Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · CARDIOLOGY AND URGENT CARE

Chest pain
when to call 999, without hesitating

Most chest pain is not a heart attack. But the cost of waiting when it is one is measured in heart muscle that never recovers, and people routinely delay for hours because they do not want to make a fuss. If you are reading this while having chest pain, call 999 now and read the rest afterwards.

Call 999 immediately if chest pain

- is **central, heavy, tight or crushing** and has lasted **more than 15 minutes**
- **spreads to the jaw, neck, back, shoulders or either arm**
- comes with **sweating, nausea, vomiting or breathlessness**
- comes with a **feeling of impending doom**, or extreme fatigue
- is **sudden and tearing**, felt through to the back
- comes with **coughing blood, or sharp pain worse on breathing in** with breathlessness

Do not drive yourself or be driven to hospital — an ambulance can begin treatment on the way and can restart your heart if it stops. Do not wait to see if it passes. Do not worry about wasting anyone's time; this is precisely what the service is for.

While you wait for the ambulance

Sit down and rest — on the floor with your back supported is ideal, so you cannot fall far. Stay still and try to keep calm. **If you are not allergic to aspirin and have some to hand, chew one 300mg tablet slowly.** Do not get up to search the house for it, and do not send someone out for it. Unlock the front door if you can, so paramedics can get in. If you have been prescribed a GTN spray for angina, use it as directed.

Heart attacks do not always look like the films

The classic picture — crushing central pain, clutching the chest — is common but far from universal. Presentations that are regularly missed include:

- **Women** more often report breathlessness, extreme fatigue, nausea, indigestion-like discomfort, or pain in the back, jaw or neck rather than obvious chest pain.

- **People with diabetes** may have little or no pain because of nerve damage, presenting instead with breathlessness, sweating or simply feeling dreadful.
- **Older people** may present with confusion, collapse or breathlessness alone.
- Pain described as **severe indigestion** that antacids seem to touch is a classic and dangerous trap.

Angina

Angina is chest tightness brought on by exertion, cold weather, heavy meals or stress, and relieved within minutes by rest or a GTN spray. It is the heart signalling that its blood supply is limited, and it needs investigating, but it is not itself an emergency.

Call 999 if your usual angina comes on at rest, is more severe or more frequent than normal, lasts longer than usual, or is not relieved after two doses of GTN five minutes apart.

Other causes of chest pain

- **Muscle or rib pain** — tender to press on, worse with certain movements or positions, often after unaccustomed exertion or coughing.
- **Reflux** — burning behind the breastbone, worse lying flat or after meals, with an acid taste.
- **Anxiety and panic** — tightness with rapid breathing, tingling in the hands and around the mouth, and a sense of dread. Real, treatable, and a diagnosis of exclusion rather than assumption.
- **Shingles** — burning pain in a band on one side, often days before any rash appears.
- **Lung causes** — pleurisy, pneumonia or a clot on the lung, typically sharp and worse on breathing in.

Pain that is tender to press is reassuring but not conclusive

Chest wall pain is usually reproducible by pressing on the spot. That makes a cardiac cause less likely — but it does not exclude one, and the two can coexist. If you have risk factors for heart disease and new chest pain, get assessed rather than reasoning your way out of it.

Reducing your risk

Blood pressure, cholesterol, blood glucose, smoking, weight and activity are the levers that matter. Most are silent until something happens, which is the argument for checking them before symptoms rather than after.

> **Book an appointment if** you have chest discomfort on exertion, a family history of heart disease, or you would like a cardiac risk assessment. We offer ECG, echocardiography and cardiology consultations on site, with exercise testing and CT coronary angiography arranged through our CQC-registered partners — and same-week appointments for chest pain that is not an emergency.

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

Related: **Cardiology** · **Echocardiography** · **Health screening** · **All patient leaflets**

Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

Ref: TBH-PIL-060

This leaflet is based on current NHS and NICE guidance on chest pain of recent onset and acute coronary syndromes. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.