

CARD 4

3. KNOWLEDGE OF MEDICAL CONDITIONS AND SURGERY

Knowledge:
(Medical)

- a) Does this disease involve occlusion or narrowing of the arteries?

Yes	= 1	64	87.7%
No	= 2	8	11.0%
Unsure	= 3	1	1.4%

☐

5

Has this disease been present for a long time?

Yes	= 1	45	61.6%
No	= 2	28	38.4%
Unsure	= 3	0	

☐

6

- b) Does this disease involve arteries other than the arteries of your heart ?

Yes	= 1	16	21.9%
No	= 2	53	72.6%
Unsure	= 3	4	5.5%

☐

7

- c) Do you know what caused this disease in your case?

Yes	= 1	43	58.9%
No	= 2	28	38.4%
Unsure	= 3	2	2.7%

☐

8

If yes

hereditary	=1	15
dietary	=2	20
obesity	=3	4
inactivity	=4	7
smoking	=5	21
stress	=6	50
diabetes	=7	5
alcohol	=8	5
high cholesterol	=9	13

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16

4. SURGICAL KNOWLEDGE

What did you know, before the operation, about the operation you were going to undergo:

No Knowledge	= 0	9	<input type="checkbox"/>	17
Vessel transplant	= 1	60	<input type="checkbox"/>	18
blockage (narrowing) bypass	= 2	57	<input type="checkbox"/>	19
Prolonged anaesthesia	= 3	45	<input type="checkbox"/>	20
Heart lung machine	= 4	31	<input type="checkbox"/>	21
(extra corporeal bypass)				
I.C.U post op	= 5	54	<input type="checkbox"/>	22
Unaware for the first couple of hours	= 6	46	<input type="checkbox"/>	23

5. ATTITUDE TOWARDS WORK

a) Do you feel that you will be able to return to work after your operation?

Yes	= 1	43	86%		
No	= 2	7	14%	<input type="checkbox"/>	24

Full- time employment	= 1	32			
Part- time employment	= 2	7			
Self-employment	= 3	4	<input type="checkbox"/>	<input type="checkbox"/>	25 - 26

b) How long do you think you will need to take off before returning to work

Years	=	0		<input type="checkbox"/>	<input type="checkbox"/>	27 -
Months	=	1 month	= 19	<input type="checkbox"/>	<input type="checkbox"/>	--
		2 months	= 10			
		3 months	= 9			
		4 months	= 4			
		5 months	= 0			
		6 months	= 1			
Days	=			<input type="checkbox"/>	<input type="checkbox"/>	-32

- c) If patient is unemployed or retired, establish his activities of daily living and to what extent he believe she will be able to continue after his operation.

a)	Will you be able to do the same as before?	= 1	10	37%	
b)	Will you be able to do more than before?	= 2	12	44.4%	
c)	Will you be able to do less than before?	= 3	4	14.8%	
d)	Uncertain	= 4	1	3.7%	<input type="checkbox"/> 33

6. Have you had a normal sex-life in the past six months?

Yes	= 1	33	47.1%		
No	= 2	37	52.9%	<input type="checkbox"/>	34

7. Are you depressed/moody

Not at all	= 1	24	35.8%		
Slightly, occasionally	= 2	13	19.4%		
Depressed	= 3	20	29.9%		
Quite often, quite severely	= 4	9	13.4%		
Severely depressed	= 5	1	1.5%	<input type="checkbox"/>	35

8. What are you going to do to stay well when you go home?

Specify:

Do more exercise	34	(46%)	<input type="checkbox"/> <input type="checkbox"/>	36
Go on diet	31	(42%)	<input type="checkbox"/> <input type="checkbox"/>	—
Take it easy	20	(27%)	<input type="checkbox"/> <input type="checkbox"/>	41
Stop smoking	14	(19%)		
The same as before	11	(15%)		

9. Who is your Cardiothoracic Surgeon?

1.	Dr Girdwood	=	32 (44%)
2.	Dr Kinsley	=	28 (38%)
3.	Prof Cronje	=	13 (18%)

☐ 42

10. Who is your cardiologist?



43 - 44

20 private cardiologists
Baragwanath Cardiac Clinic
Johannesburg Cardiac Clinic

QUESTIONNAIRE 4: SIX MONTHS POST-OPERATIVELY TO PATIENT

CARD 1

Case no. ☐☐ 1 - 2

Card no. **patients interviewed n = 64** ☐☐ 3 - 4

Tel no:

Date of interview: ☐☐☐☐☐☐

Patient address

1. Are you satisfied with the outcome of the operation? n = 61

Yes = 1 **51** (84%)

No = 2 **10** (16%)

If no: Specify

☐ 11

☐☐ 12 - 13

Problems with sternal wound 10%

Problems with donor site (leg) 3%

***Damaged vocal cords, severe emotional stress,
better before the operation, sleeplessness***

2. Have you returned to work?

Of the 51 that worked pre-operatively.

Yes = 1 **32** (63%)

No = 2 **19** (27%)

☐ 14

If yes:

Full-time = 1 **27** (84%)

Part-time = 2 **5** (16%)

☐ 15

If no: Why not? ☐ 16

32 patients not working

Pension	=	1	21
Boarded	=	2	2
Lost job	=	3	3
Can't find work	=	4	2
Ill-health	=	5	4

3. Do you have angina?

Yes	= 1	13	(21%)
No	= 2	49	(79%)

☐ 19

If yes:

Light, barely noticeable,	= 1	4	(33.3%)
moderate bothersome	= 2	3	(25%)
Severe, very uncomfortable	= 3	5	(41.7%)
Most severe pain ever experienced in the past	= 4	0	

☐ 20

4. Do you suffer from fatigue?

1. worst tiredness one could expect to have			
2. very tired, often	8	(12.9%)	
3. tired	6	(9.7%)	
4. slightly, occasionally	20	(32.2%)	
5. never	28	(45.2%)	

☐ 21

5. Do you suffer from breathlessness?

Yes	= 1	23	(62.9%)
No	= 2	39	(37.1%)

☐ 22

6. Do you suffer from any other symptoms?

Yes	= 1	39	(62.9%)
No	= 2	23	(37.1%)

☐ 23

If yes: Specify

☐☐ ☐☐ 24- 27
☐☐ 28 - 29

1. **Painful sternum** = 11 (17.7%)
2. **Painful leg** = 7 (11.3%)
3. **Depression** = (3%)
4. **Cardiac failure** = (3%)

7. Do you attend a Cardiac Rehabilitation Centre?

Yes = 1 5

No = 2 57



30

If yes, how did you hear about it?

Physiotherapist = 1 1

Doctor = 2 2

Friend = 3 2

Patient = 4 2



31

8. How many medicines do you take daily?

mean 2.7(range 0 - 11; SD± 1.4)



32 - 33

What are the names of the medicines?

(no. known to patient)

mean 2(range 0 - 6; SD± 1.4)



34 - 35

What is the effect of each medicine? (no. known to patient)

mean 1.9(range 0 - 6; SD± 1.4)



36 - 37

Do you take your medicines regularly

Yes = 1 53 (86.9%)

No = 2 8 (13.1%)



38

Who decides that you should take your medicine?

Self = 1 55 (88.7%)

Other = 2 7 (11.3%)



39

What will you do when you have finished your medicines?

Visit the doctor = 1 16 (26.2%)

Repeat prescription = 2 43 (70.5%)

Uncertain = 3 2 (3.3%)



40

9. Diet

Who decides what you should eat?

Self	= 1	46	(74.2%)		
Other	= 2	16	(25.8%)	<input type="checkbox"/>	41

Do you know what diet you should follow?

Yes	= 1	35	(58.3%)		
No	= 2	25	(41.7%)	<input type="checkbox"/>	42

Low cholesterol		42	(68.9%)	<input type="checkbox"/>	43
Low fat		44	(72.1%)	<input type="checkbox"/>	44
Low calorie		38	(63.9%)	<input type="checkbox"/>	45
Low salt		33	(54.1%)	<input type="checkbox"/>	46

10. Exercise

Are you doing regular exercise?

Yes	= 1	27	(45.0%)		
No	= 2	33	(55.0%)	<input type="checkbox"/>	47

Do you know how much exercise you should be doing?

Target heart rate:

Yes	= 1	10	(16.1%)		
No	= 2	52	(83.9%)	<input type="checkbox"/>	48

When to stop.

Yes	= 1	8	(12.9%)		
No	= 2	55	(87.1%)	<input type="checkbox"/>	49

Who determines that you exercise?

Self	= 1	58	(95.1%)		
Others	= 2	3	(4.9%)	<input type="checkbox"/>	50

11. Smoking

Are you smoking?

Yes = 1 **7** **(11.3%)**

No = 2 **55** **(88.7%)**



51

If you are not smoking, who motivated you to stop smoking?

Self = 1 **46** **(85.2%)**

Other = 2 **8** **(14.8%)**



52

What do you know about smoking and your health?

Should stop

Yes = 1 **53** **(85.5%)**

No = 2 **9** **(14.5%)**



53

Effect on cardiovascular system

Yes = 1 **33** **(54.1%)**

No = 2 **28** **(45.9%)**



54

12. Do you suffer from stress:

Yes = 1 **29** **(46.8%)**

No = 2 **33** **(53.2%)**



55

If yes:

Do you consider your life stressful at the present time?

Yes = 1 **27** **(48.2%)**

No = 2 **29** **(51.8%)**



56

Is your life constantly stressful

Yes = 1 **21** **(36.8%)**

No = 2 **36** **(63.2%)**



57

Why is your life stressful (specify)



58-61

Work related = **53.3%**

Family matters = **23.8%**

Financial reasons = **19%**



57

13. Do you feel that the operation has cured you completely?

Yes = 1 38 (62.3%)

No = 2 23 (37.7%)

☐ 62

If no: Why not?

☐☐ 63 - 64

Do not know : 7 (30.0%)

Still have symptoms : 8 (35%)

Will you have to do anything to stay well?

Yes = 1 42 (76.4%)

No = 2 13 (23.6%)

☐ 65

Comply with:

Medication 39 (78%)

☐ 66

Diet 37 (72.5%)

☐ 67

Smoking 33 (66.0%)

☐ 68

Exercise 33 (66.0%)

☐ 69

Other 5 (20.0%)

☐ 70

Specify:

☐☐ 71 - 72

Be happy 2 (0.03%)

Go on working 1 (0.02%)

CARD 2

14. For how long will you have to go on doing this?

For a while = 1 15 (24.6%)

For ever = 2 46 (75.4%)

☐ 5

15. Have you been feeling: depressed/moody

Not at all = 1 28 (45.9%)

Slightly, occasionally = 2 19 (31.1%)

Depressed = 3 3 (8.2%)

Quite often, quite severely = 4 5 (8.2%)

Severely depressed = 5 4 (6.6%)

☐ 6

16. Are you as active as before the operation?

Same = 1 17 (27.9%)

More = 2 20 (32.8%)

Less = 3 24 (39.3%)

How much do you weigh (kg)?

78.46kg(range 45 - 114; SD± 14.8)☐

7

☐☐☐

8 - 10

17. How many times have you been to see your doctor in connection with your heart since you have been discharged from hospital?

mean 2.08(range 0 - 7; SD± 1.4)☐☐

11 - 12

18. How many times have you been readmitted to the hospital since:

Your operation?

mean 0.43(range 0 - 3; SD± 0.7)☐☐

13 - 14

19. Has your sexual performance been altered by the operation?

Yes = 1 30 (55.5%)

No = 2 24 (44.4%)

☐

15

Is it the same = 1 21 (39%)

Better = 2 8 (15%)

Worse = 3 25 (46%)

☐

16

QUESTIONNAIRE 4: SIX MONTHS POST-OPERATIVELY TO SPOUSE/CARE-GIVER

CARD 3

☐ Six months post-operatively

Card no: ☐☐ 1 - 2

Case no: **Spouses interviewed: n = 56** ☐☐ 3 - 4

Date ☐☐☐☐☐☐

Name

Tel. No.

1. Are you satisfied with the outcome of the operation?

Yes = 1 42 (77.8%)

No = 2 12 (22.2%)

☐ 5

If no: Why not?

☐☐ 6 - 7

Severe stress : 33.3%

Problems with sternum : 22.2%

Septic leg : 11.1%

Nothing wrong before : 11.1%

2. Do you know what diet the patient should follow?

Yes = 1 38 (77.6%)

No = 2 11 (22.4%)

☐ 8

Low cholesterol 37 (69.8%)

☐ 9

Low fat 39 (73.6%)

☐ 10

Low calorie 34 (64.2%)

☐ 11

Low salt 33 (62.3%)

☐ 12

3 Medication

How many medicines does pt take daily? ☐☐ 13 - 14
mean 2.4(range 0 - 11; SD± 2.2)

Name the medicines. No. known ☐☐ 15 - 16
mean 1.15(range 0 - 4; SD± 1.25)

What is the effect of each medicine? No. known ☐☐ 17 - 18
average 1.21(range 0 - 4; SD± 1.23)

What will patient do when medication is finished?

Visit doctor	= 1	18	(34.6%)		
Repeat prescription	= 2	26	(50.0%)		
Uncertain	= 3	8	(15.4%)	<input type="checkbox"/>	19

4. Smoking

What do you know about smoking and health?

Should stop

Yes	= 1	50	(92.6%)		
No	= 2	4	(7.4%)	<input type="checkbox"/>	20

Effect on cardiovascular system

Yes	= 1	26	(49.1%)		
No	= 2	27	(50.9%)	<input type="checkbox"/>	21

5. Exercise

Do you know how much exercise
the patient should be doing?

Amount of exercise

Yes	= 1	9	(17.0%)		
No	= 2	44	(83.0%)	<input type="checkbox"/>	22

When to stop

Yes	= 1	7	(13.2%)		
No	= 2	46	(86.8%)	<input type="checkbox"/>	23

6. Do you feel the operation cured the patient completely

Yes	= 1	25	(46.3%)		
No	= 2	29	(53.7%)	<input type="checkbox"/>	24

If no:

Will patient have to do something else to stay well?
Should comply to:

Medication

Yes	= 1	34	(65.4%)		
No	= 2	18	(34.6%)	<input type="checkbox"/>	25

Diet

Yes	= 1	35	(66.0%)		
No	= 2	18	(34.0%)	<input type="checkbox"/>	26

Smoking

Yes	= 1	33	(63.5%)		
No	= 2	19	(36.5%)	<input type="checkbox"/>	27

Exercise

Yes	= 1	32	(61.5%)		
No	= 2	20	(38.5%)	<input type="checkbox"/>	28

Other

Yes	= 1	0			
No	= 2	43		<input type="checkbox"/>	29

Specify				<input type="checkbox"/> <input type="checkbox"/>	30 - 31
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7. Is patient as active as before the operation?

Same = 1 16 (30.8%)

More = 2	15	(28.8%)
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Less = 3 **21** **(40.4%)**

32

8. Does patient take full responsibility for his:

Diet

Yes = 1 28 (51.9%)

No	= 2	26	(48.1%)
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33

Smoking

Yes = 1 43 (81.1%)

No	= 2	10	(18.9%)
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34

Medication

Yes = 1 41 (75.9%)

No	=2	13	(24.1%)
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35

Exercise

Yes = 1 24 (44.4%)

No	= 2	30	(55.6%)
----	-----	----	---------

36

9. Is patient depressed/moody?

Not at all	= 1	23	(43.4%)
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Slightly, occasionally	= 2	13	(24.5%)
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Depressed	= 3	8	(15.1%)
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Quite often, quite severely	= 4	7	(13.2%)
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Severely depressed	= 5	2	(3.8%)
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37

10. How much does the patient weigh?
73.5kg(range 47 - 123; SD± 23.21)

38 - 40

11. How many times has the patient been back to see the doctor
in connection with his heart?
since he left the hospital? ☐☐ 41 - 42
mean 3.98(range 0 - 8; SD± 6.5)
12. How many times has the patient been readmitted to the hospital?
since he left the hospital? ☐☐ 43 - 44
mean 0.43(range 0 - 2; SD±0.69)

QUESTIONNAIRE 5: ONE YEAR POST-OPERATIVELY TO PATIENT

CARD 1

Case no. ☐☐ 1 - 2

Card no. ☐☐ 3 - 4

Patients interviewed: n = 58

Tel no:

Date of interview: ☐☐☐☐☐☐

Patient address

1. Are you satisfied with the outcome of the operation?

Yes = 1 47 (83.9%)

No = 2 9 (16.1%)

If no: Specify

☐ 11

☐☐ 12 - 13

Presence of symptoms : 7 (87.5%)

Nothing wrong before the op : 1 (12.5%)

2. Have you returned to work?

Yes = 1 27 (48.2%)

No = 2 29 (51.8%)

☐ 14

If yes:

Full-time = 1 18 (69.2%)

Part-time employment = 2 8 (30.7%)

☐ 15

If no: Why not?

☐ 16

Pension = 1 20 (69.0%)

Boared = 2 3 (10.3%)

Lost job = 3 2 (6.9%)

Can't find work = 4 0

Ill-health = 5 2 (6.8%)

When do you think you will be able
to go back (weeks)

☐ ☐

17 - 18

3. Do you have angina?

Yes = 1 **14** (25.0%)

No = 2 **42** (75.0%)

☐

19

If yes:

Light, barely notice able, = 1 **7.7%**

moderate bothersome = 2 **53.8%**

Severe, very uncomfortable = 3 **38.5%**

Most severe pain ever
experienced in the past = 4

☐

20

4. Do you suffer from fatigue?

1. worst tiredness one could
expect to have

2. very tired, often **12** (22.2%)

3. tired **6** (11.1%)

4. slightly, occasionally **15** (27.8%)

5. never **21** (38.9%)

☐

21

5. Do you suffer from breathlessness?

Yes = 1 **21** (37.5%)

No = 2 **35** (62.5%)

☐

22

6. Do you suffer from any other symptoms

Yes = 1 32 (58.2%)

No = 2 23 (41.8%)

☐ 23

If yes: Specify

☐ ☐ 24-27☐ 28-291. **Problems with donor site of leg** = 9 (28.1%)2. **Painful sternum** = 6 (18.8%)3. **Sleeplessness** = 2 (5.7%)

7. Do you attend a Cardiac Rehabilitation Centre?

Yes = 1 7 (12.5%)

No = 2 49 (87.5%)

☐ 30

If yes, how did you hear about it?

Physiotherapist = 1 2 (25%)

Doctor = 2 1 (12.5%)

Friend = 3 3 (37.5%)

Patient = 4 2 (25.0%)

☐ 31

8. How many medicines do you take daily?

mean 2.98(range 0 - 8; SD± 1.6)☐ ☐ 32 - 33

What are the names of the medicines? (no. known to patient)

mean 2.3(range 0 - 6; SD± 1.7)☐ ☐ 34 - 35

What is the effect of each medicine? (no. known to patient)

mean 2.5(range 0 - 6; SD± 1.5)☐ ☐ 36 - 37

Do you take your medicines regularly

Yes = 1 50 (90.9%)

No = 2 5 (9.1%)

☐ 38

Who decides that you should take your medicine?

Self = 1 53 (94.6%)

Other = 2 3 (5.4%)

☐ 39

What will you do when you have finished your medicines?

Visit the doctor	= 1	7	(12.7%)		
Repeat prescription	= 2	48	(87.3%)		
Uncertain	= 3			<input type="checkbox"/>	40

9. Diet

Who decides what you should eat?

Self	= 1	43	(76.8%)		
Other	= 2	13	(23.2%)	<input type="checkbox"/>	41

Do you know what diet you should follow?

Yes	= 1	26	(50.0%)		
No	= 2	26	(50.0%)	<input type="checkbox"/>	42
Low cholesterol		41	(74.5%)	<input type="checkbox"/>	43
Low fat		39	(70.9%)	<input type="checkbox"/>	44
Low calorie		36	(66.5%)	<input type="checkbox"/>	45
Low salt		31	(57.4%)	<input type="checkbox"/>	46

10. Exercise

Are you doing regular exercise?

Yes	= 1	26	(46.4%)		
No	= 2	30	(53.6%)	<input type="checkbox"/>	47

Do you know how much exercise you should be doing?

Target heart rate:

Yes	= 1	16	(29.1%)		
No	= 2	39	(70.9%)	<input type="checkbox"/>	48

When to stop.

Yes	= 1	9	(16.4%)		
No	= 2	46	(83.6%)	<input type="checkbox"/>	49

Who determines that you exercise?

Self	= 1	54	(98.2%)		
Others	= 2	1	(1.8%)	<input type="checkbox"/>	50

11. Smoking

Are you smoking?

Yes	= 1	8	(14.3%)		
No	= 2	48	(85.7%)	<input type="checkbox"/>	51

If you are not smoking, who motivated you to stop smoking?

Self	= 1	36	(76.6%)		
Other	= 2	11	(23.4%)	<input type="checkbox"/>	52

What do you know about smoking and your health?

Should stop ☐ 53

Yes	= 1	49	(87.5%)		
No	= 2	7	(12.5%)		

Effect on cardiovascular system ☐ 54

Yes	= 1	33	(58.9%)		
No	= 2	23	(41.1%)		

12. Do you suffer from stress:

Yes	= 1	31	(55.4%)		
No	= 2	25	(44.6%)	<input type="checkbox"/>	55

If yes:

Do you consider your life stressful at the present time

Yes	= 1	25	(50.0%)		
No	= 2	25	(50.0%)	<input type="checkbox"/>	56

Is your life constantly stressful

Yes	= 1	18	(36.0%)		
No	= 2	32	(64.0%)	<input type="checkbox"/>	57

Why is your life stressful (specify)

☐ ☐ 58-61

Work related = 13 (46.4%)
Family = 5 (17.9%)
Financial = 4 (14.3%)

13. Do you feel that the operation has cured you completely?

Yes = 1 38 (67.9%)
 No = 2 18 (32.1%)

☐ 62

If no: Why not?

☐ 63-64

Painful sternum = 4 (26.7%)
Persistent symptoms = 6 (39.9%)

Will you have to do anything to stay well?

Yes = 1 35 (72.9%)
 No = 2 13 (27.1%)

☐ 65

Comply with:

Medication 37 (82.2%)
 Diet 36 (78.3%)
 Smoking 38 (84.4%)
 Exercise 31 (70.5%)
 Other 5

☐ 66
☐ 67
☐ 68
☐ 69
☐ 70
☐ 71-72

Specify:

Go on working = 2
Be happy = 1

CARD 2

14. For how long will you have to go on doing this?

For a while = 1 16 (30.2%)
 Forever = 2 37 (69.8%)

☐ 5

15. Have you been feeling: depressed/moody

Not at all	= 1	28	(50.0%)		
Slightly, occasionally	= 2	14	(25.0%)		
Depressed	= 3	7	(12.5%)		
Quite often, quite severely	= 4	5	(8.9%)		
Severely depressed	= 5	2	(3.6%)	<input type="checkbox"/>	6

16. Are you as active as before the operation?

Same	= 1	16	(28.6%)		
More	= 2	20	(35.7%)		
Less	= 3	20	(35.7%)	<input type="checkbox"/>	7

How much do you weigh (kg)? ☐☐☐ 8 - 10
79.29kg(range 47 - 125; SD± 14.7)

17. How many times have you been to see your doctor in connection with your heart since you have been discharged from hospital?

mean 4.3(range 0 - 12) ☐☐ 11 - 12

18. How many times have you been readmitted to the hospital since:

Your operation? ☐☐ 13 - 14
mean 0.6(range 0 - 4)

19. Has your sexual performance been altered by the operation?

Yes = 1
 No = 2 ☐ 15

Is it the same = 1 15 (31%)
 Better = 2 12 (25%)
 Worse = 3 21 (44%) ☐ 16

QUESTIONNAIRE 5: ONE YEAR POST-OPERATIVELY TO SPOUSE/CARE-GIVER

CARD 3

☐ One year post-operatively

Card no: ☐☐ 1 - 2

Case no: **Spouses interviewed: n = 50** ☐☐ 3 - 4

Date ☐☐☐☐☐☐

Name

Tel. No.

1. Are you satisfied with the outcome of the operation?

Yes = 1 **41 (85.4%)**

No = 2 **7 (14.6%)**

☐ 5

If no: Why not?

☐☐ 6 - 7

Patient still has symptoms = **3**

Personality completely changed = **1**

2. Do you know what diet the patient should follow?

Yes = 1 **32 (76.2%)**

No = 2 **10 (23.8%)**

☐ 8

Low cholesterol **40 (87.0%)**

☐ 9

Low fat **41 (87.2%)**

☐ 10

Low calorie **30 (63.8%)**

☐ 11

Low salt **30 (65.2%)**

☐ 12

3. Medication

How many medicines does patient take daily?

☐☐ 13 - 14

mean 2.06(range 0 - 7; SD± 1.95)

Name the medicines No. known

☐☐ 15 - 16

mean 1.27(range 0 - 7; SD± 1.77)

What is the effect of each medicine? No. known ☐☐ 17 - 18
mean 1.22(range 0 - 6; SD± 1.67)

What will patient do when medication is finished?

Visit doctor	= 1	6	(13.0%)		
Repeat prescription	= 2	32	(69.6%)		
Uncertain	= 3	8	(17.4%)	<input type="checkbox"/>	19

4. Smoking

What do you know about smoking and health?

Should stop

Yes	= 1	45	(93.8%)		
No	= 2	3	(6.3%)	<input type="checkbox"/>	20

Effect on cardiovascular system

Yes	= 1	25	(52.1%)		
No	= 2	23	(47.9%)	<input type="checkbox"/>	21

5. Exercise

Do you know how much exercise the patient should be doing?

Amount of exercise

Yes	= 1	12	(25.5%)		
No	= 2	35	(74.5%)	<input type="checkbox"/>	22

When to stop

Yes	= 1	6	(12.8%)		
No	= 2	41	(87.2%)	<input type="checkbox"/>	23

6. Do you feel the operation cured the patient completely

Yes	= 1	27	(56.3%)		
No	= 2	21	(43.8%)	<input type="checkbox"/>	24

If no:

Will patient have to do something else to stay well?

Should comply to:

Medication

Yes = 1 **31** **(77.5%)**

No = 2 ☐ 25

Diet

Yes = 1 **32** **(82.1%)**

No = 2 ☐ 26

Smoking

Yes = 1 **30** **(67.5%)**

No = 2 ☐ 27

Exercise

Yes = 1 **27** **(67.5%)**

No = 2 ☐ 28

Other

Yes = 1 **6** **(19.4%)**

No = 2 ☐ 29

Specify:

Visit doctor = **1**

Be happy = **1**

☐☐ 30 - 31

7. Is patient as active as before the operation?

Same = 1 **11** **(23.4%)**

More = 2 **20** **(42.6%)**

Less = 3 **16** **(34.0%)** ☐ 32

8. Does patient take full responsibility for his:

Diet

Yes = 1 29 (60.4%)
No = 2 19 (39.6%)



33

Smoking

Yes = 1 37 (80.4%)
No = 2 9 (19.6%)



34

Medication

Yes = 1 39 (81.3%)
No = 2 9 (18.8%)



35

Exercise

Yes = 1 22 (45.8%)
No = 2 26 (54.2%)



36

9. Is patient depressed/moody?

Not at all = 1 17 (35.4%)
Slightly, occasionally = 2 13 (27.1%)
Depressed = 3 8 (16.7%)
Quite often, quite severely = 4 8 (16.7%)
Severely depressed = 5 2 (4.2%)



37

10. How much does the patient weigh?
average 78.52kg(range 47 - 125; SD± 21.12)

☐☐☐ 38 - 40

11. How many times has the patient been back to see the doctor
in connection with his heart?
since he left the hospital?
mean 3.31(range 0 - 12; SD± 2.25)



41 - 42

12. How many times has the patient been readmitted to the
hospital?
since he left the hospital?
mean 0.30(range 0 - 2; SD± 0.59)



43 - 44

QUESTIONNAIRE 6: MEDICAL AND SURGICAL INFORMATION PATIENTS

Name of patient:

- | | | | |
|----|-------------------------------|---|-------|
| 1. | Case Number | <input type="checkbox"/> <input type="checkbox"/> | 1 - 2 |
| 2. | Card Number | <input type="checkbox"/> <input type="checkbox"/> | 3 - 4 |
| | Cardiac Catheterization: Date | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |

Name of Cardiologist:

3. Vessels involved:

Left main coronary artery

Yes	= 1	10	(14.5%)		
No	= 2	59	(85.5%)	<input type="checkbox"/>	5
% stenosis				<input type="checkbox"/> <input type="checkbox"/>	6 - 7
(average)		54%			

Left ant. descending artery

Yes	= 1	60	(83.3%)		
No	= 2	12	(16.7%)	<input type="checkbox"/>	8
% stenosis				<input type="checkbox"/> <input type="checkbox"/>	9 - 10
		mean 81.37%			

Diagonal

Yes	= 1	29	(40.8%)		
No	= 2	42	(59.2%)	<input type="checkbox"/>	11
% stenosis				<input type="checkbox"/> <input type="checkbox"/>	12 - 13
		mean 81.75%			

Circumflex artery

Yes	= 1	17	(23.9%)		
No	= 2	54	(76.1%)	<input type="checkbox"/>	14
% stenosis				<input type="checkbox"/> <input type="checkbox"/>	15-16
		mean 77.4%			

Obtuse marginalYes = 1 **31** **(47.7%)**No = 2 **34** **(52.3%)**% stenosis **mean 54.8%**☐

17

☐

18 - 19

Right coronary arteryYes = 1 **55** **(78.6%)**No = 2 **15** **(21.4%)**% affected **mean 84.73%**☐

20

☐

21 - 22

Post descending arteryYes = 1 **3** **(4.3%)**No = 2 **66** **(95.7%)**% affected **mean 10%**☐

23

☐

24 - 25

4. Ejection fraction (%): **mean: 51%**☐

26 - 27

5. Vessels involved:
mean: 2.83(range 1 - 5)☐☐

28—

6. Diagnosis: See Appendix III

OPERATIVE PROCEDURE7. Donor site:
Saphenous vein:Left = 1 **23**Right = 2 **26**Both = 3 **20**☐

34

☐

35

☐

36

Internal Mammary Artery:Left = 1 **48**Right = 2 **1**Both = 3 **4**☐

37

☐

38

☐

39

Number of vessels bypassed
2.84(range 1 - 5)☐

40 - 41

8. Bypass Time: (mins) □□□ 42 - 44
mean 111.39(range 32 - 514)
9. Aortic cross clamp time: (mins) □□□ 45 - 47
mean 55.5(range 14 - 117)

RECOVERY PERIOD

10. Days in I.C.U. *mean 3.69* □□ 48 - 49
- Complications
- Yes = 1 **43 (58.9%)**
- No = 2 **30 (41.1%)** □ 50
- a) Pulmonary complications □ 51
- Yes = 1 **24 (32.9%)** □□ □□ 52—
- No = 2 **49 (63.9%)** □□ —57
- b) Cardiac complications □ 58
- Yes = 1 **26 (36.1%)** □□ □□ 59—
- No = 2 **46 (63.9%)** □□ —64
- c) Other complications □ 65
- Yes = 1 **3** □□ □□ 66—
- No = 2 **68** □□ —71
11. Days in WARD □□□ 5 - 7
mean 7.34(range 2 - 17)
- a) Pulmonary complications □ 8
- Yes = **10** □□ □□ 9—
- Specify: *Pneumonia; atelectasis* □□ —14

b)	Cardiac complications	<input type="checkbox"/>	15
	Yes = 9	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	16---
	Specify: <i>Balloon pump; cardiac arrhythmias</i>	<input type="checkbox"/> <input type="checkbox"/>	-21
c)	Other complications	<input type="checkbox"/>	22
	Yes = 6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	23---
	Specify: <i>Sepsis; renal failure</i>	<input type="checkbox"/> <input type="checkbox"/>	-28
12.	Functional test:		
	Yes = 1 28		
	No = 2 41	<input type="checkbox"/>	29
13.	Cholesterol levels:		
	Yes = 1 34		
	No = 2 30	<input type="checkbox"/>	30
	(no detail available)		
14.	FUNCTIONAL ASSESSMENT		
	Stress test		
	Card no.	<input type="checkbox"/> <input type="checkbox"/>	1 - 2
	Case no.	<input type="checkbox"/> <input type="checkbox"/>	3 - 4
	RESULTS		
	Pre - operatively		
	Positive stress test		
	Yes = 1 29		
	No = 2 1	<input type="checkbox"/>	5

Protocol:

Bruce = 1 **11**
 Chung = 2 **1**
 Other = 3

☐ 6

No of stages **mean 2.3**

☐ 7

Weight (kg) **78.5**

☐☐☐ 8 - 10

Resting B.P. systolic **mean 146**
 diastolic **mean 80.63**

☐☐☐ 11 - 13

☐☐☐ 14 - 16

Resting pulse rate: **mean 70.5**

☐☐☐ 17 - 19

Duration of test: min. **mean 5.86**

☐☐ 20 - 21

Peak METs

☐☐☐ 22 - 24

B.P. diastolic (max) **mean 126.5**

☐☐☐ 25 - 27

systolic (max) **mean 134.00**

☐☐☐ 28 - 30

Pulse rate (max) **mean 144**

☐☐☐ 31 - 33

Reason for stopping the test.

Specify:
 exhaustion = **3**
 angina = **1**
 dyspnoea = **1**

☐☐ ☐☐ 34-37

E.C.G. changes:

Yes = 1 **7**

No = 2 **1**

☐ 38

If yes:

during the test.

☐ 39

during the recovery phase.

☐ 40

ST segment depression **Information not available**

Yes = 1

No = 2

☐ 41

Onset: *Inadequate information available*

early = 1	<input type="checkbox"/>	42
late = 2	<input type="checkbox"/>	43

Duration (mins)	<input type="checkbox"/>	44; 45
Magnitude (mm)	<input type="checkbox"/>	46; 47

Arrhythmias: *Inadequate information available*

Yes = 1		
No = 2	<input type="checkbox"/>	48

If yes:

during the test.	<input type="checkbox"/>	49
during the recovery phase.	<input type="checkbox"/>	50

specify:	<i>Inadequate information available</i>	<input type="checkbox"/> <input type="checkbox"/>	51-4
----------	---	---	------

15. SERUM CHOLESTEROL CONCENTRATIONS

Measured: pre - operatively

Yes = 1	11	
No = 2		<input type="checkbox"/> 55

Serum cholesterol concentrations:	<i>mean 6.37mmol/l</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	56 - 58
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APPENDIX II

GUIDE FOR COMPLETING THE QUESTIONNAIRES

The following are the coded responses for the six different questionnaires. Questionnaires will be identified by **Q** followed by the number of the questionnaire and this in turn will be followed by the number of the specific question on the identified questionnaire. An example would be: What sport did you play at school? specify (Q2; 4). This means that it is the fourth question on questionnaire 2. Patient had to specify the type of sport they participated in and this was coded for analysis.

Questionnaire 1

Referral Centre (Q1; 12)

Other ? (specify)

1 = directly to surgeon

2 = private hospital emergency service

3 = directly from private clinic to private surgeon.

Occupation (Q1; 13)

Can be more than one option

Limit 2

QUESTIONNAIRE 2

RISK FACTORS

Physical activity: (Q2; 4)

Numbers assigned to sporting activities

01 = cricket

02 = rugby

03 = soccer

04 = hockey

05 = swimming

06 = water polo

07 = golf

08 = ice hockey

09 = gymnastics

10 = athletics

11 = walking

12 = table tennis

13 = tennis

14 = karate

15 = boxing

16 = cycling

17 = body-building

18 = basketball

19 = baseball

20 = wrestling

21 = sailing

22 = squash

23 = bowls

24 = javelin

25 = netball

26 = jogging

- 27 = gym, aerobics and circuit training
- 28 = horse-riding
- 29 = football
- 30 = rehabilitation programme
- 31 = running (marathon)
- 32 = angling

FAMILY MEDICAL HISTORY

CAUSE OF DEATH (SPECIFY) (Q2; 5)

- 01 = heart attack
- 02 = cardiac arrhythmia
- 03 = bypass
- 04 = high cholesterol
- 05 = stroke
- 06 = CCF

CAUSES OF STRESS (Q2;6)

- 01 = work related
- 02 = family
- 03 = people
- 04 = personality trait
- 05 = political situation
- 06 = old CVA
- 07 = divorce
- 08 = poor health
- 09 = financial
- 10 = separated from wife
- 11 = demoted and not working
- 12 = life very quiet but has to go on
- 13 = can't do as much as before
- 14 = life in general
- 15 = no job

16 = damaged vocal chords

17 = intermittent claudication, afraid he may loose his legs

QUESTIONNAIRE 3

What other symptoms brought you to doctor? (Q3; 1 d)

01 = pain

02 = stroke

03 = thyroid

04 = diabetes

05 = flatulence

06 = pain in the neck

07 = hiatus hernia

08 = allergy (skin)

09 = problems with leg painful leg (donor site)

10 = painful sternum

11 = depression

12 = high cholesterol

13 = cardiac failure

14 = arrhythmia

15 = numbness of hands and feet

16 = knees (orthopaedic problem)

17 = irritable

18 = asthma

19 = nausea and sweating

20 = painful shoulder

21 = heaviness in chest

22 = sleeplessness

23 = old DVT

24 = biventricular cardiac failure

25 = hypertension

26 = CA Prostate

- 27 = grafts of previous bypass failing
- 28 = water retention; swollen feet
- 29 = MVA
- 30 = shingles
- 31 = gout
- 32 = diverticulitis
- 33 = hernia operation
- 34 = painful arm
- 35 = calcaneal spurs
- 36 = hypotension
- 37 = glaucoma
- 38 = renal
- 39 = arthritis
- 40 = MI
- 41 = 'flu'
- 42 = emergency surgery infected sternum
- 43 = post-operative (after cervical fusion)
- 44 = Post-operative thrombosis
- 45 = COPD
- 46 = Spinal problems
- 47 = pneumoconiosis
- 48 = severe breathlessness
- 49 = multiple MI
- 50 = impotence
- 51 = allergies
- 52 = problems with voice
- 53 = bronchitis and sinusitis
- 54 = wound sepsis
- 55 = ulcerative colitis
- 56 = headaches
- 57 = intermittent claudication

Medical history: (Q3; 2b)

site of infarction

1 = inf. aspect of the left ventricle

2 = ant infarct

3 = central infarction

4 = inferolateral aspect

What are you going to do to stay well when you go home (Q3; 8)

01 = stop smoking

02 = walking

03 = exercising

04 = return to sporting activities

05 = diet

06 = take it easy

07 = give up business lunches

08 = do the same as I've always done

09 = pace myself

10 = reduce alcohol intake

11 = join rehabilitation programme

12 = change life style

13 = regular check ups

14 = avoid annoying people

15 = read

16 = visit friends

17 = **what they tell me --if they tell me**

18 = take a holiday

19 = be active at home

20 = enjoy myself

21 = retire

22 = everything that I possibly can

23 = look after myself

Who is your cardiothoracic surgeon? (Q3; 9)

1 = Kinsley

2= Girdwood

3= Wessels (partner of dr Girdwood)

4 = Sussman (Martin) (JHB hospital)

5= Johannesburg Hospital

Who is your physician? : (Q3; 10)

01 = Gale

02 = Khan

03 = Steingo

04 = Sender

05 = McKibben

06 = Deseta

07 = King

08 = Stanley

09 = Manga

10 = Obel

11 = Baragwanath Hospital cardiac clinic

12 = Johannesburg hospital cardiac clinic

13 = Kalil

14 = Essop

15 = Dalby

16 = Cassel

17 = Schamroth

18 = Herbst

19 = Mathews

20 = Pohl

21 = Spilken

22 = Benjamin

QUESTIONNAIRE 4

Not satisfied with the outcome of the operation (specify) (Q4; 1)

- 01 = prolonged original admission
- 02 = readmission for problems with sternum
- 03 = sternum not united
- 04 = painful chest
- 05 = been through the most difficult time of our lives.....severe emotional stress
- 06 = septic leg
- 07 = patient is still very ill
- 08 = wasn't anything wrong before the operation
- 09 = better before the operation
- 10 = still has symptoms
- 11 = "buggered" one leg
- 12 = pain in L arm
- 13 = doesn't feel well always
- 14 = RHD calcification of the valves
- 15 = many, many problems
- 16 = damaged vocal chords
- 17 = totally changed person (cardiac arrest)
- 18 = wound sepsis
- 19 = had an aortic bypass six months after the CABG surgery

NOT RETURNED TO WORK (SPECIFY) (Q4 and 5;2)

- 1 = retired
- 2 = unemployed
- 3 = boarded
- 4 = emotionally unstable: not well
- 5 = had stroke

6 = medically unfit

7 = demoted

8 = retrenched

9 = on pension

10 = can't work because of leg

Do you suffer from any other symptoms? (Q4; 6)

Same numbers as in Questionnaire 3

Smoking ? (Q4; 11)

Even if the patient never smoked this question still has to be filled in

We are interested in the knowledge of smoking.

Do you consider the operation a cure? If no specify why not (Q4; 13)

01 = chronic disease

02 = persistent symptoms

03 = doesn't know

04 = persistent elevated cholesterol

05 = mechanical intervention only

06 = arrhythmia

07 = non-united sternum

08 = always tired

09 = getting older

10 = only helps

11 = not the same person

12 = will have to stay away from red meat

13 = symptoms have returned

14 = pain at operation site

15 = doesn't have any strength

16 = never knew he had a problem.....now has many

17 = In God's hands

Will you have to do anything to stay well? (Q4; 14)

This must be considered a separate question

y = 1

no = 2

If yes fill in the options (same as for Q3; 8)

QUESTIONNAIRE 4 : SPOUSE'S RESPONSE

Dissatisfaction with the outcome of the operation [Q4 (spouse); 1]

Same responses as for patient (page 327)

WILL THE PT HAVE TO DO ANYTHING TO STAY WELL ? [(Q4 SPOUSE); 6]
(page 296)

Medical Information (Q6; 5)

Diagnosis:

Specify

01 = 1 vessel disease

02 = 2 " "

03 = 3 " "

04 = 4 "

05 = 5 " "

06 = dominant right coronary artery

07 = biventricular failure

08 = uncontrolled hypertension

09 = poor systolic left ventricular function.

10 = good ventricular function

11 = blocked Left main

- 12 = intractable ischaemia
- 13 = hypertension
- 14 = old MI
- 15 = R ventricle sluggish
- 16 = intra-operative cardiac arrest
- 17 = unstable ischaemia
- 18 = hypercholesterolaemic
- 19 = IABP
- 20 = endarterectomies required
- 21 = RCA dominant diffusely diseased not bypassed
- 22 = severe CAD
- 23 = 2nd Bypass, all vessels occluded
- 24 = postero-lateral ischaemia
- 25 = CA thyroid
- 26 = RHD
- 27 = recent onset angina
- 28 = hypertriglycerademia
- 29 = ongoing ischaemia
- 30 = directly to theatre from the catheterisation lab
- 31 = acute infarction
- 32 = recent MI
- 33 = progressive ischaemia
- 34 = recent MI with cardiac arrest

PULMONARY COMPLICATIONS (Q6; 10A AND 10B)

- 01 = pneumonia
- 02 = consolidation
- 03 = collapsed lung
- 04 = raised hemidiaphragm
- 05 = atelectasis
- 06 = persistent bronchospasm
- 07 = dehiscence sternum....all wires broken

- 08 = ronchi both lungs
- 09 = decreased air entry into bases
- 10 = lung not re-expanded persistent drain
- 11 = pneumoconiosis
- 12 = difficult to wean from the ventilator
- 13 = tracheostomy
- 14 = SOB Oxygen dependent
- 15 = electively ventilated

CARDIAC COMPLICATIONS (Q6; 10B; 11B)

- 01 = cardiac failure
- 02 = balloon pump
- 03 = cardiac arrhythmias
- 04 = cardiac tamponade
- 05 = non patent graft
- 06 = intra-operative myocardial infarct
- 07 = hypotension
- 08 = bradycardia.
- 09 = hypertension
- 10 = atrial fibrillation
- 11 = angina
- 12 = haemodynamically unstable
- 13 = pericardium left open
- 14 = ventricular fibrillation
- 15 = ascites
- 16 = cardiac arrest intra-operatively
- 17 = pulmonary oedema
- 18 = bleeding from RCA Intra-operatively
- 19 = LAD

Other complications (Q6; 10c; 11c)

ICU or ward

01 = Renal failure

02 = CVA

03 = Diabetic comp.

04 = non healing of the donor areas on the leg

05 = painful thorax

06 = Frozen shoulder

07 = fluid retention

08 = excessive oozing

09 = kidney failure

10 = sepsis

11 = problems with vocal chords

12 = confusion

13 = multi-organ failure

14 = unstable sternum

REASONS FOR STOPPING THE EXERCISE TEST (Q6; 14)

01 = arm numb and jerking

02 = very dizzy

03 = exhaustion

04 = angina

05 = dyspnoea

MEDICATION

01 = Dispirin

02 = antihypertensive drugs

03 = antidepressant

04 = cholesterol lowering drug

05 = respiratory drugs

06 = for fluid retention

07 = for NIDDM

08 = Thyroid drugs

09 = vasodilation

10 = cardiac failure

11 = Zantac ant-acid

APPENDIX III

BODY MASS INDEX

BMI	< 24	24-30	> 30	total
Improved quality of life	3	10	4	17
No improved quality of life	7	22	10	39
total	10	32	14	56

Chi-square value = 0.034, df = 2; p = 0.983

No significant differences in BMI were found.

UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG

Division of the Deputy Registrar (Research)

COMMITTEE FOR RESEARCH ON HUMAN SUBJECTS (MEDICAL)

Ref: R14/49 (Registry)

CLEARANCE CERTIFICATE

PROTOCOL NUMBER 36/9/92

PROJECT AN INVESTIGATION INTO THE FACTORS THAT MAY PREDICT THE
OUTCOME OF SUCCESSFUL REHABILITATION IN PATIENTS WHO
HAVE UNDERGONE CORONARY ARTERY BYPASS SURGERY WHEN
ASSESSED AT THREE MONTHS AND ONE YEAR POST-OPERATIVELY

INVESTIGATORS MRS CJ FALES

DEPARTMENT PHYSIOTHERAPY, MEDICAL SCHOOL

DATE CONSIDERED 25 SEPTEMBER 1992

RECOMMENDATION OF THE COMMITTEE APPROVED

DATE 28 SEPTEMBER 1992 CHAIRMAN


.....
(Prof PE Cleaton-Jones)

* Guidelines for written "informed consent" attached where
applicable.

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and ONE COPY returned to Miss
Sharon Boshoff at Room 10-112, 10th Floor, Senate House,
University.

I/we fully understand the conditions under which I am/we are
authorized to carry out the abovementioned research and I/we
guarantee to ensure compliance with these conditions. Should any
departure to be contemplated from the research procedure as
approved I/we undertake to resubmit the protocol to the
Committee.

DATE SIGNATURE

HECLEAR.WPS/files/smb

Author: Eales C.J

Name of thesis: Self-responsibility predicts the successful outcome of coronary artery bypass surgery

PUBLISHER:

University of the Witwatersrand, Johannesburg

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