Working life (cardiothoracic surgery)

This page provides useful information on the working week as well as any on-call and other commitments, along with information on who you will work with. The attractions and challenges of the job are also in this section.

“I love my job because it is so rewarding to be able to help people so effectively. I also really enjoy working with very committed people from the staff who clean the hospital and look after the grounds to my most experienced medical and nursing colleagues. It’s great to be in an innovative environment and to work with new technology. The operations are always developing and change is part of the culture. There are huge research opportunities. There is never a boring day.” Mr Aman Coonar, Consultant Surgeon - Papworth Hospital, Cambridge

Only a part of your working week will be spent in the operating theatre - usually about two or three days. Your working day in theatre may be very long – some cardiothoracic operations can take up to 12 hours and may take place at night. The number of operations you perform will depend on the area you work in and could vary from one to several each day.

Before surgery you’ll meet with patients and their families to discuss and explain procedures and offer reassurance.

Monitoring patients in intensive care after surgery is a vital part of your work. Although cardiothoracic surgery is very safe, complications can occasionally occur, including arrhythmias (heart-beat irregularity), post-operative bleeding, stroke, pleural effusion (fluid around the lungs), wound infection or thrombosis.

As well as performing surgery, cardiothoracic surgeons are involved in the treatment and management of many different conditions within their specialty. You’ll also be expected to contribute to research and there will be the opportunity to present your results at conferences both in the UK and overseas. About a day each week might be spent on research, administration and meetings. Many surgeons are also involved in lecturing and writing articles and books.

Although most surgery is elective (pre-booked, non-emergency) cardiothoracic surgeons are often needed for on call and out of hours work during evenings and weekends. The demand for on calls can be considerable and is often higher than the requirement within other surgical specialties due to the nature of the work. One in three on call is not unusual (which includes weekends).
The EU Working Time Directive [6] limits the working week to 48 hours..

- **Who will you work with?**

You will work as part of a large close-knit multidisciplinary team. Within theatre this includes:

- other surgeons [7]
- anaesthetists [8]
- theatre nurses [9]
- medical students
- doctors in training
- clinical perfusion scientists [10] (who operate heart-lung bypass machines)
- operating department practitioners [11]
- surgical care practitioners

Outside theatre you will also work with a wide range of people including:

- patients and their families
- pharmacists [12]
- physiotherapists [13]
- nurses [14] including critical care nurses
- healthcare scientists working in respiratory physiology [15]
- other doctors including cardiologists [16], respiratory physicians [17], paediatricians [18], oncologists [19], histopathologists [20] and intensivists [21]
- healthcare science assistants and practitioners in cardiac sciences [22]
- medical secretaries [23] and administrative staff [24]

Once you are a consultant surgeon you will be leading and managing your team.
Many surgeons say it's the ability to make an immediate difference to other people's lives that makes their job so rewarding. Surgeons work as part of a supportive team, with colleagues on-hand to discuss the work with before, during and after surgery.

Surgeons need a high degree of manual dexterity and this is particularly so for congenital cardiothoracic surgeons working with babies and young children.

Cardiothoracic surgery requires you to be calm and decisive when under pressure. Training and personal resilience teach you to cope with the challenges. Technology, team-work and technical skill mean that for most cardiothoracic surgery the mortality rate is very low. More than 98% of patients survive heart bypass surgery in the UK.

Constantly advancing medical technologies make for a stimulating environment. A technique known as cardiopulmonary bypass enables the function of the lungs and heart to be taken over by a machine, so that complex operations can be conducted even more efficiently. Surgeons also make use of minimally invasive surgery which contributes to a faster and better recovery for patients.

The work can be emotionally draining as you are dealing with patients and their families during difficult times. The toughest challenge is telling a patient or a family that you have reached the limit of what can be done to help them, and they are now on a different part of their life-journey.

Cardiothoracic surgeons need to do lots of reading in their own time to keep abreast of new developments.

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