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Daily Living

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Sexual Intimacy and Heart Conditions

If you have been diagnosed with a heart condition or have had heart surgery, you might be wondering if it's all right to return to intimate and sexual activity. For most patients, the answer will likely be "yes." But to be sure about what's right for you, talk over your situation with your doctor or nurse.

LifeBeat Online recently talked with two cardiac nurses who work with people who have heart conditions. Both nurses routinely answer patients' questions about sexual activity. Susan Andrews, RN, works in the Cardiac Rehabilitation Center at Scripps Memorial Hospital in La Jolla, California. Sherie Whiting, RN, is a nurse practitioner with Cardiac Arrhythmia Associates, also in La Jolla.*

Resuming Sexual Activity

Andrews and Whiting both tell their patients that, eventually, most people can safely resume sexual activity after:

- A heart attack
- A heart procedure like a stent implant or a device implant
- Heart surgery like a coronary artery bypass graft (CABG)
- Being told they have a heart condition such as blocked arteries (coronary artery disease) or irregular heart rhythms (arrhythmias)

According to Andrews, it may be good to refrain from sex—just like you refrain from any other form of exercise—for a few days or weeks if you've had a heart attack, heart surgery, or an implant. "Your doctor or nurse will tell you how long you need to avoid sex or other activities that require a high heart rate."

Andrews noted the following general guidelines about resuming sexual activity. She said the guidelines apply to many of her patients. But she added that the guidelines vary widely. It just depends on the person.

- **Heart attack**—Patients should avoid sexual activity for 2-6 weeks after a heart attack, depending on their heart health.
- **Stent implant**—Patients should avoid sexual activity for 1-2 weeks after the implant—to make sure the stitches in the groin area have healed enough. During these implants, a catheter is inserted through a small incision in the upper thigh, or groin.
- **Cardiac device implant**—Most patients decide to avoid sexual activity for about 1 week. While their incision is healing, patients should avoid supporting their weight with their arms during sexual activity.
- **Bypass or heart valve surgery**—Patients are limited by the fact that it

takes 6-8 weeks for the chest incision to heal. Andrews tells her patients that **any** pushing or pulling motions with the upper body should be avoided until the chest has healed. That includes supporting their weight with their arms during sexual activity.

- **Heart failure diagnosis**—Usually there are no limitations on sexual activity except in advanced cases. If symptoms are a problem, Andrews advises patients not to support their weight with their arms, since that makes the heart work harder.

Reassurance for Heart Attack Patients

Andrews said that people who have had a heart attack should not "assume that sexual activity will cause another attack. That's very rare." One study showed that sexual activity probably contributed to a heart attack in less than 1% of cases.¹

"Heart attacks occur because of blocked heart arteries, not simply because someone's heart rate is high." Andrews added that the treatment you receive after a heart attack can help lower the chances of another attack.

If you notice chest pain during sexual activity, Andrews advises seeing your doctor to make sure everything is all right. Often medications like nitroglycerine can help prevent chest pain during exercise.

Reassurance for Cardiac Device Patients

Pacemakers increase the rate of abnormally slow heartbeats. "If you get too tired during sexual activity, tell your doctor or nurse," Whiting suggested. "They may be able to reprogram your pacemaker to allow your heart rate to increase as needed. When your heart can safely increase to a higher rate during sexual activity, you will likely be less tired."

Implantable cardioverter defibrillator (ICD) therapy is designed to correct abnormally fast heartbeats. Sometimes patients are concerned that sexual activity will cause their ICD to deliver a shock. "Sex can increase your heart rate just like any other vigorous exercise," said Whiting. "Yet a number of ICD patients have an exercise test after the implant. This test tells the doctor how high your heart rate goes during exercise. The doctor then programs the device so that you can exercise without getting a shock. If you have questions about your typical exercise rate, ask your doctor or nurse."

Whiting added that in the rare case when an ICD does deliver a shock during sex, "your partner will not be hurt. At most, your partner will feel a tingling sensation."

Reassurance for Partners

Whiting said that often the patient's partner, and not the patient, is more reluctant to resume sexual activity. "Partners can be fearful that the patients will hurt their hearts during sex. That's why I like to educate not only my patients but their partners, too. This helps relieve concerns for both of them."

Likewise, Andrews encourages her patients to "bring their partners to our cardiac rehab visits," she said. "When a partner sees the patient reaching a high heart rate on the treadmill—while feeling fine—it reassures the partner, too. It can allow both to feel confident that sexual activity is OK."

Talk to Your Partner

Both nurses said it's critical to be open with your partner. And both agreed that not

sharing thoughts and feelings can stress a relationship. It might even lead to depression for one or both people involved.

"What if a cardiac patient avoids physical contact altogether out of concern that it will lead to sex?" asked Andrews. "The partner may wonder: 'Am I no longer desirable? Does this mean our sex life is over?'"

"Honest discussion can avoid these misunderstandings," said Andrews. "Together maybe you can come up with ideas to make things better. And if one or both of you isn't yet ready for sex, you might keep your emotional ties strong by closeness, cuddling, or other ways of showing affection to each other."

Ask Your Doctor or Nurse for Advice

Whiting advised patients to talk to their doctor or nurse about these topics. "That's what we're here for, to help you live with an illness. We're willing to talk about any issues, including sexual issues. Keep in mind that sexuality is part of everyone's life. We can't help if we don't know what your questions are."


If anxiety or communication problems last more than a few months, you might consider counseling. If you're open to counseling but your partner is not, consider going by yourself.

"Sexuality is an important part of who we are," said Whiting. "It not only strengthens bonds with your partner, it is enjoyable. Plus it can boost self-esteem. And after being diagnosed with or treated for a cardiac condition, sexual activity can be a sign that your life has returned to normal."

* These views are the independent opinions of the individual nurses and do not represent the views of Guidant Corporation.

Note: Individual symptoms, situations, and circumstances may vary. Please consult your physician or qualified health provider regarding your condition and appropriate medical treatment. The information provided is not intended to be used for medical diagnosis or treatment or as a substitute for professional medical advice.

1. Muller JE, Mittleman A, Maclure M, et al. Triggering myocardial infarction by sexual activity: Low absolute risk and prevention by regular physical exertion. *JAMA*. 1996;257:1405-1409.

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