

What to expect after heart surgery

We are here to answer your questions, from pre-surgery to recovery and rehabilitation. We want our patients and their visitors to feel as comfortable and informed as possible.



Visitors

During surgery

Family and friends are welcome to wait in the lobby. It is helpful for patients to designate a primary contact for nurses and medical staff. The operating room nurses will call that person's cell phone or the lobby desk phone with updates.

Guest accommodations

If guests want to spend the night, let us know so we can prepare for them. Guests should be sure to drink fluids, eat enough and get plenty of rest. Restrooms for visitors are located in the lobby and outside of room 5024. Coffee, tea and water are free on the unit, and vending machines are available in the lobby.

As we care for patients, it may get noisy. We have earplugs for patients' and guests' comfort. There are many alarms and only a nurse should silence them. If there is a continuous alarm, visitors and patients are urged to use the call light to alert the nurse.



After surgery

The nurse will let you know when you can visit the patient. It may be up to an hour before you're allowed, and the number of visitors may be limited.

A team of nurses, a cardiac navigator, doctors, physician assistants, pharmacists, a care manager and a dietician visit patients daily starting at 7:30 a.m. This team of providers is happy to have you present and will answer any questions.

The nurses report to each other between 7 and 7:30 in the morning and evening. Please refrain from calling during that time; it helps us tremendously as we set plans for your loved one's care.

Typical recovery



Each patient is unique. The course of surgery, recovery and rehabilitation may vary from person to person.

A nurse will update the whiteboard in the patient's room with his or her care plan. At night, the nurse may need to administer medication, check vital signs, conduct breathing treatments and collect labs.

We need to keep track of everything patients eat and drink, so please let the nurse remove used cups and trays. Patients also will be on fluid restriction, which includes ice chips. We also need to keep track of what goes out of patients' systems, so let us empty all devices.

Throughout the days following surgery, a physical therapist may visit to help the patient regain strength.

Immediately post-surgery

- The surgeon will speak to you when surgery ends.
- The patient will be moved to a recovery room on the unit.
- An assigned nurse will directly oversee care, and will work diligently to manage any pain.
- Medications may cause the patient to be a little confused or disoriented.
- Blood sugar tests will be administered every one to two hours, even for non-diabetic patients.
- A breathing tube and other lines will still be in place. The patient will be unable to speak until the breathing tube is removed.
- Once the breathing tube is removed, the patient will need to work on deep breathing, coughing and the incentive spirometer to expand the lungs.
- At that time, or as soon as six hours after surgery, we will help the patient sit at the edge of the bed or even stand.
- The patient may look puffy in the face and/or fingers due to all the fluids he or she has been receiving. A normal appearance will return over time.

Daily

We will help the patient:

- Sit up in the chair for all meals.
- Practice walking in the hall four times a day.
- Use the incentive spirometer and practice coughing and taking deep breaths every one to two hours while awake.
- Bathe with special soap.
- Get labs and other tests done.
- Get plenty of sleep — patients need it to recover!

Day 1

- We will remove some of the equipment the patient is hooked up to.
- We will take the urinary catheter out; the patient will need to urinate within eight hours.
- The patient can start eating as his or her appetite allows.
- Chest tubes will stay in place along with a temporary pacemaker.
- As the patient's condition improves, his or her nurse may change.

Day 2

- The patient's Ace wraps will be removed.
- Stool softeners may be added if the patient hasn't had a bowel movement.

Day 3

- Chest tubes might be removed if drainage is low enough.
- The patient will need an additional chest x-ray after the chest tubes are removed. This may happen the day they are removed or before discharge.
- The patient may be ready to have heart wires removed.
- After the heart wires are removed, the patient will need to stay in bed for one hour, and then be up in the room for a maximum of about one hour.

Days 4 and 5

- The patient may or may not be discharged. Don't be discouraged! We want to make sure each patient is safely discharged depending on their individual course of recovery.
- We will help wrap up any concerns about being discharged.
- The patient will need to have a bowel movement before going home.
- We will remove the IV line in the patient's neck.
- Before leaving, you and the patient receiving care will be given assistance and guidance from multiple providers including a dietician, pharmacist, cardiac navigator, care manager and social worker.
- We will help determine if the patient needs to go home with additional oxygen.

Postoperative complication prevention



To reduce the chances of complications after surgery, the patient should:

- Use the incentive spirometer 10 times an hour while awake.
 - Walk in the hallway three to four times each day.
- Wear sequential compression devices (SCDs) while in bed or sitting in the chair.
 - Wash hands after using the bathroom.
 - Sit in the chair for all meals.
 - Have the urinary catheter cleaned twice a day to prevent infection.
 - Be bathed daily.

Discharge

The Care Manager will assist with all discharge needs, and will start planning early to get the patient home as soon as possible. Our goal is to discharge patients within two hours of their doctor writing their discharge order. Please let the nurse know if the patient may have any barriers to returning home.

Caregivers and patients will be given discharge paperwork to take home that will be reviewed by the patient's nurse. A nurse will go over newly prescribed medications with caregivers and patients before discharge.

Discharge checklist



Before going home, the nurse will ensure that the patient is able to:

- Tolerate food without nausea.
- Urinate.
- Control pain with pills.
- Care for incisions at home.
- Understand what newly prescribed medications are for.
- Call the doctor for any complications after discharge.



Cardiovascular care unit

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