HEART SURGERY: WHAT YOU NEED TO KNOW

A Patient and Family Guide

Bring this booklet with you to all appointments and when you come to hospital for heart surgery.

The information in this booklet is intended solely for the person to whom it was given by the healthcare team. It does not replace the advice or directions provided to you by your heart surgeon or physician.
# Important Phone Numbers

<table>
<thead>
<tr>
<th>Cardiac Surgeons:</th>
<th>Office: 250-862-4336</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Dr. G. Fradet</td>
<td>Fax: 250-862-4366</td>
</tr>
<tr>
<td>• Dr. A. Poostizadeh</td>
<td></td>
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<tr>
<td>• Dr. C. Schulze</td>
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<td>• Dr. C. Wan</td>
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</table>

Interior Health Cardiovascular Surgery Associates  
2251 Pandosy Street  
Kelowna, BC V1Y 1T1  

The offices are located on the Second Floor  
Walter Anderson Building

<table>
<thead>
<tr>
<th>Questions Before Surgery:</th>
<th>250-862-4300</th>
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<tbody>
<tr>
<td>Cardiac Surgery Triage Coordinator</td>
<td>Ext. 7954</td>
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<tr>
<td>Cardiac Surgery Intensive Care Unit (CSICU)</td>
<td>250-862-4006</td>
</tr>
<tr>
<td>Cardiac Surgery Inpatient Unit 2 West</td>
<td>250-862-4327</td>
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<tr>
<td>Cardiac Social Worker</td>
<td>250-862-4326</td>
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<table>
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<th>Questions After Surgery:</th>
<th>Toll Free:</th>
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<tr>
<td>Discharge Follow-up Program Phone Line</td>
<td>1-855-562-4290</td>
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<td></td>
<td>Within Kelowna Area:</td>
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<td></td>
<td>250-862-4290</td>
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| Cardiology Associates Inc. Kelowna                                           | 250-762-9211  |
| Hooper Cardiology                                                            | 250-763-6118  |
Learning that you or your loved one needs heart surgery can be a stressful time filled with many questions. This booklet is a guide to prepare you for heart surgery and your recovery at home following your discharge from the hospital.

Learning about heart disease, lowering cardiac risk factors, and understanding what to expect after surgery will help reduce anxiety. The Heart and Stroke Foundation’s Recovery Road: An information guide for heart patients and their families (www.heartandstroke.ca) is another resource to help you prepare for heart surgery, your discharge from hospital and recovery at home.

Take your time reading each section of these booklets. If you have any questions:

- **Before Surgery:** call the Cardiac Surgery Triage Coordinator at 250-862-4300 Ext. 7954

- **After Surgery:** Call the Cardiac Surgery Discharge Follow-Up Program Phone Line at 1-855-562-4290.

If you are not feeling well, you should call your family doctor or call 911 if it is an emergency.
Section 1: Preparing For Your Surgery

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Your Heart and How It Works

The heart is a muscle that pumps blood through your lungs, and then to the body. It is located behind your sternum (breastbone). The heart is divided into the right and left side, with each side made up of an atrium (top chamber) and a ventricle (bottom chamber).

The right side of the heart pumps blood to the lungs, where it picks up oxygen. The left side of the heart collects the blood with oxygen from the lungs and pumps it to the rest of the body.
The heart also has four valves. They open when blood is pumped out of the heart and then close to prevent blood from flowing backwards.

**The Coronary Arteries**

The heart gets its supply of blood and oxygen from the Coronary Arteries. These arteries are wrapped around the outside of the heart muscle.
The major coronary arteries can be seen below:

Coronary Artery Disease (CAD)

Coronary Artery Disease is a general term that refers to the build-up of fatty material inside the arteries. This build-up can cause narrowing, or a “blockage”, which may decrease the flow of blood and oxygen through the coronary arteries to the heart.
Heart Surgery May Be Required If:

- medication or other procedures such as a stent (a small metal tube permanently placed in the artery to keep the artery open) are not able to improve your symptoms

OR

- the blockage is more complicated.

**Coronary Artery Bypass Graft Surgery (CABG or “bypass”)**

This is an operation that re-routes blood flow around one or more blockages in the heart. The bypass is done using a piece of an artery taken from your arm or chest or a vein from your leg. The artery or vein is then attached above and below the blockages to restore blood flow to the heart muscle.
What Is Heart Valve Surgery?

Valve surgery involves repairing or replacing one or more valves inside the heart that are not working properly. Valves may be repaired using rings or can be replaced using a tissue or mechanical valve.

What is a tissue valve? An animal valve that is similar to your natural heart valves.

What is a mechanical valve? A mechanical valve is made of durable metal and plastic. They last longer than tissue valves. Patients who receive mechanical valves will require ‘blood thinner” pills for the rest of their lives to prevent a clot from forming on the valve.
**Preoperative Teaching**

The surgeon will explain the surgical procedure during your office visit. You will receive a prescription in the office with some medications you will need to purchase and take to prepare for surgery. You will be invited to attend a formal **Pre-Operative Teaching Class** held **on 2 West in the Strathcona Building**. A clerk will contact you with the date for this class, which takes place before your Pre-Surgical Screening (PSS) appointment. Please read this book before the visit.

**Pre-Surgical Screening (PSS) Program**

Pre-Surgical Screening is a process to make sure you are properly informed and fully prepared for your heart surgery. A nurse from PSS will call to ask some specific questions related to you and your health. You will be given a date and time for your PSS appointment to see the anesthetist, nurse and pharmacist.

**Please bring all of your medications in the original containers for this appointment.** You may need blood work, an electrocardiogram or a chest X-ray at this visit. You should expect to be at the hospital for about 3 to 4 hours. Please make sure you have eaten before arriving or bring your lunch with you.

**Surgery Date**

**You will be called by the surgeon’s office with a surgery date as soon as a date is known.** Initially, you are placed on a wait list. You may need some more diagnostic tests completed before your date can be determined.
Same Day Admission for Your Heart Surgery

It is common to be admitted to the hospital on the day of your surgery. You need to register at the **Surgical Services Reception Desk on the ground floor of the Interior Heart and Surgical Center.** You will be prepared for surgery in this area.

Surgery Re-Scheduling

This can be upsetting for you and your family. Surgeries can be postponed or cancelled if there is an emergency or unexpected issue. If this should happen, every effort will be made to reschedule your heart surgery as soon as possible.

What If My Medical Condition Changes?

**Call 9-1-1 (Do not drive yourself!) if you have:**

- new or worsening chest pain not relieved by Nitroglycerine
- new or worsening shortness of breath
- dizziness or fainting spells
- a fast or irregular heart beat that concerns you

**Contact your family doctor if you have:**

- swelling in your feet or ankles that is new or worse
- frequent or increased use of Nitroglycerine to relieve chest pain

After Your Pre-Surgical Screening Appointment:

**Contact the Cardiac Surgery Coordinator** at 250-862-4300 Ext. 7954 to inform them of changes in your medical condition or medications.
What Should I Do to Get Ready at Home?

Plan ahead for your heart surgery. This will decrease the anxiety you and your family may experience during your recovery period.

Here is a list of things to do to help you prepare:

- make arrangements for someone to:
  - bring you to the hospital on the day of your surgery
  - pick you up by 9:00 am the day you go home
  - pick up your prescriptions after discharge home
  - stay with you for the first few nights after surgery
  - assist with your meals, groceries, laundry, housekeeping, gardening, pet care, etc… for the first few weeks
  - drive you to your doctor visits (You cannot drive at all for a minimum of 6 weeks after surgery)
  - walk with you when you exercise
- have Extra Strength Acetaminophen (Tylenol®) on hand
- have pre-prepared or frozen meals available for the first few weeks
- complete necessary paperwork (e.g. Medical Employment Insurance, Special Insurance) as you will be unable to work for a minimum of 6 weeks after your surgery
• consider Advance Care Planning. This begins by thinking about your beliefs, values and wishes regarding future health care treatment. It is about having conversations with your close family, friends and health care providers so that they know the health care treatment you would agree to or refuse if you became incapable of expressing your own decisions. (www.gov.bc.ca/advancecare)

What If I Have to Travel to Kelowna for Surgery?
• Consider making arrangements to stay in Kelowna the night before your surgery.
• Bring government issued photo picture ID and enough money to pay for your travel home.
• *Arrange for your own transportation home.* Interior Health does not pay for return to your home, even if you came to the hospital by ambulance.
• *Do not drive your personal vehicle to the hospital without a plan for someone else to drive it home. You cannot drive at all for a minimum of 6 weeks after surgery.*

What If I Am Already Waiting in Hospital?
• If you are in your community hospital, you will be transferred via ambulance to Kelowna General Hospital (KGH), *a day or two before your surgery.* If you are already at KGH, the cardiac surgery team will prepare you for surgery.
Should I Stop Smoking?

**YES, QUIT NOW!** It is important to stop smoking! Smoking raises your risk of serious breathing complications after surgery. For help to quit, talk to your family doctor or contact QuitNow.

How Can I Stay Healthy?

It is important to be as healthy as possible before your heart surgery. You can improve your health by:

- Eating low-fat, high fibre meals
- Monitoring your sugars/diet closely if you have diabetes
- Continuing to safely stay active
- Avoiding alcohol and street drugs for at least 3 weeks before your surgery. *If you have not stopped, please tell your surgeon or nurse.*
What Personal Items Do I Need For My Hospital Stay?

- Non-slip, easy on, flat shoes or slippers with a closed-in heel. No flip flops
- Toothbrush and toothpaste
- Glasses and dentures labelled with your name
- Hearing aids and mobility aids (e.g. cane)
- Electric shaver
- Other personal items such as deodorant
- Loose, comfortable clothes to wear when you go home

- **Women Only:** A comfortable, fitted bra that is easy for you to put on after surgery. You may consider a front closure bra.

We ask that your family or friends take your belongings home when you go for surgery. They can bring them back when you are moved to the Cardiac Surgery Inpatient Unit (ward). You are responsible for the care and safety of your personal belongings while you are in the hospital.
What Do I Do The Night Before Heart Surgery?

1. Remove ALL jewelry and body piercing items (For safety, please leave all jewelry at home)

2. Remove all nail polish, artificial nails and make-up

3. Shower/bathe and wash your hair – allow skin to dry thoroughly

4. Use Sage Antiseptic Body Wipes, following the instruction sheet provided

5. Apply antibiotic cream using a Q-Tip to the inside of both nostrils, if you have been told by the surgeon’s office to do so

6. Take your pills as directed by Pre-Surgical Screening

7. Follow instructions for eating and drinking

8. **DO NOT** shave or use hair removal cream on your chest, arms or legs
What Do I Do The Day of Heart Surgery?

- Bring this booklet to the hospital!
- Take any medications as directed by Pre-Surgical Screening
- Follow instructions for eating and drinking
- Clean skin again with Sage Antiseptic Body Wipes and follow instruction sheet provided
- Do not wear any make-up, perfume or jewelry of any kind
- Remove any religious or cultural items
- Bring your BC CareCard
- Bring someone who can interpret, if you have difficulty understanding English
- Bring a telephone number of your contact person for the Heart Surgeon to call after surgery

At the hospital, you will report in and register at the **Surgical Services Reception Desk on the ground floor of the Interior Heart and Surgical Center**. Volunteers are located at each entrance to help you find your way. Please allow ample time to find parking. You will be prepared for surgery in this area. Family/friends can stay with you until you are ready to go to the Operating Room.
What Happens Next?

You will be taken from Surgical Services on the first floor of the Interior Heart and Surgical Center directly to the Operating Room on the second floor of this building. Your heart surgery will take 3 to 6 hours, which can be a long wait for your family and friends. Family and friends are encouraged to wait in the comfort of their own surroundings (e.g. home or hotel, shopping area).

When your surgery is over, you will be moved from the Operating Room to the Cardiac Surgery Intensive Care Unit (CSICU). The heart surgeon will contact your family at the telephone number you have provided.

When family return to the hospital, they should go to the Cardiac Surgery Intensive Care Waiting Room located on the second floor of the Interior Heart and Surgical Center. During the day, there is a volunteer at the desk to assist and answer questions. There is a phone you may use to call into the CSICU.
Who Is On The Healthcare Team?

**Cardiac Surgeon:** performs your heart surgery and oversees your recovery

**Cardiac Surgical Assistant:** a doctor who assists the surgeon to perform the operation

**Cardiac Anaesthesiologist:** puts you to sleep during the surgery and is involved in your care in the Cardiac Surgery Intensive Care Unit

**Perfusionist:** supports the team in the Operating Room by running the heart/lung machine during the operation

**Cardiac Surgery Triage Coordinator:** is the nurse who is the contact between you and your doctors prior to your surgery. The coordinator can answer any questions you may have as you prepare for surgery

**Nurse Practitioner (NP):** follows your progress after your heart surgery and works with the team to manage your care

**Registered Nurse (RN):** cares for you 24 hours a day while you are in hospital

**Registered Respiratory Therapist (RRT):** manages the breathing machines in the CSICU and monitors your breathing once the breathing tube comes out

**Pharmacist:** assists to manage your medications

**Cardiology Technologist:** performs tests before and after surgery

**Physiotherapist (PT):** supports you with breathing exercises and physical activity to build up your strength after surgery. The PT will work with you to design a home exercise program
Occupational Therapist (OT): provides information and recommendations for your recovery and safety in your own home

Dietitian: assesses your dietary needs after surgery and provides information about heart healthy food choices

Social Worker: assists with discharge planning, provides information on community resources and/or counselling if you need it

Aboriginal Patient Navigator: assists and supports in providing culturally safe health care

Patient Care Aide: works with the nurses to provide care

Chaplain: offers spiritual and mental support for you and your family

Volunteers: are available throughout KGH in a variety of roles

Health Care Students: You may encounter a variety of students throughout your stay.

It is important to have all of your questions and concerns addressed while you are in hospital. Feel free to talk to any member of your healthcare team.

Talk to Us!
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Recovering in the Cardiac Surgery Intensive Care Unit (CSICU)

Depending on your surgery and recovery time, you can expect to be in the CSICU for 12 to 24 hours.

- You may be asleep for the first few hours after your surgery.

- As you begin to wake up, you may have a tube in your throat attached to a machine that helps you breathe. When you are able to breathe on your own, this tube will be removed and an oxygen mask will be placed over your nose and mouth. You may have a sore throat or a dry mouth for a few days because of the breathing tube.

- Pain medication will be given to you before you wake up and on a regular basis.

- You will be attached to several different monitors.

- Drainage tubes will be in place. They will be removed as quickly as possible. A catheter will be placed in your bladder so you do not need to worry about going to the bathroom.

- Before you are moved from the CSICU, some of the tubes will be removed.

- It is common after surgery for you to be swollen in your hands, feet and face. This is because you are given extra fluid during your surgery. This will gradually go away.

- All of the above points can often make the first few visits in CSICU stressful for your family.
Will I Have Pain?

It is common to have pain after surgery. The health care team will work with you to ensure you remain as comfortable as possible throughout your recovery.

Information about pain control:

- Pain is different for everyone. Treating pain early is more effective than waiting until pain becomes intolerable. Don’t wait until the pain gets intolerable.

- You should be comfortable enough to move, sleep, take deep breaths and cough.

- Pain medication will be given regularly. It may be given in different ways. Examples include: into an intravenous (IV) line, rectal suppositories, a patch on the skin, by mouth, or a combination of the above.

- The nurse will ask you to rate your pain using a scale of 0 to 10. A rating of 0 means you feel no pain and 10 means you are experiencing the worst pain you can imagine.

- Your pain level should be less than 3 on the rating scale. If your level is greater than 3, tell your nurse.
What About Deep Breathing and Coughing?

It is essential to do deep breathing and coughing every hour while awake to prevent lung complications (e.g. infection, pneumonia). Pain medication and supporting your sternum reduces the discomfort associated with deep breathing and coughing. This is one of the most important things you will do for your recovery.

Protecting Your Sternum

Using both hands press the pillow over your breastbone while deep breathing and coughing

What About Activity?

Activity helps you recover faster. You will gradually increase your activity from sitting on the edge of the bed to walking in the halls. See Recovery Pathway page 25.
What Is the Safest Way to Get Out of Bed?

Bend one leg at a time, then roll onto your side

Hang your legs over the side of the bed

Push yourself up the rest of the way using minimal assistance with your uppermost arm

Sit for a few seconds and catch your breath

To get back into bed, reverse the process
What Is the Safest Way To Get Up From a Chair?

Slide to the edge of the chair, position your feet under your knees

Lean forward to position your shoulders over your knees, “nose over toes”

Use your legs to stand up – *DO NOT* use your arms

To sit down, reverse the process
# Recovery Pathway

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Activity</th>
<th>Tubes and Lines</th>
<th>Pain Medication</th>
<th>Food and Nutrition</th>
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<tr>
<td>Admission Day of Surgery</td>
<td>Dangle at bedside</td>
<td>Heart Monitor</td>
<td>IV</td>
<td>No Fluids No Solid Food</td>
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<td>Tubes and lines out when ready</td>
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<tr>
<td>Day 1 After Surgery</td>
<td>Sit up &amp; take a short walk with help</td>
<td>Heart Monitor</td>
<td>IV / Oral</td>
<td>Fluids and food as tolerated</td>
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<tr>
<td>Day 2</td>
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<td>Less IV / Oral</td>
<td>Solid food, fluids</td>
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<tr>
<td>Day 3</td>
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<td>Heart Monitor</td>
<td>Oral</td>
<td>Solid food, fluids</td>
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<td>Plan for home</td>
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<td>Practice small flight of stairs</td>
<td>Heart Monitor</td>
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<td>Oral</td>
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Recovering in the Cardiac Surgery Inpatient Unit (2 West)

Once you are ready to leave the CSICU, you will go to the Cardiac Surgery Inpatient Unit on the second floor of the Strathcona Building to continue your recovery along the Recovery Pathway described on page 25.

The average length of stay after surgery is 4 to 6 days. During this time your recovery will focus on wound healing, mobility, gaining independence, managing pain and preparing for going home. We will continue to monitor your heart for a few days using a portable heart monitor.

Your experience on the Inpatient Unit will be different than in the Intensive Care Unit. Some of the differences include:

- Sharing your nurse with other patients
- Following the Recovery Pathway guidelines

Remember, everyone recovers at their own pace.
How Can I Expect to Feel?

It is common to feel tired and not quite yourself. Your rest and sleep may be disturbed by changes in your normal routine, unfamiliar surroundings and constant activity in the hospital. This may temporarily affect your memory or your ability to keep track of time. If you have concerns please talk to your nurse.

What Can Happen After Surgery?

Delirium

Delirium or confusion can occur after heart surgery. It is most common in the older adult, those who have had a prior episode of delirium and those who have signs of memory loss. Tell your nurse or doctor if you have experienced delirium in the past. All patients will have a memory test as part of the pre-surgical workup. This information is used to compare your memory before and after surgery.

Delirium is not preventable. There are many reasons why people get delirium. Once identified, the team works to minimize the impact of a delirium episode by ongoing assessment, medication if needed and by providing support for the family. This is a temporary condition that can be an upsetting experience for you or your family. Family members are in a good position to notice small changes that staff may not recognize because they don’t know you as well. We encourage patients and family members to talk to staff regarding any concerns.

Pleural Effusions

It is not unusual to have a small amount of fluid collect in the space outside your lung after heart surgery. Sometimes you may feel a bit short of breath. This fluid usually goes away on its own over time.
Atrial Fibrillation

Atrial fibrillation is a common fast irregular heart beat after surgery. It occurs in 30% of patients and may delay your discharge by a few days. This can make you feel:

- sweaty
- nauseated
- short of breath
- dizzy or weak

The patients at risk are usually those who are older, have heart valve disease or who have had atrial fibrillation in the past. This heart rhythm is not life threatening. It often can correct itself or it can be treated with a variety of medications or a procedure.
How Will I Protect My Sternum (Breastbone) While Doing My Daily Activities?

Doing your daily activities will be a little different following your surgery. The team will work with you in the hospital to help you learn how to remain independent while protecting your sternum.

Getting Dressed

- Keep your arms in front of you
- Slow down and think about your movements
- Larger short sleeve shirts will be easier to put on and take off

Having a Shower

- You may need help to wash your back or you can use a long handled sponge
- Please avoid pushing or pulling on grab bars
- Do not stay in the shower too long, it may make you feel tired

Using the Toilet

- Do not reach behind you to flush the toilet
- You should stand up and face the toilet to flush
- Wipe from the side or front

Riding in a Vehicle

- Use a stool to access large pick-up trucks
- With your left hand reach across your body to put on your seatbelt

You may need a raised toilet seat or a bath transfer bench at home for a short time after surgery. The Occupational Therapist will assess this following your surgery.
When Will I Be Ready To Go Home?

You are ready to go home when:

- heart rate, blood pressure, and temperature are stable
- pain is well controlled
- able to get in and out of bed on your own
- able to wash/shower, walk and dress on your own
- your bowels have moved
- you have a place to go, a ride to get you there and someone to stay with you for the first few nights
- discharge teaching is complete
Section 3: Recovery at Home

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You have made great progress! It may take 3 to 6 months to fully recover from your surgery. Patients have told us it takes about two weeks to start feeling like yourself again. This will depend on your age, health condition before surgery and whether or not you had any complications.

**Important Points About Recovering at Home:**

- “No Lotions, Potions or Vitamin E on your incisions”
- follow the medication instructions you received
- take pain medication regularly for the first few weeks
- continue your walking program
- when sitting, raise your feet up if you have leg or ankle swelling
- balance rest and activity
- energy level and mood may vary
- be patient with your recovery
- go to your follow-up appointments

**What About My Incisions?**

You may go home with steristrips (small tapes) on your incision. These can get wet and will need to be patted dry after your shower. Steristrips can be removed 7 to 10 days after you go home, if they have not already fallen off.

You may notice a small amount of drainage from your incision(s) or chest tube sites ranging in color from clear yellow to reddish brown. This should stop within the first week or two after you get home.
It is normal for your incision to feel itchy as it heals. **Do not:**

- rub or scrub your incision
- use lotions or powders on your incision until the skin has completely healed
- expose your incision(s) to the sun as the scar may discolour
- sit in a bath tub, hot tub or public swimming pool until your incisions are well healed

**When Should I See My Family Doctor? If:**

- incision drainage increases or turns yellowy green
- the incision becomes red, tender or warm to the touch
- you develop a fever
- you have new or increased swelling

**How Do I Protect My Sternum (Breastbone)?**

Your breastbone will take 8 to 12 weeks to heal. It is important to continue using both of your hands to support your sternum when coughing or sneezing. You may sleep on either side but not your stomach.

During this time **avoid:**

- using only one arm to push or pull (e.g. vacuuming)
- lifting anything heavier than five pounds (e.g. grocery bags, children, garbage or pets)
- activities reaching behind your back or above your head
- vigorous sports/activities for 3 months, (e.g. golfing, tennis, skiing or swimming). Check with your doctor first.

These activities can strain your breastbone causing pain or affect the healing process.
What Can I Eat And Drink at Home?

A low fat, low cholesterol, low salt diet is recommended. Try to eat a balanced diet as good nutrition is required for healing. Fluids may have been limited while in hospital, but you may drink normally once you return home.

It is common to have a loss of appetite after surgery. This will improve as you begin to feel better. Often small meals are more tolerable.

What Activities Can I Do at Home?

Begin with light activities: setting the table, preparing light meals, dusting, tidying up or indoor gardening. Increase to heavier activities over the next 3 months as you feel able.

Avoid:

- vacuuming
- heavy lifting
- weeding the garden, raking or mowing grass.
- shovelling snow

When Can I Drive?

You are not permitted to drive a personal or commercial vehicle at all for 6 to 8 weeks after surgery and you have permission from your doctor. This includes ATVs, tractors or recreational vehicles. Your reaction time may be slower due to fatigue, weakness or new pills and you will not be covered by your insurance.

Remember to ALWAYS wear a seatbelt. You may find it more comfortable to place a pillow between your chest incision and the seatbelt.
When Can I Return to Work?

You can return to work 6 to 8 weeks after your surgery depending on the type of work. Ask your doctor about your return to work.

What About Visitors?

It is OK to limit the number of visitors and the length of visit if you are tired or feeling unwell. Try to discourage visitors during your first few days at home. When you feel rested ask friends and family to visit for short periods.

What May Families/Caregivers Experience?

It is common for caregivers to get tired and run-down during your recovery. Caregivers need to pay attention to their own needs.

Your caregiver should:

- continue to eat a proper diet
- get a good night’s sleep
- continue their own activities and recreation
- talk about their own feelings
- be able leave you home alone for a few hours

How Will I Feel Emotionally?

Feelings of fear, sadness, anxiety, frustration, mood swings, depression or “just feeling blue” can happen before or after surgery. This is normal and can last for a few days to weeks. Talking about your feelings may help you and your family cope during the recovery period. If these feelings concern you, or last longer than two weeks, speak with your family doctor.
When Can I Have Sex?

Some people worry about having sex after surgery. It takes about the same energy to climb two flights of stairs as it does to have sex. If you are feeling well and can climb stairs without any discomfort or shortness of breath, then you can return to sexual activity. Choose a time when you are not tired or feeling tense. Sternal precautions still apply.

When Can I Travel?

You will be able to fly home when you are ready to be discharged. It is recommended that you not travel alone. If you are travelling alone you will need assistance from the airline staff to carry your luggage or to transport you from the check in desk to the gate. Just in case you are wondering, the sternal wires will not beep when going through airport security.

If you are driving home and your journey is longer than two hours, you should get out, stretch your legs, and walk around the car every hour to prevent blood clots from forming.

Check with your doctor and insurance company before making any international travel plans once you have recovered.

Exercise Program After Heart Surgery

For the first 12 weeks following your surgery, your body is in the process of healing. During this time, exercise is important in preventing the complications of inactivity. Walking will be your main form of exercise to improve your general strength and endurance. You must increase the work of your heart slowly.
Your exercise program consists of warm up and cool down exercises, a slow walk followed by a cardiac walk (see page 40). You begin with warm up exercises and a slow walk then ease into your cardiac walk, then slow walk and end with cool down exercise. This is to be done twice daily. The following pages will describe this exercise program.

**Interior Health Cardiac Rehabilitation Programs**

It is important to connect with a Cardiac Rehabilitation Program to help support you in your recovery and to improve your fitness level. You should expect to receive a call to book an appointment with Cardiac Rehab in your area within one month after your discharge home. Cardiac Rehab specialists understand your recovery and will follow the activity restrictions. You may also talk to your doctor, physiotherapist or nurse about the programs available in your community.

Find information about the Cardiac Rehab program closest to you by going to the IH website: [www.interiorhealth.ca](http://www.interiorhealth.ca). Go to “Your Care”, then to Heart (Cardiac) Health, then to Heart Services > Programs > Cardiac Rehabilitation.

**Instructions for Warm-Up Exercises:**

1. Do 5 to 10 repetitions of each exercise one to two times daily.
2. Sit tall on a firm chair with your feet flat on the floor.
3. The warm up exercises should be done slowly and they should be comfortable. Do not force any movements. Breathe normally. NEVER HOLD YOUR BREATH!
4. Good posture is important. Try to keep your shoulders back and relaxed. Avoid slumping forward.
Warm-Up Exercises

**Neck**
- Sit in chair with back support
- Perform chin tuck by moving head backward, but not allowing chin to lift upward
- While in chin tuck position, turn head to left, then turn to right. Repeat

Perform 5 to 10 repetitions, twice a day

**Shoulder**
- Stand or sit, raise shoulders upward toward ears, and roll backwards
- Return to start position

Perform 5 to 10 repetitions, twice a day

**Shoulder Raises**
- Begin with arms at side, palms facing in, sitting or standing
- Raise arms together, upward in front as shown
- Return to start position

Perform 5 to 10 repetitions, twice a day
**Hamstring**

Sit on chair, knee bent.

- Keep a proper curve in low back, as shown
- Flex left foot upward, while straightening knee
- Repeat stretch with other leg

**Special Instructions:**

Do not allow low back to lose the curve. It is common to experience shaking in the leg.

Perform 5 to 10 repetitions, twice a day

Hold exercises for 10 seconds

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**Ankle**

- Sit in chair, feet flat on floor
- Raise one foot up on heel of foot
- Lower and repeat with other foot

Perform 5 to 10 repetitions, twice a day
Cardiac Walk

- Walk at a comfortable pace with Talk Test in mind
- Aim for 30 to 60 minutes twice a day

Slow Walk

A slow walk consists of approximately 2 to 5 minutes of an easy stroll.

Cardiac Walk

A CARDIAC WALK is for the benefit of your heart and circulation.

- Continue the Cardiac Walking Program you started in hospital
- As a guide, increase your walking by 2 minutes per walk to reach a goal of 30 to 60 minutes most days of the week
- When you attend a community exercise/cardiac rehabilitation program, you will receive further guidelines about exercise

Note: A stationary exercise bike or treadmill (without incline) can be used instead of walking when the weather is poor. You should avoid stationary bikes with high seats requiring you to climb up. Start with 5 minutes and gradually progress similar to your walking program. Do not use any resistance until you can cycle comfortably for at least 20 minutes.
Stairs and Hills

Climbing stairs or hills requires more energy than walking on the level. You should be able to talk comfortably while you walk. How hard you exercise is determined by the “Talk Test”. If you are ... finding ... that you ... have to ... breathe ... between ... words, you should slow down:

⦁ Plan your day so that you do not have to climb stairs too often
⦁ Choose walking routes that are not hilly
⦁ Avoid uneven ground and beach walking until your balance and endurance improves
⦁ Gradually incorporate “hilly challenges” into your program as your strength and endurance improves

Important Points to Remember

⦁ Your top priorities are getting dressed every morning, eating balanced meals and following your walking program
⦁ A day working in your house or garden DOES NOT replace your cardiac walks
⦁ Avoid extended sleep periods during the day; short naps are okay
⦁ Slow your pace and dress appropriately if outdoors in extreme weather conditions
⦁ Avoid sitting for longer than 1 to 1½ hours (e.g. long distance traveling, T.V., computers). Get up and walk around to help the circulation in your legs, and to avoid blood clots
⦁ Pace yourself as all “on your feet activity” is work for your heart
## What To Do If You Have Concerns

<table>
<thead>
<tr>
<th>If you notice the following…</th>
<th>What you should do…</th>
</tr>
</thead>
<tbody>
<tr>
<td>New or worsening shortness of breath. This can be caused by fluid inside the lung or fluid in the space outside the lung (pleural effusion).</td>
<td>Call your family doctor or if symptoms are sudden or causing distress, call 911.</td>
</tr>
<tr>
<td>Fast and/or irregular pounding of your heart and feeling dizzy or faint. Atrial fibrillation is common after heart surgery.</td>
<td>Go to Emergency Department (do not drive yourself). If there is no one to drive you, call 911.</td>
</tr>
<tr>
<td>Redness, tenderness, or drainage from your incision. Increasing swelling in your leg incision or swelling in both legs. New or worsening cough with thick greenish phlegm. Fever above 38°C or 101°F.</td>
<td>Call your family doctor.</td>
</tr>
<tr>
<td>No bowel movement for a few days.</td>
<td>Increase your fluids and fibre. Exercise. Talk to your doctor or pharmacist.</td>
</tr>
</tbody>
</table>

If you have **any** warning signs of stroke:
- sudden weakness or numbness in arm, leg or face
- sudden severe headache
- visual problems (e.g. double, blurred, cloudy or total loss of vision)
- sudden confusion, difficulty speaking or understanding
- sudden dizziness or loss of balance especially with any of the above

Call 911. Do not drive yourself or have any one else drive you.
Resources

www.interiorhealth.ca  Click on “Your Care” > Heart (Cardiac) Health > Heart Education or Heart Services for further information

Cardiac Education

• Heart and Stroke Foundation of Canada
  www.heartandstroke.bc.ca > Health Information > Patient Programs > Resources for Heart Patients
  Tel: 1-888-473-4636

Suggested Reading for Patients and Families

Heart Health For Canadians – The Definitive Guide by Dr. Beth Abramson—this book was written specifically for patients and families.

Stop Smoking

• Quit Now by Phone/Online Support
  www.quitnow.ca
  Tel: 1-877-455-2233
  24 hours/day, 100 languages spoken.

Cardiac Rehabilitation

• http://www.heart.org/HEARTORG/Conditions/More/CardiacRehab/Cardiac-Rehabilitation-Tools-Resources_UCM_307099_Article.jsp#.Vxpk8I32blV
Stress Management

- Mental health resources in BC, you can call the 24-hour, semi-automated Mental Health Information Line at 604-669-7600, or toll-free from anywhere in the province at 1-800-661-2121.

- Canadian Mental Health Association
  Kelowna Branch: Tel: 250-861-3644
  B.C. Division Office: Tel: 1-800-555-8222
  www.cmha.ca

- H.O.P.E. – Helping Others Prosper Emotionally
  A Kelowna support group for those learning to live with heart disease. For further information, contact COACH at 250-763-3433.

- In some communities there are also peer support groups available. Ask your doctor, nurse practitioner, registered nurse or other care provider if they know of one in your area.
Diabetes Education

- Canadian Diabetes Association
  www.diabetes.ca

- Refer yourself: Contact Central Okanagan Diabetes Program
  250-980-1406

- To find a diabetes program in your area, go to:
  www.healthlinkbc.ca – click on “Services and Resources” and
  search “Diabetes” for your community
  www.interiorhealth.ca – click on “Your Care” > Chronic Disease
  Management > Diabetes

Healthlink BC

Dial 8-1-1

Talk to a Nurse 24 hours / day, 7 days / week

Pharmacist available between 5 PM and 9 AM daily

Dietitian between 9 AM and 5 PM Monday to Friday

www.healthlinkbc.ca
Discharge Instructions

Discharge Teaching Classes are held throughout the week in the sunroom on 2 West. Please see the class schedule posted on the unit. Patients and family members are encouraged to attend one of the classes before going home.

What Do You Need to Do?

Make your own follow-up appointments to see the:

- Family Doctor/Nurse Practitioner in 1 week __________________
- Cardiologist/Internal Medicine in 4 weeks __________________
- Surgeon in 8 weeks or earlier if concerns: __________________
  You need to call the Surgeon’s office to book your appointment
  2 weeks before your follow-up appointment is due. The number is 250-862-4336.

What Are We Going to Do?

As part of our Cardiac Surgery Discharge Follow-Up Phone Line, we will call you at home (or elsewhere if you provide the number) within the first week after you go home. The purpose of our call is to find out how you are doing and to answer any questions you or your family may have. You do not have to wait for us to call you if you have questions. The phone number is on the front of your red heart pillow – 1-855-562-4290 or within the Kelowna area 250-862-4290. You may leave a message after business hours and we will return your call the next day. If it is an emergency, call 911.
"To set new standards of excellence in the delivery of Health Services in the Province of British Columbia"

IH/KGH Cardiac Surgery Program Core Values

- Safety / Quality
- Customer / Patient Satisfaction
- Financial Stewardship

People
- "We value our people"

"Patient centred"
- "Accountability"

This booklet was developed by the Kelowna General Hospital Cardiac Surgery Patient Education Committee and reviewed by the Cardiac Surgery team, as well as patient, family, community and regional partners.