

What to Expect After Heart Surgery

Incision Care

Tingling, itching and numbness are normal sensations and will eventually go away. The scars will continue to fade for 3-6 months. If your incisions are sensitive, wear soft, comfortable clothing or put pads over the areas of discomfort. A small bump near the top of your sternal incision is normal for the first couple of weeks. Examine your chest incision in the mirror daily and report any symptoms of infection such as isolated redness or drainage. It is important to catch any problem with your chest incision early. The breast bone is directly under the chest incision, if the infection moves into the bone it is very difficult to treat. Call the surgeon's office regarding any questions about breastbone healing.

After discharge from the hospital, you will no longer need to wear dressings on your wounds, unless you are instructed otherwise.

If you have dressings, remove them prior to a shower. Exposing your wounds to air will help them dry. Most of the stitches your surgeons placed during surgery are reabsorbed by your body except those which held the chest tubes in place. These stitches will be removed either on discharge from the hospital or during your office visit with the surgeon. There may be some steri-strips (small adhesive bandages) across an incision. These will generally fall off after a week or so. If they have not fallen off at 10 days, feel free to remove them.

The leg incision may be swollen and bruised, however, this will slowly disappear over a few weeks with increased activity. Wear the support hose during the day and remove them at night for two weeks. Keep legs elevated when sitting and avoid standing for long periods. Never sit with legs crossed. Sun exposure to

fresh incisions can lead to abnormal scar formation. Therefore, avoid exposing incisions to the sun for the first year. You may use sunblock on the incision once the wound is well healed.

Pain

You may have some discomfort in the area of the incisions. This is normal and expected. Pain medication will be prescribed. Take your pain medication as needed to reduce discomfort and increase mobility. Splint chest with pillow when coughing and turning. You may initially feel some "shifting" of the sternum and it is best to avoid the movements or activities which cause this sensation. This bone has been wired together and will take approximately 8-12 weeks to completely heal. If you continue to feel clicking in your breastbone after 2 weeks, let the surgeon's office know.

Notify your doctor if you develop:

- ♦ Any redness on your incisions larger than the size of a quarter or drainage from the incision
- ♦ Temperature > 101°F or chills
- ♦ Excessive fatigue, nausea or vomiting
- ♦ Shortness of breath
- ♦ Weight gain of 3 or more pounds overnight or 5 pounds over a week
- ♦ Dizzy or fainting spells
- ♦ Palpitations or irregular heartbeat
- ♦ Increased swelling in feet and ankles



Cardiac Surgery Staff

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- ♦ Frequent clicking of the breastbone after two weeks

Medications

It is not unusual for patients to be sent home with some new medications after heart surgery. At Hoag Hospital we have embraced the American Heart Association and the American College of Cardiology, “Get With the Guidelines[®]” recommendations to reduce the risk of cardiovascular events.

These guidelines promote appropriate medications, (Statins, Aspirin, Beta Blockers and ACE inhibitors) and lifestyle modifications be instituted on suitable patients at risk for cardiovascular disease. Numerous studies have shown a decrease risk of future cardiovascular events in patients by implementing this regimen. Some of these new medications may be temporary to assist your heart during recovery; others may be for long-term use.

Your doctor or nurse will review prescribed medications with you before you are discharged. Set up a regular schedule for taking medications that will not interfere too much with daily activities and sleep. Never skip a dose or discontinue a medication without informing your doctor. Be sure to obtain a refill before you run out.

Know the purpose and side effects of your medications and report any side effects immediately to your doctor. Always carry an updated list of medications with you.

Diet

Adequate balanced nutrition and calories are important for healing and improving strength following surgery. Returning to a prescribed diet after recovery is advised.

It is recommended that individuals with coronary artery disease follow a Therapeutic Lifestyle Change Diet as instructed by their doctor or dietician. This includes a diet low in saturated fats, low in cholesterol and no added salt.

There are many excellent books which may be helpful including several cookbooks by the American Heart Association. These can be purchased at most bookstores.

Here are some suggestions for healthy eating:

- ♦ Moderation is the key.
- ♦ Make better food choices for yourself.
- ♦ Read labels when purchasing food products.
- ♦ Eat slowly. Avoid eating large meals as this makes the heart work harder.
- ♦ Rest one hour after meals before doing any activities.
- ♦ Fluid intake is encouraged.
- ♦ Daily vitamins taken before surgery may be resumed.
- ♦ Coffee or other caffeine products (tea, colas, chocolate) act as stimulants and may increase heart rate. One to two cups per day is reasonable. If more is desired, choose decaffeinated products.

- ♦ Alcohol has a depressing effect on the pumping action of the heart. Limit intake to 1 to 2 ounces if you would like a drink. This is the equivalent of one to two beers, six to eight ounces of wine or one to two mixed cocktails.
- ♦ Reduce and manage weight gain. The less weight you carry around, the less workload on the heart.
- ♦ Constipation generally accompanies the use of pain killers. If constipation is a problem, add foods high in bulk. Stool softeners, mild laxatives or Fleets enema may also be used. Do not strain for bowel movements.

If you have any questions, call your physician or the cardiac surgery team at 949/650-3350

In case of emergency, dial 911

Exercise: Home Walking Program

Physical exercise and walking are important and necessary for recovery.

The walking program begun in the hospital by the therapist should be continued and expanded at home. Exercise improves flexibility, circulation and muscle tone. Proceed at a comfortable pace. Relax and don't hurry! Gradual increase in distance is appropriate as strength improves.

Minimal Guidelines for home walking:

(add more time or walks, if you are able)

| | | |
|---------------|---|--------------|
| 1st week home | 5 to 10 minute walk | 3-4x per day |
| 2nd week home | 10 to 15 minute walk | 3x per day |
| 3rd week home | 15 to 20 minute walk | 2x per day |
| 4th week home | 20 to 30 minute walk | 1x per day |
| 5th week home | 30 to 40 minute walk | 1x per day |
| 6th week home | Continue walking 30-40 minutes everyday while increasing the pace | 1x per day |

Take walks during a comfortable time of day. Cold, heat and humidity increase the heart's work. Find enjoyable areas to walk such as shaded streets, parks, beaches or shopping malls. You should restrict your walks to flat, non-elevated surfaces.

End the walking session with a cooling down period during which you gradually decrease activity.

Activity and Rest

Pace your activities. Plan your day to include balanced periods of rest and activity. Expect to tire easily during the first few weeks. Feelings of weakness and fatigue are the number one concerns we hear from our patients.

Adequate sleep is important. Try to get 6-8 hours of sleep at night.

Avoid lifting, pushing or pulling objects that weigh more than 10 pounds for at least 2-3 months. Be aware of the weight of items such as grocery packages, appliances, trash cans as well as small children and pets. Avoid mowing the lawn, vacuuming or sweeping, washing cars or windows. No painting walls, carpentry work, moving furniture or constant reaching over shoulders.

You may do light household activities such as cooking – start with one meal a day and gradually increase to normal. Light cleaning of living areas, dusting, loading washing machine or dishwasher and light gardening are acceptable. Choose activities that can be done at a table, desk or chair (i.e., sewing or other hobbies).

If you have stairs in your home, it is advised to take them slowly, use your legs (do not pull yourself with your arms along the railing) and minimize the number of times per day you use them.

Showering

By the time you are ready to leave the hospital, you may take tepid showers. The first few times you may feel weak, so have someone nearby. Gently wash incisions with soap and water. Do not use washcloths directly over the incisions. Do not apply oils or powders to the incision for the first month until it is well healed.

Recreation

Avoid recreational sports until the breastbone is fully healed and stable. Bone healing is a process which takes 8-12 weeks. Returning to any activities such as golf, tennis, bicycling and swimming should be avoided for the first three months after surgery.

Driving

Avoid driving a car for 3-4 weeks after surgery. Your reaction time will be delayed due to weakness, fatigue, and/or medication. However, you can be a passenger at any time. The combination air bag and seat belt remains the best solution in a frontal crash. When riding in a car for long distances, stop every 1-2 hours to stretch your legs.

Work

Since the demands of a job vary greatly, you may need time off as determined by your doctor. Persons with desk jobs may usually return to work at 4-6 weeks after surgery. Check with your cardiologist for specific time frames.

You may go through many physical and emotional adjustments once you are home. Know that these are temporary and it won't be long until you are back to a normal lifestyle again!

Smoking

Don't smoke! (This includes cigarettes, pipes, cigars or chewing tobacco.) Smoking increases your chances of having angina or a heart attack! Try to avoid the temptation by chewing gum, eating carrot sticks, drinking water or working on a hobby.

Community support groups can be helpful. Ask family, friends and co-workers to be cooperative when dealing with this health problem. Quitting is the best thing for your heart. To enroll in Hoag's Freedom from Smoking program, call 949/764-5511. Your cardiologist or primary care physician may be able to offer some support with a prescription. Check with them if necessary.

Sexual Relations

Sexual activity is safe and appropriate when strength permits and general chest discomfort of surgery has subsided.

Psychological Adjustment

Being frustrated, angry or depressed are normal emotions and feelings associated with convalescence. Here are some suggestions for a healthier lifestyle:

- ♦ Choose activities which are relaxing, light and enjoyable.
- ♦ During recovery, avoid situations or people that are upsetting or stressful.
- ♦ Avoid social events until strength improves.

Follow-Up Care

If an appointment has not already been scheduled, please call both your surgeon and cardiologist offices to arrange to be seen within 7-10 days after discharge. It is important that you keep all appointments and remain under a doctor's care.

Cardiac Rehabilitation

The goal of cardiac rehabilitation is to bring the patient back to their optimum level of physical and psychological well-being. This is done through a regular exercise and conditioning program combined with supportive risk factor counseling on diet, smoking and stress management. You may begin cardiac rehabilitation upon your cardiologist's referral – 1-3 weeks after discharge. If you would like more information or to schedule a consultation appointment call 949/764-5594.

Post Cardiac Surgery Symptoms

| SYMPTOMS THAT NEED IMMEDIATE ATTENTION Go to the Local Emergency Room or Call 911 | URGENT SYMPTOMS Call Local Doctor |
|--|---|
| Bright red stool | Acute gout flare-up |
| Chest pain (angina-like) similar to pre-op | Elevated temperature more than 101.0°F or 38.0°C two times within 24 hours |
| Chills or fever | Extreme fatigue |
| Coughing up bright red blood | Pain in calf that becomes worse when pointing toe up to head |
| Fainting spells | Persistent bleeding or oozing from incisions |
| Heart rate faster than 150 beats/minute with shortness of breath or new irregular heart rate | Sharp pain when taking in deep breath |
| New onset of nausea, vomiting or diarrhea | Skin rash |
| Severe abdominal pain | Urinary tract infection: frequent urination, burning with urination, urgency with urination, bloody urine |
| Shortness of breath not relieved by rest | Weight gain of 3 or more pounds overnight or 5 pounds over a week |
| Sudden numbness or weakness in arms or leg | Worsening ankle swelling or leg pain |
| Sudden, severe headache | Worsening shortness of breath |

Call The Clinical Nurse Specialist/Case Manager With Questions Related To:

| | | | |
|--|-----------------------------|------------------------|------------------------------|
| Helpful community services or agencies | Draining or reddened wounds | Home health care | Postoperative recovery |
| Discharge instructions | Incisional care | Management of symptoms | Questions related to surgery |

What Your Doctor/Nurse Might Ask If You Call:

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| How long have you had these symptoms? | What medications are you currently taking? |
| What was the date of your hospital discharge? | Does the visiting nurse come to see you? |
| Regarding incisional drainage: color of drainage, does it have an odor, how long has it been draining, is the drainage getting better or worse? | |

For more information, please call **949/764-5871**, or **949/650-3350**.