

Heart Surgery: Care After Leaving the Hospital

This brochure will help you learn more about recovering from heart surgery. If you have any questions or concerns, please ask your physician or nurse.

Preparing to leave the hospital

Your care team will talk with you about any help you may need after you leave the hospital. This may include:

- Follow-up medical visits.
- A friend or family member staying with you for several days.
- Home health nurse visits.
- A short stay in a skilled nursing facility.

If you have any questions or concerns, please ask your nurse or physician.

Whether you first go home or to another facility, follow the guidelines in this brochure to help you care for yourself as you recover.

Before you leave the hospital, you will need to learn about:

- Diet/daily weights
- Wound care
- Showering
- Activity
- Medication
- When to call the physician
- Follow-up medical visits

The appendices at the back of this brochure provide extra information:

- Appendix A: **Follow-Up Care After Heart Valve Surgery**. This provides more detail for those who had heart valve surgery.
- Appendix B: **Follow-Up Care After Surgery for Atrial Fibrillation (AFib)**. This describes what to expect if you were treated for AFib.

Your nurse will review your specific discharge instructions before you leave. Make a note of any questions you have for your physician, nurse or therapist.

Before you leave the hospital, we will give you a list of your medicines and explain:

- Why you need to take them/how they will help you.
- The dose – how much to take.
- When or how often you should take them.
- What side effects to report to the physician.

Listed below are some common types of medicines used after heart surgery:

- **Antiarrhythmic** medicines treat irregular heart rhythms and help your heart beat more evenly.
- **Diuretics** (water pills) help remove excess fluid and salt (sodium) that could strain your heart.
- **Low-dose aspirin** helps keep platelets in the blood from sticking together. This is another way to prevent blood clots from forming.
- **Statins** lower your cholesterol level. This helps prevent plaque buildup (hardening of the arteries).
- **Beta blockers** lower the heart rate and blood pressure. This reduces any strain on the heart. They also prevent certain hormones from hurting your heart.
- **Angiotensin-converting enzyme (ACE) inhibitors and angiotensin receptor blockers (ARBs)**. These medicines dilate or widen the blood vessels. This allows the heart to pump blood more effectively. They also block the effects of harmful stress hormones.
- **Calcium channel blockers** lower blood pressure and slow your heart rate. They also relieve chest pain and control an irregular heartbeat.
- **Blood thinners** help prevent blood clots from forming.

Warfarin (Coumadin®)

If you are taking a blood thinner, such as warfarin (Coumadin), you will need **weekly blood tests**. This helps your physician adjust your dose as needed. Once your dose no longer needs to be changed, blood tests will not be needed as often.

Call your physician if you have any of the following:

- Bloody or dark (black), tarry stools
- Dark or bloody urine
- Unexplained bruising or bleeding
- Frequent or severe headaches

For more information, please refer to the warfarin booklet you received. It provides information about what foods and medicine to avoid.

On the day of your discharge, please take your incentive spirometer home. Most patients leave the hospital around 11 am.

Care at home

Daily weights and diet

After surgery, your body may retain fluid. This may be due to surgery or to certain types of foods or fluids. Based on weight changes, your physician may adjust your medicine to manage this.

So be sure to:

1. Weigh yourself daily.
 - At the same time.
 - On the same scale.
 - Wearing the same amount of clothing.
2. Keep a record. Call your physician if you gain:
 - 3 or more pounds in 1 day.
 - 5 or more pounds in 1 week.

When planning your meals, select foods high in protein to help your wound heal. Include fruits and vegetables to help prevent constipation. If your appetite is poor, try eating small meals with healthy snacks in between. Follow any guidelines given to you by the dietitian or your physician.

Wound care

Keep your incision clean and dry. To prevent infection, do not use powders, colognes or lotions near your incision for 8 weeks.

Inspect the site daily. Your chest incision will look bruised and may be numb, itchy or sore.

Report any signs of infection to your physician, including:

- Increased redness, swelling or pain at the site
- Thick drainage or pus from the incision
- A temperature more than 101.5 degrees F

Showering

You may shower. With your back to the water, let the water run over your shoulders. Use a mild soap to gently wash the incision site. Carefully pat dry and do not rub.

At first you may feel weak when you shower. Have someone nearby to help if needed. Avoid long showers with very hot water. This could make you feel even more weak or dizzy.

Preventing complications

- Continue to use your incentive spirometer 10 times every hour while awake. Deep breathing and coughing are also important to help prevent pneumonia.
- Wear your elastic stockings as instructed. This helps prevent swelling in your legs.
- Do not bathe in a tub, swim or use a hot tub until your wound is healed. Wait until it is free of any scabs and has no open areas. This is important to prevent infection.

Activity

It is important to keep active. Begin with short distances and walk every 1 to 2 hours. Slowly increase the distance you walk each day. For the first few weeks, it is common to tire easily. Resume your lifestyle slowly. Plan for rest periods between activities.

Do not attempt strenuous exercise until approved by your physician. This can affect the healing of your chest incision and sternum (breastbone).

If you have a chest (sternal) incision:

- Do not lift more than 20 pounds for the first 6 to 8 weeks.
- Avoid reaching over your head if you have any pain or notice clicking in your chest area.
- Do not reach behind your back with both arms at the same time, as if to fasten a bra or put on a heavy coat.

You may need help with these activities for the first 6 to 12 weeks to protect the sternum.

Driving

Do not drive for the first 2 to 4 weeks after surgery. You may resume driving when you are free of pain and no longer taking prescription pain medicine.

Work

Your physician will let you know when you can go back to work. This will depend on your work and its demands. Talk with your physician at your follow-up visit.

Sexual activity

You may resume sexual activity in 4 to 6 weeks if you can climb a flight of stairs without feeling short of breath.

- Be sure you are well rested.
- Avoid positions that put pressure on your upper arms or chest area for 6 to 8 weeks until your breastbone has healed.

Emotions

Life may be different after heart surgery. You may find that you do not feel like yourself. Mood swings, depression, anxiety or difficulty sleeping are common. Talk about your feelings with friends and loved ones. If these feelings do not pass with time or if they worsen, please contact a member of your surgical team. They may refer you to the **Cardiac Behavioral Medicine** Department. Their specially trained staff can help you learn how to:

- Adjust to lifestyle changes.
- Cope with stress and negative feelings.
- Change behaviors you feel are undesirable.

Medications

Take only what your physician has prescribed. If you are unsure about what to take or whether to resume other medicines, ask your physician.

It is very important that you:

- Know the names of your medicines, the dose, why you take them, and when to take them.
- Take the medicines exactly as they are prescribed. If you forget to take a dose, resume your normal schedule. Do not take an extra dose.
- Always carry a list of your medicines with you.
- Renew your prescriptions early to avoid running out.

Managing your pain

Take pain medicine only as directed. If your pain is not well controlled, contact your physician.

Constipation is a common side effect of narcotic pain medicines. Taking a stool softener can help prevent this. Take pain medicine with food to avoid nausea.

Do not take ibuprofen or any products that have aspirin unless your physician has allowed this.

For mild discomfort, you may take plain Tylenol® (acetaminophen). Follow dose directions, but do not take more than 4,000 mg of acetaminophen in 24 hours. This includes other medicines that you may be taking.

- Many medicines, including narcotic pain medicines, have acetaminophen in them. Be sure to read labels carefully or check with your pharmacist if you are unsure. It is important that you look at your total intake of acetaminophen. Do not take more than 4,000 mg of acetaminophen in 24 hours.
- Talk with your physician about 24-hour limits that may be proper for you. Patients who are fasting/undernourished, have diabetes, are taking isoniazid, or frequently drink alcohol may need to limit acetaminophen to just 2,000 to 3,000 mg per day – in divided doses. It is possible your physician may tell you not to take acetaminophen at all.

When to call your physician

Speak with your home health nurse or call the nurse practitioner if any of the following occur:

- Shortness of breath that:
 - Gets worse when lying down.
 - Does not get better after resting.
- Swelling of the legs (new or getting worse).
- Weight gain of:
 - 3 or more pounds in 1 day.
 - 5 or more pounds in 1 week.
- Difficulty speaking, swallowing or drinking.
- Chest pain not related to your incision site.
- A temperature more than 101.5 degrees F.
- Feeling that your heart is beating very slowly or fast, or is skipping beats.

Call 312.695.4965 to reach Bluhm Cardiovascular Institute, TTY for those who are deaf or hard of hearing: 711. Outside of business hours, ask for the cardiology fellow on call.

Follow-up care

Your follow-up visits begin about 2 weeks after leaving the hospital. It is important to keep all appointments for blood work, tests and physician visits. These may be done on the same day, if you wish:

- **Chest X-ray.** This should be done before your first clinic visit. It can be done on the same day, before your exam.
- **Cardiac Surgery Outpatient Clinic.** You will see the heart surgeon and/or nurse practitioner. They may give you extra instructions as needed.

Please call 312.664.3278 when you get home to make your follow-up appointment.

If you take Coumadin or had a pacemaker implanted, more appointments may be needed. See your discharge instructions for specific information.

It is important for you to see your primary physician or cardiologist within 2 to 3 weeks after going home. Talk with your physician about:

- Your current medicines and prescription refills (your primary physician or cardiologist will make any medication changes).
- A referral to a cardiac rehabilitation or routine exercise program. This often begins 6 weeks after surgery.
- Driving.
- Returning to work.
- Mood changes that aren't getting better.
- Any questions you may have.

Timeline summary

This timeline can help you keep track of the key steps of your recovery:

Daily: (pages 3 and 4)

- Weigh yourself.
- Walk every 1 to 2 hours.
- Use your incentive spirometer.
- Inspect your wound for signs of infection.
- Wear elastic stockings.

Weekly: (page 2)

- Blood draws if you are on warfarin (Coumadin).

2 weeks after surgery: (page 6)

- Chest X-ray.
- Cardiac Surgery Outpatient Clinic visit.

2 to 3 weeks after surgery: (page 6)

- Cardiologist or referring physician follow-up visit.

4 weeks after surgery: (page 4)

- Resume driving if not taking prescription medicines.
- Resume sex (after 4 to 6 weeks), using sternum precautions through weeks 6 to 8.

6 weeks after surgery: (page 6)

- Cardiac rehabilitation (if prescribed).

6 to 12 weeks after surgery: (pages 3 and 4)

- Weight, wound care and sternum precautions may be lifted after 6 to 8 weeks if wound is healed (or after 12 weeks if more time is needed).

Additional resources

Inpatient videos

If you would like to watch patient education videos about some of this information, please ask your nurse to help you access the video system.

Internet resources

Northwestern Medicine Bluhm Cardiovascular Institute (BCVI)

heart.nm.org

Bluhm Cardiovascular Institute provides care for all types of heart conditions. Use this site to locate a physician or program to meet your needs.

MedlinePlus

medlineplus.gov

This site has extensive information about heart disease and how to manage it.

American Heart Association (AHA)

heart.org

The AHA has a wide variety of information on heart disease prevention and treatment.

Nutrition Center – Healthy Eating

heart.org/en/healthy-living/healthy-eating

This is a nutrition website maintained by the AHA.

Heart Valve Surgery

heart-valve-surgery.com

This is a patient and caregiver resource for before, during and after heart valve surgery.

Appendix A: Follow-Up Care After Heart Valve Surgery

If you had heart valve surgery, please follow the extra guidelines shown below. They are an important part of your follow-up care.

Follow-up testing

After heart valve surgery, an echocardiogram (echo) will show how your heart valves are functioning. This is done before you leave the hospital. Depending on your symptoms and recovery, more tests may be needed later on.

A yearly check-up with your local cardiologist will help decide if more tests are needed. If you have no symptoms, an echo should be done in 3 years and then yearly after that.

Please ask your physician to fax the echo report to:

Dr. Patrick McCarthy's office, Attention: Heart Valve Nurse Clinician. Fax: 312.695.1903.

Call your physician right away if you notice any of the following:

- Chest pain
- Shortness of breath
- Extreme fatigue
- Fever – if you don't know the cause

Exercise

Talk with your physician about cardiac rehabilitation or a routine exercise program. If you had a sternotomy, do not lift anything heavier than 20 pounds for 6 to 8 weeks after surgery. Your physician may also give you specific directions to follow.

Surgical or dental procedures

Tell all of your healthcare providers that you have had heart valve surgery. Before any surgery or dental procedure, you will need to take antibiotics first.

Continue good dental hygiene and routine dental check-ups. However, do not have any dental procedures for **12 weeks** after surgery.

Follow-up contact

To monitor your progress, our office will contact you in 3 to 6 months and again at 1 year after surgery. Feel free to contact us at any time with questions or concerns.

Heart valve nurse clinician: Phone: 312.926.7410 Fax: 312.695.1903

TTY: 711

Appendix B: Follow-Up Care After Surgery for Atrial Fibrillation

If you had surgery to treat atrial fibrillation (AFib), this will tell you what you may expect. Please follow the guidelines shown below. They are an important part of your follow-up care and will help ensure the best possible outcome.

Phase I: First 3 months

Medicine is often given to prevent blood clots and control heart rate and rhythm (anti-arrhythmics). Yet it is still common to have some AFib or atrial flutter over the first several weeks. This does not affect long term success. As your heart heals, this happens less often and often stops. If it persists, your physician may recommend other treatment such as cardioversion.

Phase II: 3 to 6 months

During this time, you will need to have a physical exam and ECG. If there is no sign of AFib, your physician may choose to stop your antiarrhythmic medicine. In this case, you will need to wear a portable heart monitor for at least 21 days. This monitor should be able to detect AFib or flutter. If no AFib or flutter occurs, **and** if the risk of stroke is low, your physician may stop your anti-coagulation medicine. Aspirin is usually prescribed if it is safe for you to take. If AFib or flutter occurs during or after this time, your physician will prescribe further treatment.

Phase III: 6 months to 2 years

For the first 2 years after surgery, every 6 months you should:

- Have an ECG.
- Wear a portable monitor (Holter) for at least 48 hours.

These tests will help confirm that your heart rhythm is normal and regular.

Irregular heart rhythms

If you have palpitations or other symptoms of an irregular heart rhythm, please tell your physician. You should expect to wear a patient-activated heart event monitor. This is a recording device that will correlate your symptoms with your heart rhythm. This helps your physician diagnose and treat your condition.

Implantable cardiac device

If you have an implanted defibrillator, pacemaker or heart monitor, a device interrogation is done. This periodic check takes the place of wearing a portable monitor.

The AFib nurses are here to help and answer any questions:

Phone: 312.695.2832 Fax: 312.695.1903 TTY: 711