

Cardiac Surgery

Information for patients and relatives



This information booklet is designed to help you and your family prepare for your heart surgery. The aim is to let you know about the different types of surgery, the tests which may be needed before your operation, and how to support your recovery. There is a lot of information to take in so please take the time to sit down and read this booklet, with family or friends.

Please also watch our educational film, 'Heart surgery at Prince of Wales'. This film will show you what to expect during your hospital stay. It can be viewed on You Tube or on the Prince of Wales Hospital website.

This booklet is a guide only. It should not replace advice from your local doctor (GP), cardiologist, or surgeon.

Please always seek medical attention from your GP or local hospital if you are concerned about your own, or your relative's wellbeing.

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GLOSSARY OF COMMON TERMS

CABG: Coronary artery bypass graft (bypass surgery)

CTICU: Cardiothoracic intensive care unit

ECG: Electrocardiogram – records your heart rhythm

IPTAAS: Isolated patients travel and accommodation assistance scheme

OPCAB: Off pump coronary artery bypass

Spirometry: breathing test to assess your lung function

TYPES OF SURGERY

Open Heart Surgery

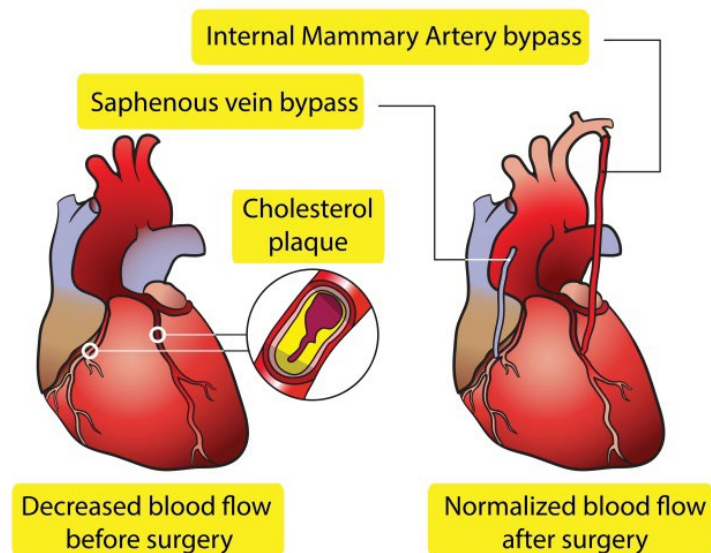
Most heart surgery requires a cut to be made down the centre of your chest to get to the heart. A heart lung bypass machine will be used to do the work of your heart and lungs while the surgeon operates on your heart. Coronary artery bypass and heart valve surgery are the most common types of surgery performed.

Coronary artery disease: The coronary arteries supply blood and nutrients to the heart. Coronary artery disease causes the arteries to become blocked from plaque containing cholesterol and fibrous tissue. This reduces the blood supply to the heart and therefore the amount of oxygen reaching the heart muscle. The pain associated with this is called angina.

Coronary artery bypass surgery (CABG): This surgery involves the use of blood vessels to bypass blockages in the coronary arteries. An artery from behind your chest wall or arm; or vein from your leg are used to bypass the blockages in your heart.

Picture 1

Coronary Artery Bypass Grafting



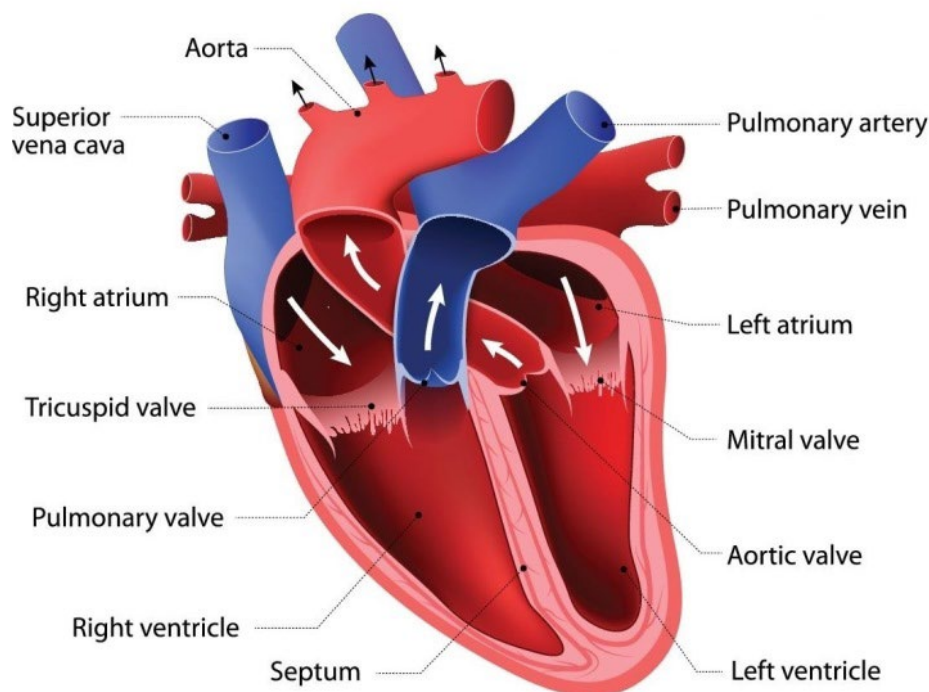
Off Pump Coronary Artery Bypass (OPCAB): This approach is like traditional open-heart surgery because the chest bone is opened to access the heart, however, the heart is not stopped, and a heart-lung bypass machine is not used. Off-pump heart surgery is not appropriate for everyone. Your heart problem, age, overall health, and other factors that may affect the surgery determine what is best for you.

Heart valve disease: Heart valves may be damaged by infection or disease. Rheumatic fever is a common cause of valve disease. Some people are born with faulty valves (congenital defects), some of which require immediate surgery; others are fixed later in life.

Heart valve surgery: There are 4 valves in the heart, the aortic, mitral, tricuspid and pulmonary. Valves can become thickened and narrowed (stenosis) or may fail to close properly

(incompetence) which leads to backward flow of blood (regurgitation). The surgeon may use a ring to support the valve, repair the leaflets on the valve, or replace the valve completely. Your surgeon will discuss with you the specific surgery required and the merits of the different types of valves available.

Picture 2 Valves



Atrial and Ventricular septal defects: An atrial septal defect is an opening in the wall which divides the upper chambers of the heart (atria). This opening allows extra blood to go to the lungs and therefore may increase the work of the heart. A ventricular septal defect is an opening in the wall between the lower chambers of the heart (ventricles). These defects may be stitched together or may require the use of a synthetic patch to close it.

Heart aneurysms: A weakness in the heart muscle can cause a bulge (aneurysm), which often occurs because of a heart attack. The heart will not pump as effectively with this weakness or ballooning. Aneurysms are corrected by reinforcing or patching the weakened area.

If the aneurysm occurs in the aorta, a synthetic material known as a Dacron graft may be used to replace the damaged section of the artery.

Minimally invasive heart surgery: Some procedures may be done through a cut between the ribs rather than opening the whole chest. This approach is not suitable for everyone, and your surgeon will discuss what is the most appropriate and safe approach for your surgery.

PREPARING FOR YOUR SURGERY

Pre-admission clinic: If you are well enough, you will be asked to attend the pre-admission clinic to prepare for your surgery. This is done in the week or even the day before your surgery. Once you have attended the clinic you need only be admitted to hospital the day of your surgery.

There are some tests that need to be completed before your surgery. These need to be organised by your GP and brought with you to the pre-admission clinic. They include a chest x-ray, and blood tests. Please wait until we have talked to you before having these done.

If you are having heart valve surgery, you need to see your dentist and have your teeth checked prior to surgery. Please bring your dental clearance form to the pre-admission clinic.

On the day of the pre-admission clinic you will:

- Meet the team who will be caring for you while you are in hospital
- Have an electrocardiogram (ECG)
- Have a breathing test called spirometry
- Sign your consent form for the surgery (if not already done)
- Discuss your home situation and plans for discharge from hospital

Before your surgery, you will be seen by the following people:

The Nurse will take a brief history of your past and present health status. Your blood pressure, pulse, temperature and weight will be recorded. A urine sample and skin swabs will be taken for routine analysis(if not already done)

The Doctor will take a full medical history and perform a physical examination. This will involve routine blood tests (different to the ones your GP organised), and any other necessary investigations. A senior doctor will explain the operation and ask you to sign a consent form. **Be sure that you understand the operation and ask any questions that you may have before signing.**

The Anaesthetist will discuss your anaesthetic with you. It is important that you **let them know if you have had any problems with previous anaesthetics and provide a detailed list of your current medicines.** The anaesthetist will tell you when to fast (stop eating and drinking) and what medications to have on the day of your surgery. They will also discuss post-operative pain relief with you.



The Physiotherapist will assess your lung function. They will educate you on post-operative physiotherapy and breathing exercises

A surgical dresser or nurse will use electric clippers to remove hair from the surgery site. This is done to decrease to risk of infection.

What you can do to prepare for your operation

- ♥ **Stop smoking. Smoking increases the risk of complications after surgery.** Your GP can help you with this. Your local chemist can help you with nicotine replacement therapy. You can also call the national Quit line on 131 848. There is also a Smoking Clinic at Prince of Wales Hospital. (Ph: 9382 4641).



There is a no smoking policy in all NSW public hospitals. If you were smoking before surgery, and are having trouble stopping, please let us know. We can provide you with nicotine replacement therapy (patches, gum).

Please plan for your surgery including:

- Organise your pre-operation tests (as advised by your surgeon)
- Organise someone to pick you up from hospital or how you are going to get home (car, train, plane)
- Arrange to have someone at home with you (or arrange to stay with family) for at least 2 weeks after you leave hospital
- Prepare to take it easy for the first 2 weeks when you leave hospital – this will assist with your recovery
- Organise for assistance with your shopping, laundry, housework etc.
- Arrange leave from work if necessary
- Bring books or magazines to read while you are in hospital
- **Female patients should bring a comfortable wireless bra to wear after the operation**
- Bring well-fitting footwear (slippers or shoes) to wear while walking on the ward.

- You may want to consider bringing ear plugs and an eye mask to help sleep in hospital (we can provide ear plugs if you need)
- You can access the hospitals free Wi-Fi while you are here to help keep in touch with loved ones.

Accommodation and Transport

You need to make your own arrangements to get to and from hospital for your surgery.

Below are some accommodation options close to the hospital:

The Sydney Lodges Randwick	www.sydneylodges.com/locations/randwick/
St Marks Lodge	9310 0752
The Blenheim	8345 8400
The Lurline Randwick	9310 0700
Elizabeth Hunter Lodge	elizabeth-hunter-lodge 9369 0307
The Royal Hotel	Home - Royal Hotel Randwick 9399 3006

There is also a website that specialises in accommodation near hospitals called Medistays www.medistays.com.au

Isolated Patients' Travel and Accommodation Assistance Scheme (IPTAAS)

Do you live 100 km or more from Prince of Wales Hospital?

You and your escort may be eligible to claim back expenses for travel and accommodation. This is called the Isolated Patients

Travel and Accommodation Assistance Scheme (IPTAAS). For more information, please call IPTAAS NSW on ph. 1800 478 227, 9 am- 5pm on weekdays. Your GP or referring specialist can provide you with application forms, which we will help you fill out. The forms are also available at the hospital, or you can download them from the IPTAAS website [IPTAAS \(nsw.gov.au\)](http://IPTAAS(nsw.gov.au))

Parking

There is parking available at the Prince of Wales Hospital. Multiple day passes and concessions are available.

Flying after Heart Surgery

Please note that airlines have different policies regarding flying after having cardiac surgery. Currently Virgin and QANTAS won't let you fly at all until 10 days after surgery, after this time a medical clearance form is required. Please keep this in mind when planning how and when you will get home as you will probably be discharged from hospital before this time.

THE DAY OF SURGERY

You will be asked to shower the night before, and the morning of surgery using antibacterial soap. **Do not use talcum powder, deodorant, or perfume.** On the morning of your operation you will be asked to put on a hospital gown, (ties go to the back).

The nursing staff will provide a plastic bag for your personal items. This includes toiletries and dentures and mobile phone. These items will go with you to intensive care.

Jewellery, nail polish, dentures, and hearing aids must be removed before surgery. **Please leave valuables at home.**

You will be in surgery for approximately 6-7 hours before being transferred to the Intensive Care Unit. This includes time for the anaesthetist to insert intravenous lines and breathing tube, as well as the actual surgery.

Unfortunately, your surgery may be postponed due to an emergency or if there is no bed available for you in the intensive care unit. We try to avoid this happening but please be aware that if it does occur, it is beyond our control.

AFTER YOUR SURGERY

Immediately after your surgery

You will spend at least one night in the Cardiothoracic Intensive Care Unit (CTICU) which provides specialised care and monitoring. You will have one nurse dedicated to looking after you. Immediate family may visit you in CTICU.

As you wake up, you will hear many different noises including alarms from monitoring equipment and people talking. You will have a breathing tube in your mouth, attached to the ventilator, helping you breathe. Once you are awake enough and can breathe for yourself, this tube will be removed.

The day after your operation, if you are well enough, you will be transferred out of intensive care to the Cardiothoracic Ward (Dickinson 3 South). You will be sitting out of bed, and will still have an intravenous (IV) line in your neck or upper chest area

and a catheter in your bladder. You may also still have chest drains and pacing wires in your chest.

As soon as possible after surgery you will be helped out of bed to sit in your bedside chair. This keeps your muscles moving and prevents lung problems such as pneumonia, which can occur from staying in bed.



Ward Information

- Please inform nursing staff if you intend to leave the ward at any time in case a test has been booked.
- Although support from family and friends is important, **rest after surgery is essential**. For this reason we ask all visitors to please respect the visiting hours. If other times are needed, this can be discussed with the nursing unit manager (NUM).

Visiting hours:
10am – 1pm
3pm – 8pm

We also ask that only 2 people visit at any one time due to space restrictions in the rooms. Children 12 years and under are not permitted in Cardiothoracic Intensive Care.

Anti-embolism stockings: These improve circulation and help to prevent blood clots from forming in your legs. You will start wearing the stockings on the 2nd day after surgery and you will need to continue to wear them for 6 weeks.

Pain relief (analgesia): Some pain after the operation is inevitable, the most common areas being where your wounds are on your chest and leg, your shoulders or neck. When you are in intensive care you will receive pain relief through your drip, and then as you move through the recovery process the type and strength of pain medicines used will reduce.

You will need pain relief so you can do your physiotherapy exercises. These exercises are essential to your recovery and will affect the length of time you have to stay in hospital, so please take your pain medicines regularly.

Constipation: This is very common after an operation due to reduced mobility and the pain medicines. Your nurse will offer you laxatives to help you with this.

Irregular heartbeat: It is common after cardiac surgery to develop an irregular heartbeat. This is detected through cardiac monitoring. Usually this is temporary and gets better after taking your medicines.

You may also have some special wires attached to a “pacing box” to help regulate your heartbeat. These will be removed before you go home.

Wounds: Your chest and leg wound will remain covered while you are in hospital, when you go home, they can be left uncovered and cleaned in the shower using mild soap. Please check your wounds daily, if there is any sign of redness or fluid leaking see your GP.

Stitches: Your chest and leg wounds are closed using stitches that dissolve on their own. You will have 2 or 3 black stitches from where your drains were, these are removed 7 days after the drains were removed, either in hospital or by your GP. Occasionally clips are used in some wounds. If you have clips you may need to see your GP after going home to have them removed.

PHYSIOTHERAPY

Your recovery from cardiac surgery depends on effective physiotherapy.

Physiotherapy maximises the functioning of your lungs by:

1. Helping to remove fluid from your lungs
2. Improving air distribution within your lungs
3. Preventing your lung from collapsing
4. Preventing pneumonia or chest infections

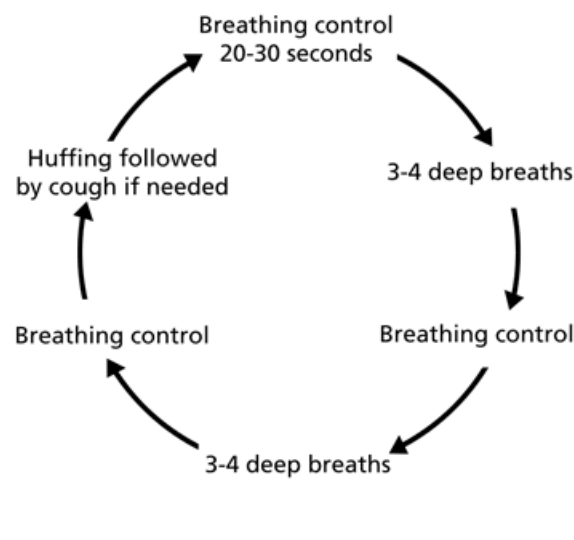
Physiotherapy consists of breathing exercises, arm exercises, and walking.

Breathing exercises

These exercises use the 'active cycle of breathing technique'. This involves using certain breathing manoeuvres in the following order:

1. Normal breathing
2. Deep breathing
3. Normal breathing
4. Huffing
5. Cough

The order is important to improve airflow and remove lung secretions.



What you need to do:

Normal breathing | Sit comfortably in an upright position. Breathe in slowly. Let your abdomen swell slightly as you inhale and keep your shoulders relaxed. Breathe out gently. Repeat 3 or 4 times.

Deep breathing | Take a deep breath in, keep inhaling for 3-5 seconds, even if your lungs feel full try to keep breathing in. Breathe out slowly. Repeat 3-5 times.

OR

Inspiratory hold | Breathe in as deeply as possible, directing the air to the bottom of your lungs, hold your breath for 2-3 seconds then breathe out slowly. Repeat 3-5 times.

Huff | Take a medium size breath in. Then with your mouth half open, force the air out while making a soft “haa” sound (like when you breathe on glasses to clean them).

Cough | Take a deep breath then cough. One good strong cough per cycle is more effective than repeated little ones. Use a folded towel against your chest to help prevent pressure on your wound when you cough.

If you feel dizzy doing any of these exercises, then stop. You may be taking too many deep breaths one after the other. Have a rest then try again with fewer repetitions.

The physiotherapist will show you how to do these exercises before you have your surgery.

Arm exercises

1. Lift both your arms forward and raise them toward the ceiling. Hold for a few seconds then lower them.
2. Lift both arms sideways away from your body until they are parallel to the floor. Hold for a few seconds, and then lower them gently.

Continue with these exercises, as pain permits, until you are back to the range of movement you had before the surgery.

Walking

It is important to walk regularly after your surgery. We will get you walking the day after your surgery. Your physiotherapist will walk with you until you are able to do it alone. They will let you know when you are able to walk by yourself.



GOING HOME

We expect you will be well enough to go home about 5-7 days after your operation. Exactly when you are discharged from hospital will vary depending on how well you are recovering. You should make arrangements with your family or friends to collect you from hospital and help you settle in at home. Ask them to bring a small pillow or towel wrapped in a pillowcase for the journey home. Place this between your chest and the

seatbelt to reduce any discomfort. **Please remember that a seatbelt must always be worn when travelling in a car.**

You may be sent to the **patient discharge lounge** on the day of discharge to wait for your medicines and paperwork, this is located on level 2 of the hospital.

If you need any extra help at home please let the nursing unit manager know as soon as you can so we can assist you.

It is important that you follow up with your GP during your first week at home and give him/her the discharge letter that we will give you before you leave hospital.

You also need to see your cardiologist and your surgeon about 6 weeks after surgery. You will be given the surgeon's appointment before you leave hospital, but you will need to make your own appointment with your cardiologist.

One week before the appointment with your surgeon you will need to see your GP to organise a chest x-ray, ECG, and referral. Please take these to your surgeon's appointment.

The long term management of your health requires your active participation. Rest is very important. For example, ensure you have a rest every day after lunch for at least one hour, but remember also that long periods of inactivity will make you feel stiff and sore and so it is important to **balance rest and activity**.

You may also find that everyday tasks that you used to do are more tiring now, so it is important to take regular breaks and gradually increase your activity level until you return to the same level of activity you were doing before your operation.

Cardiac Rehabilitation: The world Health Organisation and the Heart Foundation recommend all patients who have had heart surgery participate in a cardiac rehabilitation program.

These cardiac rehabilitation services can provide you with education, counselling, and exercise programs to improve your health and wellbeing and reduce the risk of future heart problems.

We will help you find a cardiac rehabilitation program in your area, or you can search for your closest cardiac rehabilitation service in the Heart Foundation Cardiac Services Directory [here](#)

For any enquiries about the Prince of Wales cardiac rehabilitation program, please call 9382 2286 or 0408 183 189

Medicines: Your medicines may change while you are in hospital. The hospital pharmacy will let you know of any changes you need to make and supply you with 5 days of any new medicines. You will need to see your GP within 5 days to get a new prescription.

You may be given a medicines list when you leave hospital. Continue to take only the medicines on this list. If you are unsure about what medicines to take, then take your medicines and your medicines list with you to your GP or pharmacy. It is important to keep your medicines list up to date.

Warfarin – You may be prescribed warfarin if you have had **valve surgery** to prevent blood clots forming on or around your new or repaired heart valve. The dosage will be closely monitored through regular blood tests. To maintain proper levels in your blood, please take your medication as prescribed and have follow up INR blood tests as advised. When you leave hospital you will be provided with a book to record your

INR levels, please take this book with you when you see your GP.

Pain: You will continue to experience some discomfort for at least 2-3 weeks after surgery. Most pain will be relieved with Paracetamol (e.g., Panadol[®]) or you may be prescribed something stronger for a short period of time.

If you are experiencing severe pain or shortness of breath see your GP.

You should shower as usual and wash your wounds with warm water. Normal bath soap is ok but avoid highly perfumed soaps. Taking a shower rather than a bath is recommended as it can be difficult to get out of a bath. Gently pat your wounds with a clean towel, do not rub them, and avoid using talcum powder near wounds.

A bit of redness and swelling is common. It is important to look at your wound daily. If you notice any fluid leaking from it, or opening of the wound, see your GP as soon as possible.

Day to day living: in the 6 weeks following your surgery you should not carry, pull, or lift anything heavier than 2 kgs. You should organise help to have your shopping done for you and delivered to your house. Organise someone to stay with you at home to assist you day to day while you recover from your surgery.

Driving: A seatbelt must always be worn when travelling in a car. Just remember to use a pillow between your chest and the seatbelt to avoid discomfort. You must not drive for 6 weeks following heart surgery. This is because your reflexes may be slower; your ability to turn and look over your shoulder is

reduced; and your insurance company may not cover you during this time.

Returning to work: Timing for returning to work will depend on the demands of your work and how well you are recovering. Please talk about this with your surgeon and cardiologist.

Bowel function: Surgery, medication, loss of appetite and decreased mobility may cause your bowels to become sluggish. This is easily fixed. Eating a diet high in fibre, drinking plenty of water and gently increasing activity will all help to prevent constipation. It may be necessary to use a gentle laxative – your pharmacist can help you with this.

Nausea and loss of appetite: You may experience nausea after you have left hospital; this is mostly due to your medicines. Loss of appetite is also common. These should get better within 2 weeks of your operation.

Sexual activity: Many people feel ready to start having sex again a few weeks after surgery. This is entirely up to you and your partner. However avoid positions that put pressure on your chest.

Protecting your new or repaired heart valve: If you have had valve surgery, it is important to guard against an infection called endocarditis, in which bacteria enter the bloodstream and settle on the valve. A common area for this infection to enter your bloodstream is through your mouth. This means you may need to take antibiotics when having dental work or other procedures. Please check with your doctor. Endocarditis prevention is the reason you need to have a dental check before surgery. Remember to visit your dentist regularly to reduce the risk of mouth infections.

Emotions and concentration: Some people experience mood swings after surgery, as well as memory loss, low mood and/ or difficulty concentrating. It's helpful to organise support and have someone to talk to about how you're feeling. These experiences can last a short time and can be a natural reaction to the operation due to the stress and anxiety of having such major surgery. If these symptoms do not improve, please see your GP.

Sleeping: You may find yourself awake during the night worrying about various things. A sore chest and your sleeping position can make this worse. It is recommended that you sleep on your back for 4 weeks after surgery to protect your sternal bone, after this you may return to sleeping how you feel most comfortable.

Remember – you have undergone major surgery. Don't be too hard on yourself. Try to adopt a positive attitude and let your body heal itself.

EXERCISES TO DO AT HOME

Walking:

Your sternum is wired up and takes 6-8 weeks to heal. **Do not push on your arms, pull, lift or engage in vigorous activities during this time.**

Walking is the best exercise you can do during the first 6 weeks as it works the heart and lungs and does not strain your chest.

Walk at a pace you find comfortable. You should be able to carry on a normal conversation as you walk. Start and finish your walk at a slower pace as a warm up and cool down. **Try to walk every day.** Start with an easy distance and gradually increase the distance and pace.

The following is a guide for a walking routine from the National Heart Foundation.

Week	Time (Mins)	Times per day	Pace
1	5-10	2	Stroll
2	10-15	2	Comfortable
3	15-20	2	Comfortable/stride out
4	20-25	1-2	Comfortable/stride out
5	25-30	1-2	Comfortable/stride out
6	30	1-2	Comfortable/stride out

Please note this is a guide only, your exercise tolerance will depend on your recovery and your exercise level prior to surgery.

Exercises for neck and shoulder pain:

Muscle aches and pain may occur in your neck and shoulders due to how you were positioned during the operation, as well as the muscles being stretched after having the chest wall opened. This can be relieved by having good posture and doing the following exercises:

Posture

- ♥ Sit or stand up straight
- ♥ Stretch the crown of your head towards the ceiling
- ♥ Lift your chest up and out
- ♥ Keep shoulders relaxed and back
- ♥ Keep your chin tucked in

Repeat each of the following exercises slowly 5 times each, twice a day. Stop if you have any discomfort.

Neck movements

- ♥ Sit upright with your back well supported
- ♥ Look up at the ceiling and then put your chin on your chest
- ♥ Turn your head to one side and then the other
- ♥ Keep your eyes to the front; take your right ear down towards your right shoulder. Repeat on the other side
- ♥ Chin nod – pull your head straight back making a double chin.

Shoulder Shrugging

- ♥ Shrug your shoulders up, down, forwards, and backwards. Hold each one for a count of 5 then relax.

♥ Continue also with the arm raises as described in the physiotherapy section of this booklet as they help regain flexibility and strength of your chest and shoulder joints.

Legs

♥ You may find that your legs remain swollen for a period of time. Walking is the best way to reduce this, along with the continued use of the stockings. You could also try the following:

♥ Keep your legs elevated when sitting

♥ With your legs up on a stool, paddle your ankles up and down

♥ Bend one knee at a time then back down

♥ Keeping your legs straight, tighten your thigh muscles by pushing your knees down

♥ Repeat each exercise for about 5 mins, three times a day, for example morning, lunchtime and evening.

Household and leisure activities:

You will need to adjust your household and leisure activities during the first couple of months. The following is a guide on the types of activities you can gradually work towards.

- First 2 weeks: Dressing, showering, cooking simple meals, making a cup of tea, light washing up (not heavy pots and pans), watering the garden.
Attend a cardiac rehabilitation exercise program, continue at home with your breathing exercises, leg exercises, arm lifts, shoulder shrugging and neck movements, walking.
- From 3 weeks: Making the bed (don't lift the mattress to tuck in sheets), hanging out light washing (don't carry the washing basket), gentle weeding, a small amount of ironing (don't lift the ironing board)
- From 4 weeks: shopping with assistance for short periods of time, for example 2 hours to start, and see how you feel, half day outings, visiting friends
- From 6 weeks: Driving the car, vacuuming, sweeping, carrying light shopping (no more than 4 kg), cleaning the bathroom, pushing a shopping trolley, pushing a stroller on flat ground, lawn bowls,
- From 8 weeks: golf (putting only), swimming (not butterfly as this is too much stress on your breastbone)

From 3 months: lawn mowing, heavy gardening e.g. Shovelling, painting, fishing, horse riding, sailing, tennis, squash, golf, washing the car, cycling.



This patient information book has been developed with patients and families.
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MORE INFORMATION

1. The following films are available to watch online.

‘Heart surgery at Prince of Wales Hospital’

<https://www.youtube.com/watch?v=iRCfAVISXQE&pp=ygUfcHJpbmNlIG9mlHdHbGVzIGhvc3BpdGFsIH5ZG5leQ%3D%3D>

‘Welcome to Prince of Wales Hospital’ [Welcome to Prince of Wales Hospital | South Eastern Sydney Local Health District \(nsw.gov.au\)](#)

2. Contact the National Heart Foundation of Australia
ph. 1300 362 787 | www.heartfoundation.org.au
3. If you are 65 years old or over, support is available through My Aged Care. Ph. 1800 200 422.
[Access Australian aged care information and services | My Aged Care](#)
4. Carers NSW provide support to carers. Ph. (02) 9280 4744
5. If English is not your first language you can find resources to help you, where you can search by [language](#) or [topic](#)
6. You can also find a free library of multilingual health information on this link [health translations](#)

QUESTIONS TO ASK / NOTES: