuss how you are feeling with your doctor.

### 7. WHY IS MY CHEST SO SORE AFTER HAVING A MAMMARY ARTERY USED FOR MY SURGERY?

The mammary artery is often used as a graft during open heart surgery. However, this can lead to chest discomfort in the weeks that follow surgery. Because there is no visible wound where the artery is taken from within the chest, it is easy to forget that there is in fact a wound under the skin of the chest wall and that this may well cause some discomfort. Feelings of tingling, numbness, sharp knife like pains or just general pain around the wound site are all quite common sensations. Check with your doctor if this discomfort is concerning you.

### 8. IS SHOULDER AND NECK DISCOMFORT USUAL AFTER SURGERY?

During open heart surgery, the muscles in the neck and shoulder area can get very sore and tense and/or you can experience numbness and tingling in your hands and arms. Performing the gentle neck and shoulders exercises

provided by your physiotherapist will assist in reducing this discomfort. Sometimes a massage for your partner may help and products such as Dencorub or Tiger Balm lotion may be soothing. A warm heat pack can also be helpful. It is however, important to keep direct heat and lotions away from your wound sites including the chest area if you had a mammary artery taken. If discomfort persists, physiotherapy can also be very helpful.

## 9. HOW DO I LOOK AFTER MY WOUNDS WHEN I AM HOME?

After showering, pat your wounds dry with a clean towel or paper towel.

There is no need to apply antiseptic lotions unless specifically advised to do so. Do not apply any other lotions or powders to your wounds as this can hinder healing and be a source of infection.

If you still have any 'steri-strips' (white looking tape) on your wounds after one week post discharge, peel these off when showering as there is no need for these to remain on any longer.

See your GP if you notice any redness, oozing, a "clicking" sound from your sternum or if you have a fever.



## Check list prior to discharge

### PLEASE ENSURE THE FOLLOWING POINTS ARE COVERED PRIOR TO YOUR DISCHARGE?

- Doctors appointments to organise
- Understanding of current medications
- Wound Care
- Outpatient Heart Health Program – Cardiac Rehab

# Sydney Adventist Hospital

## IMPORTANT CONTACT NUMBERS

SYDNEY ADVENTIST HOSPITAL	9480 9111
CARDIAC WARD (LEVEL 9, CLIFFORD TOWER)	9480 9953
INTENSIVE CARE UNIT (LEVEL 7, CLARKE TOWER)	9480 4760
CARDIAC REHABILITATION (LEVEL 3, KRESS BUILDING)	9480 9470
EMERGENCY CARE	9480 9000
PHYSIOTHERAPY	9480 9350
PATIENT EDUCATOR	9480 9694

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ABN 76 096 452 925