SCARSTORIES · A LITTLE COMPANY ON THE WAY

Going back to work

Going back to work after heart surgery isn't one day — it's a process. Here's what a realistic return looks like, and what to ask before you commit to a date.

Returning to everyday life

> Educational content.

Going back to work after heart surgery is not a single day — it's a process, and treating it like one is the difference between a good return and a crash. Work carries identity, routine and purpose, which is exactly why the return is emotional as well as physical. Your sternum, your energy and your concentration all heal on their own timetables — and none of them respects a deadline set by anyone else.

What a realistic return looks like

There is a wide honest range. For desk jobs, many people begin a phased return somewhere between four and twelve weeks after surgery. For physical jobs — lifting, pushing, standing for hours — it's commonly longer, sometimes several months, because those movements put real strain on a healing chest. These are ranges, not promises. The right answer for you comes from your team and your employer talking together, not from the colleague who “went back in three weeks”.

Return in phases — it's normal, not a favour

- Start with fewer hours or lighter duties if your employer can offer it. A phased return is standard practice, not a special favour.
- Count everything the job demands: commuting, sitting, standing, lifting — and stress. Stress is workload too, and it's often the last thing people budget for.
- Expect the afternoon wall: many people find their energy collapses around midday for weeks. Plan your hardest work for your best hours.
- Take breaks, drink water, and stop being a hero. Fatigue during recovery is information, not weakness.

What to ask your team first

Before you talk to your employer, get clarity from your team: what lifting limit applies to you right now and when does it change, when is it safe to drive to work, and can they provide a letter for your employer? Ask what symptoms at work should make you stop and call, and ask them to be specific about the first weeks back — “see how you feel” is not a plan.

> **Take it to your team**
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> Ask: what is my current lifting limit, and when does it change? What should I tell my employer about my return — and do you have a letter I can take? What symptoms at work mean I should stop and call you? How should I pace the first weeks back?

> **Call for help if**
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> You're at work and get chest pain, severe breathlessness, dizziness or palpitations — stop what you're doing, tell someone, and call your team or emergency services. No deadline, no meeting and no job is worth that risk.

A last word

You may feel guilty about the time off, invisible at home, or frightened of being seen as fragile. All of it is normal. Returning well is not about matching anyone else's timeline — it's about building capacity back slowly enough that you don't fall over at the first full week. The date you return, the duties you take on and the clearance you need all belong to your own team and your employer — worked out with you, not handed to you.

Questions to take to my team

- [ ] What is my current lifting limit, and when does it change?
- [ ] Can I have a letter describing a phased return and any work restrictions?

- [ ] Which symptoms at work mean I should stop and seek help?

- [ ] How should I pace my first weeks back?

For discussion and personal reference. Your care team’s individual instructions take priority. For an emergency, contact your local emergency service; do not wait for a community reply.