Before, During and After your Heart Surgery

A guide for patients having coronary artery bypass, heart valve or other heart surgeries

Please:

- Read this booklet carefully in the weeks before your surgery.
- Keep it beside your phone to write down any further instructions.
- Bring it to all your appointments before and after your surgery and to the hospital the day of your surgery.

Your name: ____________________
Important Contacts:

My heart surgeon: 250.595.1833
☐ Dr. Bozinovski
☐ Dr. Fedoruk
☐ Dr. Ofiesch
☐ Dr. Perchinsky
☐ Dr. Wong

My other doctors:
Cardiologist/internist: __________________________
Family doctor: __________________________
Other: __________________________

Cardiac Surgery Triage Nurse 250.370.8019
Cardiac Social Worker 250.370.8234
Cardiac SDSA Program 250.370.8111 Ext. 17322

3 South, Heart Health Unit, Patient Care Centre (before surgery) 250.370.8111 Ext. 17300
3 North, Heart Health Unit, Patient Care Centre (after surgery) 250.370.8111 Ext. 17302

Cardiovascular Unit (CVU) 250.370.8351
Royal Jubilee Preadmission Clinic 250.370.8499
Anticoagulation Class 250.519.1546
South Island Cardiac Rehab Program 250.519.1601
Introduction

Learning that you or your loved one needs heart surgery can be difficult. You may have many questions about heart disease and care before and after surgery. This booklet can help. It explains what to expect before, during and after heart surgery. Learning about heart conditions, lowering risk factors, and knowing what to expect from surgery will help recovery.

There is a lot of information in this booklet. There will be some information you do not need right now. Take your time reading the sections that are important for you to know. The waiting period before surgery is a good time to ask questions and make lifestyle changes to reduce your risk of further heart disease.

IMPORTANT: The information in this booklet is intended solely for the person to whom it was given by the health care team. It does not replace the advice or directions provided to you by your surgeon.

Approved by: Heart Health Operations Committee, August 2011

Content adapted with permission from Hamilton Health Sciences, New Brunswick Heart Centre, The Heart Manual, and the Take Heart Program of Vancouver Island.
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Understanding Heart Disease

Your heart is located in the centre of your chest, slightly behind the lower part of your breastbone. It is a hollow muscular pump that receives oxygen-poor blood (venous) and pumps out oxygen-rich blood (arterial). Each side of the heart consists of an upper chamber, called the atria and a lower chamber, called the ventricle (Figure 1).

The chambers are divided by valves that control the flow of blood between the atria and ventricles. Oxygen-poor blood enters the right atrium and passes through the tricuspid valve to the right ventricle. It is then pumped through the pulmonary valve into the lungs to receive oxygen.
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Oxygen rich blood enters the left atrium then passes through the mitral valve into the left ventricle. The left ventricle pumps the blood through the aortic valve into the aorta (the largest artery) to circulate to the rest of the body. Valves act as one way doors allowing forward flow of blood.

The heart has its own electrical system (pacemaker) to coordinate the contraction and relaxation of the heart muscle. When the heart muscle is relaxed or resting, blood enters the atria. During contraction or beating, blood is pumped out of the ventricles to the body.

Coronary arteries (Figure 2) lie on the outside of the heart and carry oxygen rich blood to the heart muscle. The major coronary arteries are the right coronary artery, the left main coronary artery (which has branches into the left circumflex) and the left anterior descending artery. Many smaller arteries branch off.
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Surgery for Heart Disease

Coronary artery bypass surgery

Your coronary arteries can become narrowed or blocked by a clot or a buildup of cholesterol. This reduces the amount of blood and oxygen getting to your heart muscle. This may cause “angina” (discomfort in your chest, throat, jaw, arms or between the shoulder blades), shortness of breath, nausea and sometimes a heart attack.

Coronary artery bypass graft surgery re-routes blood flow around one or more blockages in the coronary (heart) arteries. This restores the blood supply to the heart muscle. Arteries or veins can be used as bypass grafts.

The arteries used are the internal thoracic or internal mammary artery located inside of the breast bone. The radial artery located in the forearm can also be used.

The most commonly used vein is the saphenous vein, located in the leg. The coronary arteries are not removed because they may still carry a small amount of blood to the heart muscle.
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- Internal mammary artery bypass graft
- Saphaneous vein bypass graft
Heart valve surgery

Heart valves may be damaged or function improperly due to birth defects, infection, rheumatic fever, inherited conditions, heart attack, or aging. These can cause the heart valve to not open or close completely.

Stenosis (narrowing) is when the heart valve does not open properly. As the opening narrows, the heart must work harder to pump the blood to the rest of the body. People with valve stenosis may feel dizzy or tired.

Valve insufficiency is when the valve does not close properly. Blood leaks backwards into your lungs causing you to cough or feel short of breath, especially when you lie down. Blood can also back up into other areas of your body.
During heart valve surgery one or more valves are sometimes repaired or replaced. Replacing a valve involves removing the old valve and inserting a tissue or mechanical (metal) valve. Tissue valves can be an actual pig valve or one made from animal heart tissue. Mechanical valves are made from metal.
Getting Ready for Surgery

Your surgery will be at the Royal Jubilee Hospital. It is located at 1952 Bay Street in Victoria, BC. Most patients are admitted on the same day as their surgery. Your surgeon’s office will tell you by phone or by letter the:

1. **Date of your surgery:** ______________

2. **Check-in Time:** □ 5.30 a.m. for surgery before noon
   □ 10 a.m. for surgery after noon

3. **Date of your Preoperative Orientation:** ______________

Sometimes it is necessary to change surgery dates and times. If this should happen, you will be given as much notice as possible and your surgery will be rebooked. **These changes can even happen on the day of your surgery.**

What to do if you are not feeling well before surgery

1. Call your family doctor or cardiologist if your heart symptoms change or worsen at any time during your waiting period

2. If you have significant symptoms, ask someone to take you to the nearest Emergency Department, or call 911.

Appointments with other specialists

Some patients need to see specialists (e.g. respirologist, endocrinologist, pharmacist) before surgery. Others are asked to take part in research. If any of these apply to you, your surgeon, family doctor, or hospital will make arrangements and let you know.
Same Day Surgical Admission Program

A nurse from the Same Day Surgical Admit (SDSA) program will phone you before your surgery. She will ask you questions about your health and any past hospital stays. Make sure you complete the **Preparing for your Hospital Stay Checklist** on pages 15-18 before you get this phone call.

It Is Good To Ask

We welcome your questions! Every time you speak with a doctor, nurse, pharmacist, or other team member use the following questions to better understand your health:

1. What is my health problem?
2. What do we need to do?
3. Why do we need to do this?
Preparing for Your Hospital Stay Checklist

You can use the following checklist to make sure you have done everything you need to do to get ready for your surgery and recovery.

One month before surgery, or as soon as possible for urgent surgery

- Make an appointment with your family doctor or go to a walk-in clinic to:
  - Have a preop physical exam (this must be done!).
  - Discuss ways to reduce your risk factors for further heart disease.
  - Get help to quit smoking. It is very important to stop smoking. It raises your risk of serious health problems.
  - Discuss your health care wishes. These should be recorded in an Advance Care Plan. (Learn more at Advance Care Planning at www.viha.ca/advance_directives).
  - If you are from out of town, ask to have a BC Travel Assistance Program (TAP) form completed. This form covers out-of-town medical travel before surgery. Learn more by calling 1.800.661.2668.

At least 3 weeks before surgery

- See a dentist if you are having heart valve surgery and have not been to the dentist within the past year. Your dentist will make sure your teeth and gums are in good condition before your surgery. This does not apply to people with dentures.

- **Do not use alcohol or illicit drugs for at least 3 weeks before surgery.** They will react with your anesthetic and can cause serious problems. If you are not able to stop, please tell your surgeon, family doctor or nurse. Not telling your doctor may result in your surgery being postponed.
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- **Women only:** Make sure you have a comfortable and preferably front closure bra with no underwire to wear after surgery.
- Arrange for equipment you may need for after surgery. See page 91 for more information.

Make arrangements for someone to:

- Bring you to the hospital the day of surgery.
- Pick you up and drive you home on the day of discharge. This person needs to know that you may need to be picked up on short notice.
- Pick up your prescriptions after surgery.
- Stay with you the first few nights at home after surgery.
- Help prepare your meals, buy groceries, do laundry and housekeeping, garden, take care of your pets and so on, for the first few weeks.
- Drive you to your doctor visits, as you must not drive at all for 6-8 weeks.
- Walk with you on your first few outings and when you exercise.

**If you live out of town…**

- If you cannot arrange a ride home with family or friends you can:
  - Call “Wheels for Wellness” at 250.338.0196. This volunteer driver program can help some residents of Vancouver Island get home.
  - Bring picture ID and enough money to pay for your travel home, especially if travelling by air. The hospital does not pay for transportation home, even if you came to hospital by ambulance or air ambulance.
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- Make arrangements to stay in Victoria the night before surgery.
- Make arrangements for your family/friend to have a place to stay while you are in the hospital. These places are within walking distance to the hospital.

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<tr>
<th>Easter Seal House</th>
<th>Heart House</th>
<th>Cancer Society Lodge</th>
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<tr>
<td>2095 Granite Street</td>
<td>1580 Pembroke Street</td>
<td>2202 Richmond Road</td>
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<tr>
<td>Tel: 250.595.6060</td>
<td>Street</td>
<td>Tel: 250.592.2662</td>
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<td>Toll-free: 1.877.718.3388</td>
<td>Tel: 250.595.1931</td>
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More Medical Travel Accommodation Listings can be found here:
http://pss.gov.bc.ca/csa/categories/accommodation/medical/search/

Please contact the Cardiac Social Worker at 250.370.8234 if you need help with making plans for coming to or going home from the hospital.

7 days before surgery

- If you live in the Victoria area, the hospital Preadmission Clinic (PAC) will contact you. They will arrange for you to have any preop tests (blood tests, ECG, chest X-ray).
- If you live outside the Victoria area, you will have any preoperative tests done during your Cardiac Preoperative Orientation (page 19).
- Name a person to be your one telephone contact person while you are in hospital. This person will share information about your recovery with your family and friends. This will help reduce the number of phone calls to the hospital and will ensure your privacy.

Contact person: ___________________________ Tel: ___________________________
Before, during and after your heart surgery

5 days before surgery

- **Stop** taking Vitamin E and all natural health products and herbal remedies (e.g. garlic, gingko, kava, St. John wort, ginseng, dong quai, glucosamine, papaya, etc.).
- **Stop** taking antiplatelet medications (e.g. clopidogrel [Plavix®], ticlidipine [Ticlid®], prasugrel [Effient®]).
- **Continue** to take ASA (Aspirin®, Entrophen®) until the day of surgery.
- **Follow your surgeon’s directions** for when to stop taking blood thinners (e.g. warfarin [Coumadin®], dabigatran [Pradax®], rivaroxaban [Xaralto®]).

**Blood thinner medication:** ________________

**Take last dose on:** ________________

- Make sure you have Extra Strength Tylenol® at home to take if needed after surgery.

3 days before surgery

- **Stop** taking any non-steroidal anti-inflammatory drugs (NSAIDS) (e.g. Naproxen®, Sulindac®, ketorolac [Torodal®], ibuprofen [Advil®, Motrin®], diclofenac [Voltaren®], ketoprofen, indomethacin [Indocid®]).

The day before surgery

- Attend the Cardiac Preoperative Orientation Session (page 19).

- Pack a bag with these items for your family/friends to bring to 3 North after your surgery:
  - Loose fitting, wrap around housecoat.
  - Women: comfortable bra with no underwire (see page 16).
  - Reading material.
  - Loose clothing and sturdy shoes to wear home.
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<th><strong>Cardiac Preoperative Orientation Session  Date:</strong> ____________</th>
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| **What is it?** | • A group teaching session where you meet with a nurse and therapy team member to learn more about your surgery and recovery.  
  • A chance for out of town patients to have preoperative tests done.  
  • A chance to meet the anesthesiologist. Be sure to tell the anesthesiologist if you have had any problems with anesthesia in the past. **The anesthesiologist will tell you what medications to take the evening before and day of your surgery.**  
  • A chance to meet an endocrinologist if you have diabetes. |
| **Where and when?** | • Your surgeon’s office will tell you the date of your Preoperative Orientation.  
  • Check-in at 11:00 a.m. at the Patient Information and Admitting Desk. This is near the **Main Entrance** of the D&T Centre at the Royal Jubilee Hospital.  
  • Orientation is from 11:30 am until about 4:30 pm on 3 South, Heart Health Unit in the Patient Care Centre (Tel: 250.370.8111 Ext. 17322). It can take 4-6 hours in total. |
| **Who should attend?** | • You and no more than 2 family or friends. |
| **What to bring?** | • This booklet.  
  • Something to eat, if you plan not to eat before arriving.  
  • All of your prescription medications in their original
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- All over-the-counter medications including herbal remedies and vitamins in their original containers.
- A list of your allergies.
- Give you a rectal suppository to use the evening before surgery if you have not had a bowel movement that day.
- Give you a chlorhexidine (CHG) 4% antiseptic sponge to shower with the evening before surgery.
- Make sure you know the medications to take before surgery.

<table>
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<tr>
<th>Medications my anesthesiologist has told me to take before surgery:</th>
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<th>Time</th>
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The evening before surgery

- Eat a regular supper.
- If you have not had a bowel movement today, insert the rectal suppository given to you by the nurse. Do this as early as possible so you can have a bowel movement before going to sleep.
- Remove make-up and nail polish from hands and feet.
- Remove all jewelry and body piercing items.
- Shower using the chlorhexidine (CHG) 4% antiseptic sponge given to you by the nurse. See directions on page 22.
- Take the medications as directed by your doctor(s) and/or given to you by the nurse.
- Do not eat SOLID FOOD after midnight. This includes chewing gum and sucking on hard candies.
- You may brush your teeth the morning of your surgery.
- If your surgery is before 12:00 noon, do not drink anything after midnight.
- If your surgery is after 12:00 noon, clear fluids are allowed from midnight - 8:00 a.m. the day of surgery. NO FLUIDS AT ALL after 8:00 a.m.

**Clear fluids include:**
- Water
- Popsicles
- Jell-O (with no added toppings or fruit)
- Clear tea or black coffee
- Fruit juice without pulp (e.g. apple juice)
- Carbonated drinks (pop)

**Clear fluids DO NOT include:**
- Milk, non-dairy creamer, protein beverages, dairy beverages, tomato or orange juice with pulp
- Alcoholic beverages
Clean your skin
Cleaning your skin before surgery helps to remove germs on the skin, to prevent infection and to help incisions heal. Do not remove any hair from your surgical area for at least one week before your surgery. If hair removal is needed, it will be done by the nurse after you are admitted.

The evening before surgery:
1. Remove all jewelry, including body piercings. Wash hair with usual shampoo and rinse.
2. If showering, wet all of the body then move the showerhead to the side to minimize soap loss during lathering with chlorhexidine (CHG) 4% sponge.
3. If bathing, place a minimum amount of water in the tub so that the body can be soaped with the CHG sponge without washing away the suds. Sit down in the bath, being careful not to slip.
4. Open one CHG sponge and wet with a little water. Squeeze repeatedly to produce suds.
5. Wash body from neck to feet using the sponge. Avoid contact with the eyes, inner ear and mouth. If CHG gets into the eyes, rinse well with water.
6. Carefully wash the surgical area, armpits, navel, feet and in between toes (be careful not to slip), and back, and finish with genital and anal areas. Do not rinse until your entire body has been washed and the lather has been on your skin for at least 2 minutes.
7. Rinse the body thoroughly under the shower or in the bath.
8. Use a fresh, clean dry towel to dry the skin from head to toe, finishing with the genital and anal areas.
9. Do not apply deodorant, body lotion, cosmetics, or powder afterwards. Dress in clean clothes. Do not put jewelry or piercings on.
The morning of surgery

- Take any medications as directed by the anesthesiologist and/or given to you by the nurse.

Bring the following items with you:

- This booklet.
- A translator if you do not speak or understand English.
- Glasses or contact lenses, hearing aids, and dentures with storage cases, labeled with your name.
- Toiletries (e.g. toothbrush, toothpaste, comb, or razor labeled with your name).
- Low heeled “slip on” shoes or slippers with non-skid soles.
- Special mobility aids (e.g. prosthesis, braces etc.) that you usually use, labeled with your name. The hospital has walkers if you need one.
- Your CPAP, Bi-level or dental appliance, if you have sleep apnea and use one for sleeping.

Leave the following items at home:

- All jewelry or body piercing items. These items cannot be worn in the operating room because they increase the risk of infection, injury to the body, and could be lost or damaged.
- Personal items such as credit cards, cell phones, MP3 players, computers, and cash in excess of $20.00.
- Do not wear perfume, aftershave or other scented products, make-up, false eyelashes, hairpins, nail polish, deodorant or talcum powder. It is okay to wear face cream and acrylic nails.
Arrive at the Patient Care Centre (PCC) at the Royal Jubilee Hospital at the check-in time told to you by your surgeon’s office. Enter through the main doors of the PCC and go directly to 3 South, Heart Health Unit. **NOTE:** The main doors to the PCC do not open until 5:30 am. **Please wait for the doors to open if you arrive before 5:30 am.**

When you arrive you will:

- Have a hospital ID band put on your left ankle. Please do not remove it during your stay.
- Sign your consent forms (if you have not already) and complete admission procedures.
- Change into a hospital gown.
- Have hair removed from your body by the nurse, if needed.
- Take another shower with a second antiseptic sponge.

You may have an intravenous started, receive pre-op medications, and get oxygen through your nose (nasal prongs).

Your family member or friend can stay with you until you go for surgery. They will be asked to take your belongings home for safekeeping and bring them back after your surgery. If you are alone, the staff will put your belongings in a storage locker.

Before going to the operating room, you will be asked to empty your bladder. You will also be asked to remove your glasses/contact lenses, prosthesis, wigs, and/or dentures.

You will be moved to the operating room “holding area”. You will be asked questions you have already answered. This is to double-check all your information. Your surgeon or anesthesiologist may visit you there.

You will be taken into the operating room when it is ready. The surgical team will go through a safety checklist. This checklist ensures the entire team understands the surgical plan and all the required equipment is available.
Visitor guidelines

How you can help patients recover quickly

- Heart surgery usually takes 4-6 hours, and sometimes longer. During the surgery, visitors are encouraged to go home or to the place they are staying. Please allow for extra time after surgery for the patient to get back to their room. There are many things that can delay their arrival.

- Make sure we have the phone number of the family contact person. The surgeon will phone the family contact person after surgery. The contact person can come to the hospital about 1 hour after getting the call from the surgeon.

- Check with the family contact person before visiting to make sure the patient is up to having company.

- Our staff share important information about patient care during shift change. Shift change happens between 7-8 a.m. and 7-8 p.m. every day. Calls to the unit from the family contact person are appreciated outside of these times.

- Patients go to the CVU, located in the D&T Building, right after surgery. Visiting hours in CVU are anytime during the day or night (except for shift change) for a maximum of 5 minutes.

- When the patient is moved from CVU to 3 North, Patient Care Centre, ask the nurse for the best times to visit.

- Limit visitors to close family and friends. This helps the patient get enough rest. People who do not visit can show they care by sending cards or letters.

- Please be quiet in consideration of other patients.

- Respect the concerns of the nurses, and end visits when asked.
Before, during and after your heart surgery

- Check with the nurse before bringing food from home.

**Stop the spread of infection**

- Please stay home if you are feeling unwell or have a cold, sore throat, cough, flu, fever, diarrhea, or infectious disease.

- Only enter the room of the patient you are visiting.
  - Wash your hands when you enter or leave a patient room and the hospital.
  - Do not bring animals into the hospital.

**Protect everyone’s health**

- Avoid wearing perfume, scented hairspray, cologne, aftershave or bring in heavily scented flowers.

- Do not bring in latex balloons.

- Smoking is NOT permitted anywhere on hospital property.

**Hospital conveniences**

- **Televisions** are available in most patient care lounges. Bedside televisions are available for rent (a daily rate is charged and you must pay with a credit card at the time of rental).

- **Courtesy phones** are available in the Sun Room. It is okay to use your cell phone in the hospital.

- We do not have **wireless internet** access for patients at this time. A courtesy computer is available in the Quiet Room.
Before, during and after your heart surgery

- The **hospital gift shop** offers reading materials, personal items, gifts and cards for purchase. Food is available for visitors in the hospital cafeteria/snack shops and vending machines.

- **Weekly parking passes** can be purchased at a discount price at the Parking Office. It is located near the Main Entrance of the D&T Building.
This Care Map is a general guide for your admission, hospital stay, and discharge home. People recover differently so you should expect some variation in activities and discharge times.

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<th>DAY 4</th>
<th>Possible Discharge</th>
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<td>Nothing to eat or drink</td>
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<td>WEIGHT</td>
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<td>RN's check your weight to detect fluid retention</td>
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<td>MEDICATIONS</td>
<td>Discuss with nurse or anaesthesiologist about what to take before surgery</td>
<td>Receive pre-op medications</td>
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<td>Start stool softeners</td>
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<td>Tell RN if bowels do not move</td>
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<td>Review home medications</td>
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<td></td>
<td>Ask questions about home medications and preventing constipation</td>
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</tr>
<tr>
<td>PAIN CONTROL</td>
<td>Pain Medications will be given regularly, by IV, mouth or suppository</td>
<td>Given IV</td>
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<td>Given IV and by mouth and/or by suppository</td>
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<td>Discuss ways at home to manage pain</td>
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</table>
### Before, during and after your heart surgery

#### What to expect after surgery
Everyone recovers at their own pace. Please don’t get discouraged if your recovery is different from someone else’s. The following information, plus the Care Map on pages 30 and 31, gives you a general guide on what to expect in the days after surgery.

<table>
<thead>
<tr>
<th>BREATHING</th>
<th>ACTIVITY</th>
<th>QUESTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO Smoking</td>
<td>Meet nurse, anaesthesiologist, physiotherapist and Nurse Practitioner (if needed) on 3 South, Patient Care Centre.</td>
<td>CVU Patient and family tour CVU</td>
</tr>
<tr>
<td>Breathing machine will be removed</td>
<td>Arrive to 3 South by 5:30 a.m. (or 10 a.m.)</td>
<td>Doctor calls a family member after surgery</td>
</tr>
<tr>
<td>Breathing exercises every hour</td>
<td>Sit at bedside with help, protect breastbone</td>
<td>Family visits</td>
</tr>
<tr>
<td></td>
<td>Up with help, protect breastbone</td>
<td>Nurse and physiotherapist start discharge teaching with patient and family</td>
</tr>
<tr>
<td></td>
<td>Walk on own using walker</td>
<td>Ask questions about discharge with nurse, physiotherapist, surgeon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discharge Teaching Class, Mon, Wed, Fri at 2:30 pm on 3 North</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discharge home 9:30 a.m.</td>
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<tr>
<td></td>
<td></td>
<td>Ask Questions About...</td>
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<tr>
<td></td>
<td></td>
<td>Medications evening before or morning of surgery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Caring for incisions?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Protecting breastbone, Heart valves?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heart Healthy Living? Signed up for Cardiac Rehabilitation or Exercise program in home community after Discharge</td>
</tr>
</tbody>
</table>
Day of Surgery

- Heart surgery usually takes 4-6 hours, and sometimes longer. The surgeon will call your contact person after surgery to let them know how you are doing.

- After surgery you will be moved to the Cardiovascular Unit (CVU), located in the D&T Centre. You will be asleep. You will breathe through a tube attached to a breathing machine (ventilator) for 1 to 4 hours. You will be able to talk once this tube is removed.

- Your heart rhythm will be monitored through sticky patches (electrodes) attached to your chest. You will also have temporary pacing wires attached to the outside of your heart. If you have a slow heart rate, these wires may be connected to a temporary pacemaker.

- You will be given pain medication regularly. **Tell your nurse if the medication is not helping your pain.**

- You will have an intravenous (IV) tube in the side of your neck and in one or both of your arms. These are used to measure heart pressures and/or give you fluids and medications.

- You will have a tube in your bladder (urinary catheter) to collect urine. You will have tubes in your chest to drain fluid and blood from around your heart and lungs.

- Right after surgery, you will be on bed rest. Your nurse will help you to turn from side to side. Later in the day your nurse or therapy team member may help you sit at the side of the bed.

Post-Op Day One

- You will have a blood test, electrocardiogram (ECG) and chest X-ray.

- If you had valve surgery, you may start blood thinner (anticoagulant) medication (e.g. warfarin [Coumadin®]). A blood test will be done
every morning to decide what dose of medication you should take that day.

- Your heart rhythm will continue to be monitored through the electrodes and wire leads.
- You will continue to be given pain medication on a regular basis. **Tell your nurse if the medication is not helping your pain.**
- You will be given oxygen through a tube placed just inside your nose (nasal prongs).
- The drainage tubes in your chest and some IV lines from your arms or neck may be removed.
- You will start drinking fluids.
- You will be told to do your breathing and coughing exercises every hour using the inspirometer.
- You will sit up or stand at the bedside with help. Your health care team will remind you how to protect your breast bone when you move.
- You will be moved to 3 North in the Patient Care Centre once your breathing tube is removed and you are stable.

**Post-Op Day 2**

- You will have blood tests
- You will be weighed before breakfast to find out if you are retaining fluid.
- Your heart rhythm will continue to be monitored by the leads attached to your chest. Some patients may have irregular heart rhythms.
- You will continue to be given pain medication on a regular basis. Tell your nurse if the medication is not helping your pain.
- You may continue to get oxygen through nasal prongs.
- The drainage tubes in your bladder or chest may be removed.
• You may start to eat regular food and continue to drink fluids. Tell your nurse if your stomach is upset or you are nauseated.
• You will sit and at your bedside to wash.
• Continue to do your breathing and coughing exercises every hour using the inspirometer.
• Your nurse or therapy team member will help you sit up in the chair for each meal. You will start to walk in the halls.

**Post-Op Day 3**

• You will be weighed before breakfast to find out if you are retaining fluid.
• Your heart monitor may be discontinued if your heart beat is stable.
• You will continue to be given pain medication on a regular basis. Tell your nurse if the medication is not helping your pain.
• You will continue to drink fluids and eat solid food. Tell your nurse if your stomach is upset or you are nauseated.
• You will wash in the bathroom.
• Your nurse will ask if you have had a bowel movement. Your nurse will give you medication to help if you have not moved your bowels.
• Continue to do your breathing and coughing exercises every hour while awake using the inspirometer.
• Continue walking in the hallway with help up to 3 times a day.
• The Social Worker or Liaison Nurse may visit you to help you plan for going home.

**Post-Op Day 4 until discharge**

• You will have a blood test, ECG and chest x-ray.
• You will be weighed before breakfast.
Before, during and after your heart surgery

- The temporary pacing wires will be discontinued if your heart rhythm is stable.
- You will continue to be given pain medication on a regular basis. Tell your nurse if the medication is not helping your pain.
- You will wash on your own in the bathroom or in the shower. It is okay to raise your hands to wash and comb your hair.
- You will continue walking in the halls. You will continue to practice getting in and out of bed on your own while protecting your breast bone.
- Have your bowels moved? Talk to your nurse about a laxative.

Breathing and Leg Exercises Before and After Surgery

After any type of surgery, there is a tendency for the lungs to produce more mucous and do not expand fully. This is partly due to the effect of anesthetic, and partly because you are not moving around as much as usual.

Deep breathing and frequent coughing help keep the lungs fully expanded and clear of mucous. Practice the exercises below before your surgery so you know them well. Do them frequently especially in the first few days after your surgery. Continue to do them for several weeks after you are home. If you have any questions, please ask your physiotherapist or nurse.

Do each exercise once every hour:

1. **Incentive Spirometry – Repeat 5 times every hour while awake**
   An incentive spirometer is a device used to help encourage deep breathing exercises. You will get one when you go to the Preoperative Orientation Class.
   - Breathe out (exhale) completely.
   - Seal your mouth around the mouthpiece and breathe in (inhale) as much air as you can.
   - Keep the ball suspended as long as you can (5-15 seconds).
2. **Deep Breathing – Repeat 5 times**

   Breathing deeply engages your lungs to cough more readily to help move secretions:
   - Take a very deep breath in through your nose and expand your ribs.
   - Hold breath in for three seconds.
   - Breath out through your mouth until all of the air is gone.
   - If you are able change your position in bed, move from your back onto your side or from side-to-side.

3. **Breath and Cough – Repeat 2 times**

   Coughing may be needed to clear mucous in your lungs:
   - While lying down, bend knees and support your incision firmly with a pillow or your hands.
   - Take 3 deep breaths then breathe in and cough sharply.
   - Clear mucous into a tissue; rest and then repeat as needed.
   - Coughing will not damage your chest incision if you support the sternum when you cough (see Sternal Precautions, page 57).

4. **Leg Circulation – Repeat 10 times**

   Moving your legs in bed helps to maintain good blood circulation, lessen muscle loss and decrease swelling in the legs:
   - Pump the feet up and down at the ankles.
   - Make circles with the feet in each direction with the legs straight.
   - Pull toes up and press the back of your knees down into the bed. Hold for three seconds and relax.
   - Bend one knee and straighten it. Alternate legs.
Common experiences after heart surgery

Post-operative confusion (Delirium)
Post-operative confusion, or delirium, is quite common after heart surgery. Delirium is more common in people who are over 75 years of age, smoke, drink alcohol, take sleeping or anti-anxiety pills, use illicit drugs regularly, or have early signs of memory loss (dementia). Tell your nurse or doctor if you have any of these risk factors before your surgery. They can help you through this difficult and sometimes frightening time. Generally, the confusion passes within 72 hours.

Clicking of the sternum (breast bone)
Some people hear a clicking sound in their chest after surgery. This can happen when the sternum moves and is not yet stable. If you notice this:

- Tell your doctor, nurse or therapy team member.
- Avoid movements that cause clicking.
- Follow Sternal Precautions (page 57) and rest your breast bone more.

Endocarditis (heart infection)
People who have heart valve surgery can get heart infections (endocarditis). You will need to take preventative antibiotics before you have any dental or surgical procedure. Keep your Antibiotic Prophylaxis Card (page 40) in your wallet and show it to any doctor or dental staff that you visit.

Dental infections can also put you at risk for endocarditis. Be sure to visit your dentist every 6 months for a dental check-up and cleaning.

Numbness and tingling
It is common for people to have some numbness or tingling in their ring and little fingers and along their incision. This happens when nerves get bruised or overstretched during surgery. It usually improves in a few weeks.
If a mammary artery (chest wall artery) was used for your bypass, you may have some numbness or increased skin sensitivity over the chest wall. This is normal and may go away as you recover.

**Swelling (edema) of the legs and ankles**

- Every day, **check your leg and foot for swelling.** Swelling in your leg and ankle is normal after surgery, particularly if a vein has been removed.

- It is normal for the swelling to be worse at the end of the day.

- It will get better as you increase your activity. Try walking more often.

- Avoid crossing your legs, sitting in one position or standing for long periods of time.

- Raise your legs when resting. Put your leg on a stool when sitting or on the arm of the couch when lying down.

- If your leg swelling is a new or increases, tell your family doctor.

- If you take a water pill, **weigh yourself each morning** before you eat breakfast and get dressed. Tell your family doctor if you notice a sudden weight gain of 2-3 pounds (1 to 1 ½ kg.) each day over 1-2 days.

**Fatigue (feeling tired)**

- It is very common to feel tired after heart surgery. It may take 6-12 weeks to feel “back to normal”.

- Plan rest periods of 20-30 minutes during the day. You don’t need to go to bed to rest.

- Pace yourself and rest after activities. Do not rush your recovery and overdo things. This will slow your recovery.

- Listen to your body and rest if you feel tired.

- Find a healthy balance between exercise and rest and good nutrition.
Don’t be afraid to ask your visitors to leave if you are tired and would like to rest.

**Memory and concentration**

Difficulty concentrating and memory loss is common after surgery. Be patient. This improves over time. Talk to your family doctor if it does not go away.

**Upset stomach**

Some people have upset stomach, nausea, lack of appetite, or foods not tasting as they should for 4-6 weeks after surgery. This is usually because of the medications. If this happens, try eating small amounts of food more regularly. Call your doctor if you:

- Cannot eat or drink for 2-3 days.
- Have stomach pains.
- Are vomiting.

**Atrial Fibrillation (irregular heart rhythm)**

Atrial fibrillation is a common electrical heart rhythm disorder (arrhythmia) where people have an irregular pulse rate. This is due to irritation and swelling around the heart.

Atrial fibrillation usually happens 1-3 days after surgery. It can also happen once you are home. It can be managed by medication or medical procedures.

If you have an irregular heart rhythm, you may feel:

- A fast, slow or irregular heart beat
- Dizzy
- Short of breath
- Pounding in the chest
- Sweaty
- Nauseous
Going home after surgery

You are ready for discharge when...

- You no longer need oxygen or when home oxygen has been arranged.
- You are able to get in and out of bed on your own.
- You are able to wash/shower, walk and dress by yourself.
- You have arranged for help at home.
- Your bowels have moved.
- You are able to climb the stairs.
- Your heart rate is stable.
- You have attended the Discharge Teaching Class.
- You have attended the Anticoagulant Teaching Class (if you are going home on a blood thinner).

Discharge Teaching Class

<table>
<thead>
<tr>
<th>Who should attend?</th>
<th>Patients and their families.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When should I attend?</td>
<td>Before you are discharged on any Monday, Wednesday or Friday at 2:30 - 3:30 p.m.</td>
</tr>
<tr>
<td>Where is the class?</td>
<td>Room 368, 3 North, Heart Health Unit, PCC.</td>
</tr>
<tr>
<td>Who teaches the class?</td>
<td>A nurse and therapy team member.</td>
</tr>
</tbody>
</table>

Anticoagulant Teaching Class

<table>
<thead>
<tr>
<th>Who should attend?</th>
<th>Patients (and their families) going home on blood thinner medication (e.g. warfarin [Coumadin®], dabigatran [Pradax®], rivaroxaban [Xaralto®]).</th>
</tr>
</thead>
<tbody>
<tr>
<td>When should I attend?</td>
<td>Before you are discharged on any Tuesday or Thursday at 10:00 a.m. – 11:00 a.m.</td>
</tr>
<tr>
<td>Where is the class?</td>
<td>Room 368, 3 South, Heart Health Unit, PCC.</td>
</tr>
<tr>
<td>Who teaches the class?</td>
<td>A hospital Pharmacist.</td>
</tr>
</tbody>
</table>
General discharge information

- Most patients go home between 4-7 days after surgery, but this can vary depending on your situation.
- Your ride must pick you up from the unit. Sometimes the discharge decision is not made until the morning of discharge. Your ride must be available to pick you up on short notice.
- Make sure you have clothes and shoes to go home in.
- Make sure you get a copy of *Recovery Road: An information guide for heart patients and their families* at the Discharge Teaching Class. Use it along with this booklet to help you recover from your heart surgery.
- Make sure your nurse removes your ID band before you leave the hospital. The nurse will dispose of it safely.
- If you have a long drive or plane ride home, it important to get up and stretch your legs at least once per hour. This helps to prevent blood clots.
- Fill any prescriptions on the way home. Some pharmacies will deliver to your home. Ask your pharmacist to blister pack your medications. It can make it easier to keep track of the medications you have taken.
- If you need staples removed, your nurse will give you a staple remover to take to your family doctor.
- If you have **heart valve surgery**, make sure you get:
  - A medic alert bracelet that says you have had heart valve surgery. You can order one from the Canadian MedicAlert Foundation by phone 1.800.668.1507 or online at [www.medicalert.ca](http://www.medicalert.ca)
Before, during and after your heart surgery

- An antibiotic prophylaxis card for your wallet. A permanent one will be mailed to you later. Show this card to your dentist, dental hygienist, family doctor or any doctor that you visit.
Caring for Yourself at Home

Follow these guideline for caring for yourself at home. You can also refer to the section on “Common experiences after heart surgery” on pages 35-37.

Care of your incision

- Follow Sternal Precautions (page 57) carefully.
- You may or may not have dressings when you go home. If you have simple dressings, your family/friends will be taught how to change them. If you have complicated dressings, we will arrange for a Home Care Nurse to visit you at home.
- You will have an incision on your chest, leg(s) and/or lower arm. Most incisions are closed with dissolvable stitches. Some incisions are closed with staples.
- If you have staples, they will be removed in the hospital or by your family doctor when you get home. Leg staples are usually removed 7-10 days after surgery by your family doctor. Your nurse will give you a staple remover to take with you.
- You may have a metal clip on your leg or arm incision or a “fishing line” type stitch hanging from your leg incision. These will fall off in about 10 days and do not need to be cut.
- If you still have chest tube stitches, they can be removed your family doctor 7-10 days after the chest tube was removed.
- A clear yellow or slightly bloody drainage from your incision or chest tubes sites is normal. It can continue for the first 2 weeks at home.
- Check your incisions every day for signs of infection. See your family doctor if your incisions:
  - Start oozing thick yellow or green drainage.
Before, during and after your heart surgery

- Feel warm to touch and are getting red.
- Start to come apart where the skin edges come together.
- Start oozing foul smelling drainage.
- Become more painful.
- If you have a fever of 38 degrees C or higher for more than 24 hours.

- Avoid touching, rubbing or scratching your incision. Itchiness is a normal part of the healing process.
- Keep the surgical area clean and dry at all times. Your incisions should be left open to the air once the draining stops.
- Do not apply oils, creams or lotions to your incision unless your doctor tells you it is okay.
- Bruising and pain around your incisions will get better over the next few weeks.
- You may notice a “lump” at the top of your chest incision. This will gradually flatten.
- Protect your incision from the sun for one year. Sunlight may cause your scar to become darker and more visible.
- Wear clothing that will allow your incision to “breathe”.

**Bathing**

You may shower as long as your incision is not draining. Shower in a seated position to save energy and reduce the chance of falling. You can use a Bath Seat or Tub Transfer Bench. See page 92 to find out where to get these items.
When showering, follow these instructions:

- It is okay to get the incisions wet. Let the water run over the areas rather than washing them directly. It is not necessary to use anti-bacterial soap.
- Avoid aiming the showerhead at your incision (i.e. shower with your back to the shower head).
- It is safe to raise your arms to wash your hair.
- Gently pat the incision with a clean towel. Do not rub the area.
- Apply a new dressing only if the incision is draining or if you want to protect the wound from rubbing on your clothing.
- Avoid soaking your incision in a bath or hot tub for 6 weeks or until it is completely healed. You cannot use your arms to get in and out of the tub until after 6 weeks.
- For your own safety, it is helpful to have adequate grab bars in your tub or shower enclosure.

**Dressing**

- Choose loose-fitting clothing made of silky fabrics. They are easier than polyester or flannel fabrics to take on and off.
- Lay out your clothes before dressing.
- Thread belts through belt loops before putting on pants or a skirt.
- Dress while sitting. It is easier.
- Use a stool or reacher to help put on/take off socks to avoid excessive reaching.
- Follow Sternal Precautions (page 57).
- Do **not** reach behind you to put on a coat, robe, shirt, or front closure bra. Instead, keep your arms in front of you and reach across your body.
to pull items around your back or neck. Try to keep your elbows pointing in front of you or towards the ground.

1. Place both arms through sleeves.

2. Use one arm to place head through the opening. Keep the arm tight to your body.


4. Adjust the shirt by reaching across the front of your body and pulling on the front and sides of the shirt.
Sleep

- It is preferable, and likely most comfortable, for you to sleep on your back for 6 weeks after surgery. You may sleep partially on your side if you need to.
- It is common for people to have trouble falling asleep, to sleep through the night or to be awakened by bad dreams after surgery. This will eventually go away.
- Go to bed and get up at the same time every day.
- Avoid long naps.
- If you cannot sleep, get out of bed, read a book, watch TV, or listen to music.
- Women may find it more comfortable to wear a bra to sleep.
- Talk to your family doctor if you continue to have sleep problems that are getting in the way of your recovery.

Healthy eating

Before going home, ask your doctor or nurse if you should follow any of these diet restrictions:

- Low cholesterol, low fat
- No added salt
- Diabetic diet
- Vitamin K precautions (if you are taking anticoagulants)

Alcohol

- Avoid alcohol for at least 2 weeks after surgery. After that, alcohol may be consumed in moderation.
Many medications react to alcohol. Talk to your pharmacist about interactions alcohol may have with the medications you are taking.

Avoid alcohol if you have a history of depression. Alcohol is a depressant and may make your symptoms worse.

Learn more about healthy eating:

- “Healthy Eating” section in the *Heart and Stroke Foundation’s Recovery Road booklet.*
- Heart Health Education Classes (page 73).
- HealthLinkBC website: [www.healthlinkbc.ca](http://www.healthlinkbc.ca) → Dietitian Services
  Tel: 8.1.1 weekdays from 9am – 5pm to speak to a dietitian.
  Translation services are available.

**Going to the bathroom**

Changes in food and activity levels can cause constipation. As well, most pain killers and iron pills can cause constipation. You can help avoid constipation by:

- Being as active as possible within limits of your surgery.
- Drinking lots of fluids, especially water, if you are not on fluid restriction.
- Eating high fibre foods such as fresh fruits, vegetables, whole grain breads and cereals, or bran.
- Taking a mild laxative when needed. Ask your pharmacist or doctor to suggest one to make sure that there are no interactions with your other medications.
Medications

It is very important to learn about all your medications: why you are taking them, potential side effects, the dose and when you should take them. Be sure to take all your medications as directed even if you think they are not doing anything.

Your doctor, Pharmacist or nurse can help you learn about your medications. Use the Medication Calendar starting on page 76 to record when you have taken your medications.

Pain killers (analgesics)

- It is common to have pain or discomfort in your breastbone (sternum), muscle pains in your shoulders and upper back, or incision pain at the knee or ankle over the next few weeks. It is normal to have some discomfort while coughing, sneezing, or laughing. Your discomfort will gradually lessen.

- Take acetaminophen 500-1000 mg. (e.g. Tylenol Extra Strength®) every 6 hours. Add prescription pain medications if the Tylenol® is not helping to keep you comfortable enough to walk, rest and sleep. Tell your doctor if your pain medication is not keeping you comfortable.

- When taking pain medication, you may be drowsy or dizzy. Do not drive or drink alcohol while taking these medications.

- When the pain lessens, take fewer pain pills or stop taking them altogether. Slowly taper off your pain medications. Talk with your pharmacist or family doctor for help tapering off these medications.

Antiarrhythmics

- Open heart patients often experience abnormal heart rhythms called arrhythmias. Arrhythmias occur after surgery because of irritation and
swelling around the heart. They are usually non-life threatening and easily managed by antiarrhythmic medications such as amiodarone or metoprolol (Lopressor®).

- Pay attention to your heart rate and take your pulse every once in awhile.

**Cholesterol Lowering Medications**

- These drugs are used to lower cholesterol levels in your blood. Cholesterol lowering drugs slow the progression of heart disease, which lowers your risk of stroke, heart attack and poor circulation. Names of these medications include atorvastatin (Lipitor®) or simvastatin (Zocor®).

- Eat a low fat diet and avoid excessive alcohol.

**Anticoagulant Medication**

- Anticoagulants are medications taken to reduce the forming of blood clots. They work by lengthening the time it takes for the blood to clot. They are sometimes called “blood thinners” but they do not actually thin the blood. Names of anticoagulant medications include warfarin (Coumadin®), dabigatran (Pradax®), and rivaroxaban (Xaralto®).

- Clots may form on or around a new heart valve as a result of an irregular heart rhythm (arrhythmia). Sometimes clots form in the legs when a person is less active. Depending on the type of valve some people may only need to take anticoagulants for a few weeks while others may need them for the rest of their lives.

- Too much anticoagulant may lead to serious bleeding, and too little will not prevent clotting. Anticoagulants must be taken exactly as prescribed and must be monitored with regular blood tests.
During your anticoagulant treatment…

- **Proper use.** Take your anticoagulant once a day after your evening meal. Tell your doctor if you miss a dose. Store the medication in a cool dry place (*not* a bathroom cabinet), away from the reach of children.

- **Regular blood tests are important.** A blood test called an ‘INR’ is needed to find out how much medication you need. Because many things can change how your body responds to it (e.g. other medications, some foods, herbs, sedatives, and natural remedies), you will need to have regular INR blood tests as long as you are taking it.

  Your doctor will determine a target INR range for you and how often it should be checked. INR is checked once or twice a week at first and then less often as time goes on. Testing more often is needed in some situations. Try to have your test performed in the morning on a weekday so your doctor can adjust your dose on the same day if needed. Always update all contact information with your family doctor.

  **I need to have my first INR blood test on: _______________ and follow-up with Dr. _______________ the same day.**

- **Record** your target INR range, INR results and dosage in the **Anticoagulation Record** (page 80). This can help you and your doctor to manage your therapy.

  **My heart surgeon recommends that my INR range be between:**

  - □ 2.0 and 3.0
  - □ 2.5 and 3.5

- **Side effects.** Bleeding is the most serious potential side effect of anticoagulants. If you have any of these symptoms, call your doctor right away:
Before, during and after your heart surgery

- Red or dark brown urine or red or black stool
- Severe headache
- Excessive menstrual bleeding
- Vomit or cough up blood
- Prolonged bleeding from gums or nose
- Dizziness, trouble breathing or chest pain
- Unusual pain, swelling or bruising
- Dark, purplish or mottled fingers or toes
- Unusual weakness of an arm or leg

- Do not take any aspirin or aspirin-containing medications or any herbal medications without consulting your doctor. This may increase the risk of bleeding.
- Anticoagulants can be affected by the Vitamin K content of some foods. It is okay to eat foods with different levels of Vitamin K, but it is important to eat the same amount from day to day. Do not eat a lot one day and none the next. **To learn more about Vitamin K and food, contact** the HealthLinkBC Dietitian at 8.1.1 Monday-Friday from 9:00 a.m.-5 p.m.
- Learn more by attending the Anticoagulant Class (page 38).

**Antiplatelets**

- These medications prevent clots from forming in your blood, which may lead to a stroke and heart attacks. Blood tests are not required with these medications. Names of antiplatelet medications include clopidogrel (Plavix®), ticlidipine (Ticlid®), prasugrel (Effient®) ASA (Aspirin®).

Learn about getting the most from your medications in the Heart and Stroke Foundation’s Recovery Road booklet.
Driving

- **You must not drive for 6 - 8 weeks after surgery.** Your car insurance may be invalid if you are involved in an accident before your heart doctor says you are fit to drive.
- At your 6 week follow-up visit, ask your cardiologist/internist when you can start to drive.
- Wear your seat belt at all times.
- On long drives, **stop every hour** to stretch your legs. This helps prevent blood clots.

Returning to work

- Expect to be off work for 6-12 weeks. Talk to your surgeons about a return to work date. The length of time you will be off is determined by your recovery and the type of job you do.

Travel

- Ask your heart doctor or family doctor about when it is safe to travel.
- Call your insurance company to check “out of country” coverage after open heart surgery.
- Take enough medication to last the entire trip.
- Keep all of your medications with you. Do not put them in your checked baggage.
- If sitting for long periods, get up, walk and stretch your legs at least once an hour. This helps prevent blood clots.
Feelings and emotions

Surgery is a major event that emotionally and physically affects patients and their families. Fear, sadness, anxiety, anger, frustration, mood swings or depression can happen before surgery, during or after surgery. This is normal!

These feelings can last for a few days or sometimes a few weeks. They often go away as you begin to feel more confident and secure in your daily life. Recovery is better when feelings are identified and dealt with early. You can help yourself by:

- Eating well, exercising within your limits and getting plenty of rest.
- Talking about your feelings with your family and friends.
- Talking with the Cardiac Social Worker or Spiritual Care Worker. If you or your family would like to talk to someone about your concerns, please tell your nurse.
- Talking to someone who has had similar surgery. First Open Heart Society volunteers can offer support. Tel: 250. 595.2123 or Email: fohs@fohs.bc.ca
- Talking with your family doctor if you feel “blue” or have feelings that concern you for 2 weeks or more.

Family and friends

Heart surgery is stressful for all people who love and care for you. At times, family and friends can become overprotective. They can “take-over” in their attempts to help. This is because they are afraid and worry that they might not be doing enough for you. They may unintentionally take away your independence and lessen your confidence. Although they mean well, family and friends need to balance their own feelings while trying to support your recovery.
Strategies you can use to help your recovery:

- Appreciate the worry and care that others are providing.
- Tell your family and friends that you will tell them if you have any physical or emotional concerns that are worrying you.
- Accept help from others.
- Limit visitors and screen phone calls.
- Set up your own visiting hours at home.
- Begin visits by telling your company you will let them know when you are tired and need to rest.
- Don’t be afraid to say “no, not today, thanks” to people wishing to drop in to see you.
- Use email or the telephone answering machine to update friends on your progress.

Strategies your family and friends can use to help you recover:

- Be patient– it is not unusual for their loved one to have good and bad days.
- Share their feelings with a close friend.
- Talk to their family doctor if they have feelings that are concerning them.
- Take care of their own health. Eat well, exercise and get plenty of rest. They can rest when you rest.
- Reduce their own risk for heart disease.
- Do something they enjoy and find relaxing. You can be left alone.
Dealing with stress

Learning to live with a heart condition can be stressful. Your emotional health affects your breathing and your heart. It is important and helpful to find a way to relax.

1. Learn progressive relaxation techniques

- Recognize stressful situations that make your body over-react. You can learn to control your body response to stress and feel less exhausted and fearful.
- Reduce time urgency. Slow down. Pace, don’t race.
- Decide which activities you enjoy and those which you must do, then weed out anything that does not fit into one of these two areas.
- Look at your “must do” list and see what you may be able to ask someone else to do.
- Allow plenty of time to get things done. Take mini breaks.

2. Get some exercise

- See guidelines on page 57.

3. Practice acceptance

- Instead of worrying about “what will happen if...” try to asking yourself “will whatever is happening matter next week? Tomorrow?” If it will make a big difference, then it deserves your coolest, calmest approach.
- Watch out for perfectionism. Set realistic goals. If someone else does the job differently than you would have, ask yourself if your way is really the only way. Take a shortcut once in a while – not everything, all the time has to be perfect. Use your energy for activities you enjoy.
4. Find humour in it

- Try to find some humour in a situation. If everything were perfect, life would be quite boring. So laugh at yourself. Loosen up and enjoy life.

- Unwind by taking a stroll, watching a sunset, talking with a friend, or listening to music.

5. Find a quiet place and time of your own

- Create a mental image in your mind that you find peaceful and relaxing. Take a few minutes several times a day to imagine this place. Give yourself a chance to breathe and relax while holding this image in your mind.

- Mental relaxation can create a physical change in your body. It slows the breathing, relaxes muscles and lessens anxiety.

6. Have realistic expectations

- All of us need to adjust our expectations of ourselves from time to time. This is particularly true as we age and if illness limits our activities. Develop a realistic schedule of activities, including time for recreation.

- Understand your sources of stress and change the ones you can. Learn ways to control negative emotions. Get help to deal with anger or problems rather than allowing them to build.

- Friends can be good medication. Conversation, regular social outings, and sharing thoughts can reduce stress.

Learn more about emotional recovery after heart surgery and about stress as a risk factor for heart disease in the Heart and Stroke Foundation’s Recovery Road booklet.
Activity and Exercise

The time it takes to return to a normal activity level will vary greatly, depending on your age, your energy level and your previous health and fitness levels.

The activity guideline in this section will progress at a pace that gives your heart time to heal after your heart surgery. For the best health benefits you should exercise regularly throughout your life.

It is important to connect with one of our cardiac clinics or rehabilitation programs to help support you in your recovery.

1. VIHA Cardiac Rehabilitation Program
   If you live in the Victoria area, ask your doctor about a referral to this program.
   Web: VIHA Heart Health
   www.viha.ca/heart_health/for_patients_recovery/
   Tel: 250.519.1601 (Victoria)

2. Take Heart Programs
   These cardiac exercise programs are offered in various communities across Vancouver Island. Ask your doctor for a referral. Learn more on the VIHA Heart Health website:
   www.viha.ca/heart_health/for_patients/recovery

3. Cardiac Rehab Programs Outside the Victoria Area
   Talk with your health care team to find out about other cardiac rehab programs in your community.

It takes 21 days to start a habit. If you exercise daily, it will soon become a healthy habit!
General activity guidelines for the first 12 weeks

The goal for the first 12 weeks is to pace your recovery. All “on your feet activity” is work for your heart. Rest and activity periods should be balanced and spaced throughout the day.

1. Sternal Precautions: protecting your sternum (breast bone)

Your breastbone takes 6-8 weeks to heal. Follow these guidelines to avoid stress on your sternum during this time:

- Do not use your arms to get out of bed, a chair, or a car for 8 weeks. Your therapy team member will teach you how to do this safely by crossing your arms over your chest.
- Avoid lifting, pushing and pulling more than 5 lbs. (2 kg) (e.g. lifting groceries, small children, pets, etc.) for 8 weeks. The chart on page 71 gives general guidelines for resuming your usual activities.
- To avoid bending too far forward, use a reacher or long-handled shoehorn to help with shoes and socks.
- Use a shower chair and handheld showerhead to make it easier to shower.
- Avoid reaching behind you to put your arms through shirt sleeves.
- Wear loose fitting, stretchy or button front tops. When putting on a T-shirt, pull it over your head and then put your arms in one at a time.
- Take frequent rest breaks with any arm activities.
- Avoid sitting for long periods in a chair without armrests.
- For 8 weeks avoid activities that require you to:
  - use only one arm or reach behind your back
  - keep your arms above shoulder level for any length of time
Before, during and after your heart surgery

- Avoid vigorous sports/activities (e.g. golf, tennis, swimming) for at least 8 weeks (see chart on page 71). **Always check with your doctor before resuming these kinds of activities.**

2. **Tips for saving energy**

- Allow plenty of time to complete your task; pace yourself and **do not rush.**
- Alternate heavy and light tasks throughout the day.
- Be sure to take rest periods during all your activities.
- Do not try to do more in a day than your body says you can.
- Avoid extended sleep periods during the day. Short naps are okay.
- Avoid sitting for longer than 1-1 ½ hours at a time. Get up and walk around to avoid blood clots in your legs.
- Avoid heavy straining or breath-holding (e.g. bowel movements). Use stool softeners or laxatives if necessary to prevent constipation.
- Continue your incentive spirometer and do your breathing exercises (page 33) until you have reached your pre-operative level.

3. **Stairs and hills**

- When you first go home, plan your day so that you do not have to climb stairs if you don’t need to.
- It requires more energy to climb stairs or hills. Take your time and rest when you need to.
- You should be able to carry on a conversation when going uphill. Slow down and rest if talking becomes difficult.
- Avoid uneven ground and beach walking for 4-6 weeks and until your balance and endurance improves.
4. Eating and drinking

- Exercising right before a meal may interfere with your appetite. Wait 1-2 hours after a large meal before exercising. It is okay to walk slowly after eating a snack.

- Avoid coffee and alcohol before exercising. The caffeine in coffee is a stimulant and may affect your exercise ability. Make sure you keep hydrated. Try to drink fluid every 20 minutes during your exercise.

5. Weather and other related considerations

- Dress appropriately.

- In cold weather, exercise during the warmest part of the day. Wear a scarf around your mouth and nose to warm the air before it reaches your lungs.

- On hot days, exercise during the coolest part of the day.

- During extreme weather conditions you may find it easier to walk in a mall or use a stationary bike with no resistance.

- Avoid saunas, extremely hot or cold showers, and hot tubs until your incision is healed (at least 6 weeks) and your doctor says it is okay.
Exercise program for the first 12 weeks

Your body is in the process of healing for the first 12 weeks after surgery. During this time, exercise is very helpful in improving your general strength and endurance and preventing the problems from not being active. Plan to exercise at a time when you feel rested.

Your exercise program for the first 12 weeks will include 2 things:

1. Warm-up and Cool Down
2. Cardiac Walking Program

What you need to do

1. Start with some warm up/cool down exercises (page 61).
2. Continue your warm-up by walking slowly for 5-10 minutes.
3. Do your Cardiac Walk (page 64). Use the Talk Test and Rate of Perceived Exertion (RPE) Scale to keep your effort in a safe range (page 67).
4. Cool down at the end of your walk with another 5-10 minutes of slow walking.
5. Repeat some of the warm up/cool down exercises (page 61).
6. Rest for 5-10 minutes. It is okay to feel tired, but not exhausted. You should feel refreshed after resting and able to continue your normal activities.
7. Check your heart rate and record it, along with your RPE in your Exercise Log (page 83).

Exercise is like medication—it must be taken in the right amount. Too much or too little exercise is not good for you!
**Warm-up and cool down exercises**

A warm up and cool down routine uses a combination of exercises and slow walking.

<table>
<thead>
<tr>
<th>Benefits of a warm up:</th>
<th>Benefits of a cool down:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Gradually increases your heart rate to a workout rate</td>
<td>• Gradually brings your heart rate and breathing back to normal</td>
</tr>
<tr>
<td>• Decreases risk of injury</td>
<td>• Helps prevent pooling of blood in legs</td>
</tr>
<tr>
<td>• Increases range of motion</td>
<td>• Helps relax muscles</td>
</tr>
<tr>
<td>• Helps relax muscles</td>
<td>• Helps prevent stiffness after physical activity</td>
</tr>
<tr>
<td>• Mentally prepares you for exercise</td>
<td></td>
</tr>
</tbody>
</table>

- Sit tall on a firm chair with your feet flat on the floor. Try to keep your shoulders back and relaxed. Avoid slumping forward.

- **Do these exercises slowly.** They should feel comfortable. Do not force any movements. Breathe normally.

- Do 3-5 repetitions of each exercise before starting your walk.

**Neck Stretch #1**

Face forward. Tip your ear toward your right shoulder. Repeat to left side.

**Neck Stretch #2**

Turn your head to the right side. Repeat to the left side.
Shoulder Shrug
Hunch shoulders up towards your ears and then relax.

Shoulder Circles
Rotate shoulders backward and then forward.

Elbow Circles
Place your fingertips on your shoulders. Make large, full circles with your elbows in either direction.

Arm Raises
Do not do this exercise until your pacer wires are removed!

With hands clasped together, raise both arms at the same time as far as you are comfortable, then return your hands to the start position.
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**Ankle Pumps**
Sit in a chair. Lift one leg so your foot is slightly off the floor. Move your foot up and down and then in circles both ways. Repeat with other foot.

**Knee extension and flexion**
Sit in a chair. Bend your knee and pull your foot under your chair, as far as you can, then bring your foot forward as you straighten your knee.
Before, during and after your heart surgery

Cardiac Walking Program

Walking will be your main form of exercise during the early recovery period. It is one of the best exercises for improving your health. You will have started your program in the hospital and will continue when you get home.

<table>
<thead>
<tr>
<th>Benefits of aerobic exercise</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Helps the heart work more efficiently</td>
</tr>
<tr>
<td>• Lowers blood pressure</td>
</tr>
<tr>
<td>• Increases stress tolerance</td>
</tr>
<tr>
<td>• Increases physical and mental stamina</td>
</tr>
<tr>
<td>• Reduces blood sugar levels</td>
</tr>
<tr>
<td>• Decreases your bad cholesterol (LDL) and increases good cholesterol (HDL)</td>
</tr>
<tr>
<td>• Promotes good sleep patterns</td>
</tr>
<tr>
<td>• Increases energy levels</td>
</tr>
<tr>
<td>• Improves circulation to the heart</td>
</tr>
<tr>
<td>• Helps breathing and oxygen delivery to the tissues</td>
</tr>
<tr>
<td>• Improves muscle relaxation</td>
</tr>
<tr>
<td>• Helps maintain or achieve a healthy body weight</td>
</tr>
</tbody>
</table>

To do your Cardiac Walk you will need to:

• Determine your pace and degree of exertion using the Talk Test and RPE Scale (page 67).

• Schedule exercise time into your daily routine. Exercising at the same time every day helps.

• Avoid exercising when you are angry or upset.

• Wear loose, comfortable clothing and a good pair of walking shoes. Good foot support is important.
• Walk with someone at first to help you feel more confident. Watch that you do not compete with anyone including yourself.

• Once you are more confident and walking alone, carry a cell phone in case of emergency. Avoid walking in remote or hard to reach areas.

• Take water with you.

• For the first 6 weeks, choose walking routes that are on level ground and are not hilly. Gradually add “hilly challenges” into your program as your strength and endurance improves. Be sure to slow down when you go up hills.

• Plan a route where you can rest (e.g. on a bench) until you have worked up to a non-stop walk. It is best to walk outdoors or in a mall.

• Think of the warm-up and cool-down walks as ‘bookends’ to your Cardiac Walking Program. Your heart rate should gradually increase during the warm-up, stay the same during the Cardiac Walk, and slow down during the cool-down.
• Begin walking _____ minutes 3 times a day. You can add a few shorter walks if you are feeling up to it.

• Increase each Cardiac Walk by 2 minutes per day according to your Talk Test and RPE Scale.

• When your Cardiac Walks are 20 minutes each, reduce the frequency to 2 times a day, and then gradually increase the time to 30 minutes.

• When your Cardiac Walks are 30 minutes each, reduce the frequency to 1 per day, and then gradually increase the time to 60 minutes. The goal is to walk 30-60 minutes most days of the week.

• Keep track of your progress in your Exercise Log (page 83).

Within 2–3 weeks of stopping a regular exercise program, your exercise ability will go back to the level you were at before you started. If you miss a few days, go back the number of days you missed and start there.

Stationary bikes and treadmills

When the weather is poor or you want a change, you can follow your walking program using a stationary exercise bike or treadmill.

Ask your cardiac rehab team for specific instructions before using a stationary bike.

Be sure that you are very comfortable with walking before using a treadmill. Treadmills require more balance and coordination than regular walking.
How much effort should I exert when exercising (walking)?

When exercising in the recovery period, you should be breathing slightly faster, feel warmer, feel muscle effort and be able to carry on a conversation comfortably. You should NOT experience any of the symptoms listed on page 69.

There are 2 methods to help determine the effort you should exert when doing your exercise program. You will use a combination of them to ensure you are exercising safely.

The 2 methods are:

1. Talk Test
2. Rate of Perceived Exertion (RPE) Scale

1. Using the Talk Test (Sing – Talk – Gasp)
During warm-up and cool-down, you should be able to sing or whistle. During the exercise phase, you should be at the intensity level where you can talk comfortably. **At no point should you gasp for air!**

2. Using the RPE Scale
The RPE Scale rates your exercise effort. The scale scores your total effort, including the strain and fatigue in your muscles, breathlessness and physical effort. **Pay attention to your overall feeling and not just one factor.** Be as honest as possible and try not to overrate or underrate your perception of exertion. Aim for RPE of 3-5 (moderate) during your cardiac walk.
### Rate of Perceived Exertion (RPE) Scale

<table>
<thead>
<tr>
<th>Exercise Effort</th>
<th>The Way You Feel</th>
<th>Exercise Phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Nothing</td>
<td>Resting</td>
</tr>
<tr>
<td>1</td>
<td>Very weak</td>
<td>Warm up for 5-10 min &amp; Cool down for 5-10 min</td>
</tr>
<tr>
<td>2</td>
<td>Weak</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Moderate</td>
<td>This is the desired range for the first 6 weeks of your Cardiac Walk.</td>
</tr>
<tr>
<td>4</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Comfortably strong</td>
<td>For some people your exercise may progress to this level after your exercise treadmill test.</td>
</tr>
<tr>
<td>6</td>
<td>Stronger</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Very strong</td>
<td>Slow down! You have exceeded recommended level of activity!</td>
</tr>
<tr>
<td>8</td>
<td>Very, very strong</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Maximal effort</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Maximal effort</td>
<td>Absolute maximum</td>
</tr>
</tbody>
</table>
Signs to stop and rest

Sometimes you may notice that your exercise effort is higher than you expect for a specific amount of exercise compared with previous exercise sessions.

If your exercise effort is higher than usual, follow these guidelines:

- Consider possible reasons and correct them for next time (e.g. change in weather conditions, a recent heavy meal, busy day, dehydrated, stressed, coffee/tea, alcohol).
- Stop and rest for 2-5 minutes if you have any of these symptoms:
  - Pain or discomfort in the chest, neck, jaw, arms back, etc
  - Excessive sweating
  - Nausea
  - Dizziness
  - Irregular heart beat
  - Extreme shortness of breath
  - Feeling cold and clammy
  - Decreased coordination
  - Unusual joint or muscle pain
  - Head pounding
  - Extreme fatigue
  - Unusual fear or apprehension
- Rest for a further 5-10 minutes if the symptom(s) do not settle.
- Once settled, continue exercising within the 2-4 range of the RPE scale (page 68). Do not increase your exercise the following day.
- If symptoms have not settled within 15-20 minutes, call 911.
Strength activities

- **Check with your cardiac rehab team or doctor before beginning any strength activities.** After your sternum has healed, light to moderate level strength training can be safe.

- Strength activities work your muscles against resistance. Increasing strength activities makes it easier to carry out activities of daily living (e.g. yard work, lifting and carrying groceries).

- Regular strength training, combined with aerobic activities, can improve muscle strength and endurance, improve self confidence and manage weight.

- Talk with your Cardiac Rehab team if you need information or guidance about strength activities.

Sex

- You may have less sex drive in the early recovery period because of pain, medications, fear or depression. This usually improves when you feel stronger.

- It is normal to feel anxious when you have a normal sexual response (e.g. high heart rate, shortness of breath and tense muscles).

- Talking to your partner about your concerns helps with closeness. You can create intimacy in other ways besides sexual intercourse.

- About the same amount of energy for sexual intercourse is used when climbing 20 steps in 10 seconds or walking briskly at 3-4 mph (5-6 km) per hour. When you can do this comfortably, you generally are able to have intercourse.
Before, during and after your heart surgery

- Protect your chest during sexual activity. Find a position that does not put pressure on your chest and does not need support from your arms. Safe positions include side-lying, patient on bottom and seated upright.

- Avoid sexual activity after a large meal or after exercising. If you feel tired or tense, wait until you are more rested.

- Talk with your doctor or other members of your health care team about any concerns or questions you or your partner may have about resuming sexual activity.

Exercise after the Recovery Period

It is beneficial for your heart health and overall health to continue with a regular exercise program. For most people, 30-60 minutes of moderate intensity exercise 5-7 days per week is recommended.

It is good to do anything that gets your heart beating a little faster, makes you feel warmer and breathe faster (e.g. a brisk walk, cycling, skating, dancing, or swimming. You can choose a few different types of exercise to give you variety. Talk with your cardiac rehab team or doctor for more information.
Before, during and after your heart surgery

General time lines for resuming your usual activities

<table>
<thead>
<tr>
<th>Weeks 1-6</th>
<th>After 6 weeks – Consider these activities if you can do more:</th>
<th>After 3 months – Consider these activities if you can do more:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Walk</td>
<td>• Return to work part time if:</td>
<td>• Return to work full time with your surgeon’s approval</td>
</tr>
<tr>
<td>• Do light</td>
<td>• your job does not require lifting, and</td>
<td>• Do heavy housework (e.g. lift groceries, clean windows,</td>
</tr>
<tr>
<td>housekeeping (e.g. dust, set the table, wash dishes, fold clothes)</td>
<td>• Your surgeon gives approval</td>
<td>scrub floors)</td>
</tr>
<tr>
<td>• Do light gardening (e.g. pot small plants, trim flowers)</td>
<td>• Do heavier housework (e.g. vacuum, sweep, laundry, iron)</td>
<td>• Do heavy gardening (e.g. shovel snow, dig, mow lawn, rake leaves)</td>
</tr>
<tr>
<td>• Attend sports events, church, movies, etc.</td>
<td>• Go boating or fishing</td>
<td>• Begin to slowly lift over 5 lbs (e.g. small children, pets)</td>
</tr>
<tr>
<td>• Climb stairs</td>
<td>• Travel</td>
<td>• Ride a bike or jog</td>
</tr>
<tr>
<td>• Cook meals</td>
<td>• Drive a car or small truck</td>
<td>• Bowl</td>
</tr>
<tr>
<td>• Do needlework</td>
<td>• Do light aerobics with no weights</td>
<td>• Hunt</td>
</tr>
<tr>
<td>• Be a passenger in a car</td>
<td>• Walk the dog on a leash</td>
<td>• Ride a motorcycle</td>
</tr>
<tr>
<td>• Play cards, games</td>
<td>• Do small mechanical jobs</td>
<td>• Play softball/baseball</td>
</tr>
<tr>
<td>• Read</td>
<td></td>
<td>• Swim</td>
</tr>
<tr>
<td>• Go to a restaurant</td>
<td></td>
<td>• Play tennis</td>
</tr>
<tr>
<td>• Have sex</td>
<td></td>
<td>• Water ski</td>
</tr>
<tr>
<td>• Shop</td>
<td></td>
<td>• Weight lift in moderation</td>
</tr>
<tr>
<td>• Ride a stationary bike</td>
<td></td>
<td>• Play hockey</td>
</tr>
<tr>
<td>• Walk on a treadmill</td>
<td></td>
<td>• Use a hot tub</td>
</tr>
</tbody>
</table>

Check with your doctor or cardiac rehab team before starting any new activities.
How can I reduce my risk factors?

Learn about the causes of heart disease and ways to optimize your heart health in the Heart and Stroke Foundation’s Recovery Road.

Heart Health Education Classes

There are several heart health education and support classes offered on Vancouver Island. All programs are:

- Open to people with heart disease, their families and people at risk for heart disease.
- Free or available for a small fee.
- Taught in small groups by health care professionals.
- 6-10 weeks in length. Each class is 1 hour long.

To register for a class in your area, please contact:

<table>
<thead>
<tr>
<th>In Victoria: Island Heart to Heart</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tel: 778.678.8423</td>
</tr>
<tr>
<td>Email: <a href="mailto:islandheart2heart@shaw.ca">islandheart2heart@shaw.ca</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nanaimo Heart Matters</th>
<th>Port Alberni Heart Matters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tel: 250.740.6926</td>
<td>Tel: 250. 724.8824</td>
</tr>
<tr>
<td>Campbell River Heart Matters</td>
<td>Parksville Heart Matters</td>
</tr>
<tr>
<td>Tel: 250.850.2195</td>
<td>Tel: 250.947.8202</td>
</tr>
</tbody>
</table>
Heart Health Resources

VIHA Heart Health website
www.viha.ca/heart_health/

Heart and Stroke Foundation
www.heartandstroke.ca
Tel: 1.888.473.4636

HealthLinkBC
www.HealthLinkBC.ca
Tel: 8.1.1 or 7.1.1 (TTYL)
Translation Services available.

First Open Heart Society
1580 Pembroke Street,
Victoria, B.C. V8R 1W2
Tel: 250.595.2123
Email: fohs@fohs.bc.ca

Find out about heart health related resources in the Heart and Stroke Foundation’s Recovery Road.
Follow-up appointments

Make the following appointments as soon as you get home:

<table>
<thead>
<tr>
<th>Family Doctor</th>
<th>Within the 1st week after surgery</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. __________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To check your incision, pulse, temperature, and blood pressure, and generally see how you are doing.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cardiologist/Internist</th>
<th>For 6 weeks after surgery</th>
<th>Date:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. __________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To renew your prescriptions and tell you when you can start to drive.</td>
<td></td>
<td></td>
<td></td>
</tr>
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<tr>
<th>Cardiac Surgeon</th>
<th>For 6 - 8 weeks after surgery (not all patients need this visit)</th>
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| Other:                 |                                                                                 | Date: | Time: |
|------------------------|                                                                                 |       |       |

If you need to have blood tests or X-Rays done, you will be given instructions before you leave the hospital.
### What to do if you have concerns

<table>
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<tr>
<th>Go to the Emergency Department or call 911 if you have:</th>
<th>Call your family doctor if you have:</th>
<th>Call 3 North at 250.370.8111 Ext. 17302 if you have concerns about:</th>
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<tbody>
<tr>
<td>• Severe angina-like chest pain not relieved by nitroglycerine.</td>
<td>• Bleeding from an incision–enough to soak through a tissue.</td>
<td>• Your discharge instructions.</td>
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<td>• Chest discomfort with sweating, nausea, fainting or shortness of breath.</td>
<td>• Drainage from an incision that changes in appearance or color (especially yellow or green).</td>
<td>• Home supports.</td>
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<tr>
<td>• Fast, irregular heart beat (faster than 120 beats/minute) with shortness of breath, dizziness or feeling sweaty, that last longer than 30 minutes.</td>
<td>• Increased tenderness, redness, or warmth around an incision.</td>
<td>• Your medications.</td>
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<td>• Shortness of breath that gets worse and is not relieved by resting.</td>
<td>• Incisions that open up after you leave the hospital.</td>
<td>• Your surgery and recovery.</td>
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<td>• Fainting spells.</td>
<td>• High-grade fever (38.5C/101.3F and over) for 2 days or more.</td>
<td>• Who to call or what to do about a problem.</td>
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<td>• Bright red blood in stool or urine or when you cough.</td>
<td>• Low-grade fever (37.5C-37.9C or 98.5F-101.2F) for more than 3 days.</td>
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<td>• Sudden numbness or weakness in arms or legs.</td>
<td>• Gradual onset of shortness of breath.</td>
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Before, during and after your heart surgery

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<th>legs.</th>
<th>Pain that is not relieved by your medications.</th>
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<td>• Sudden problems with speaking, walking or coordination.</td>
<td>• Upset stomach, vomiting, or stomach pains that stop you from eating.</td>
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<td>• Temporary blindness in one eye or a gray film covering one eye.</td>
<td>• Black stool if not taking Iron.</td>
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<td>• Trouble peeing.</td>
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<td>• Sudden weight gain of 2-3 pounds (1 to 1 ½ kg) over 1-2 days.</td>
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<td>• Leg or ankle swelling that is new or getting worse.</td>
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<td>• Numbness or increased skin sensitivity over the chest wall that is new or is getting worse.</td>
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<td>• Persistent sad or negative feelings that concern you.</td>
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For non-emergency professional health information 24/7, contact HealthLinkBC Web: [www.HealthLinkBC.ca](http://www.HealthLinkBC.ca)
Tel: 8.1.1 or 7.1.1 (TTY)
Translation Services are available in over 130 languages.
### Medication Calendar

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Before, during and after your heart surgery

Medication Calendar

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Before, during and after your heart surgery

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Page - 80
Before, during and after your heart surgery

Anticoagulant Record

The anticoagulant I am taking is called:

☐ warfarin (Coumadin®)  ☐ dabigatran (Pradax®)  ☐ rivaroxaban (Xaralto®)

I am taking the anticoagulant for:

☐ Atrial fibrillation
☐ Blood clot in the heart
☐ Blood clot in the lungs or legs
☐ Prosthetic heart valve

I need to take this anticoagulant for:

☐ 1 month
☐ 3 months
☐ 6 months
☐ Forever

My heart surgeon recommends that my target INR range be between:

☐ 2.0 and 3.0
☐ 2.5 and 3.5

<table>
<thead>
<tr>
<th>Date of INR Test</th>
<th>INR Results</th>
<th>Dosage Instructions</th>
<th>Dose Taken</th>
<th>Date &amp; Time Dose Taken</th>
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Before, during and after your heart surgery
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Tell us what you think!

After reading *Before, During and After Heart Surgery* please respond to the following statements. Your answers and comments will help us improve the information.

_Circle one number for each statement:_

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
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<tbody>
<tr>
<td>I read all of the information provided.</td>
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<td>Comments</td>
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<td>The information is easy to read.</td>
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<td>The information is easy to understand.</td>
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<td>Comments</td>
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<td>Reading this information will help me recover better.</td>
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<td>Comments</td>
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<td>The information answered my questions.</td>
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<td>I would recommend this information to other patients.</td>
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I prefer to have this information in:

- [ ] A book just like this one
- [ ] Separate handouts on each topic that I need
Before, during and after your heart surgery

I would have liked MORE information about:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

I would have liked LESS information about:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

What changes would you make in this book to make it better, or What other comments do you have?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

I am:

__ a patient __ a family member

Thank you!

Please give this evaluation form to your health care provider or mail to:

Professional Practice
2nd Floor, Peninsula Health Unit
#206- 2170 Mt. Newton X Rd.
Victoria, BC, V8M 2B2
Before, during and after your heart surgery

MEDICAL EQUIPMENT LOAN SERVICE (MELS)
REQUEST FORM - OPEN HEART SURGERY

To obtain Red Cross equipment:
- Health care provider completes Section 1.
- Client completes Section 2.
- Client phones their local Loan Cupboard to ensure the equipment is available.
- Client brings the completed form to the Loan Cupboard.

<table>
<thead>
<tr>
<th>Section 1: To be completed by Health Care Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Today's Date: _____________ Referring Health Care Provider: __________________________</td>
</tr>
<tr>
<td>Health Care Designation _________________________ Tel: __________________________</td>
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</table>

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<thead>
<tr>
<th>Section 2: To be completed by client</th>
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<tbody>
<tr>
<td>Client name: _________________________ Tel: ________________</td>
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<tr>
<td>Address: ____________________________ Postal Code: ____________</td>
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<tr>
<td>Client Weight: __________ lbs/Kg Height: __________ inches/meters</td>
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<tr>
<td>Alternate Contact Name: ______________ Tel: ____________________</td>
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- Raised Toilet Seat (please circle) 2” / 4” / 6”
- Bath Seat with back (if patient has a walk-in shower)

OR
- Transfer Bench (if patient has a tub shower) Please circle: Taps located on left or right
- 2 wheel walker height: ________ inches/meters (if patient currently uses a cane or crutches)

Equipment is the property of The Canadian Red Cross and is provided as a service to the community. The loaning of equipment is for a limited term and is subject to availability.

Donations Are Welcome!
### Where to Get Equipment

| Red Cross Loan Cupboards | • **REQUIRES** a signed Medical Equipment Loan Service Request Form (page 91).  
|                          | • Provides “free” equipment for 3 months; however, donations are gratefully accepted!  
| www.redcross.ca          | • Limited supply of equipment and may not have all the items you need.  
| Toll Free:              | • **Please call ahead to ensure the equipment is available.**  
| 1.800.565.8000          | • Locations throughout BC.  
| or check local listings for area phone number. | |

| **Medical Supply Stores** | • See yellow page listings for stores in your area.  
|                          | • Equipment for rent and/or purchase.  
|                          | • May deliver to your home and/or install.  
|                          | • Costs may be covered by extended health plans; check your plan.  

| **Government Agencies** | • Veterans Affairs Canada [www.vac-acc.gc.ca](http://www.vac-acc.gc.ca)  
|                         | 1.866.522.2122  

| **Friends/Family** | • Check with friends and family who may have equipment you can borrow.  
