

Your Guide to Open Heart Surgery

SAINT AGNES MEDICAL CENTER



PLEASE BRING WITH YOU ON THE DAY OF SURGERY

We take your care to heart

Since we began our cardiac surgery program more than 45 years ago, thousands of patients have trusted their heart care to Saint Agnes Medical Center.

No other Valley hospital has a more experienced team to care for your complete cardiac needs in body, mind and spirit.

Though we have performed countless heart surgeries, we understand that every patient's experience is unique. We have prepared this booklet to answer questions you may have about your upcoming procedure. Even with all this information, we expect you will still have some questions that need answering.

So as you prepare for your surgery, please don't hesitate to talk further with our doctors and staff.

On behalf of our entire Saint Agnes team, thank you for entrusting us with your care.

You deserve the very best, and we are committed to delivering nothing less.

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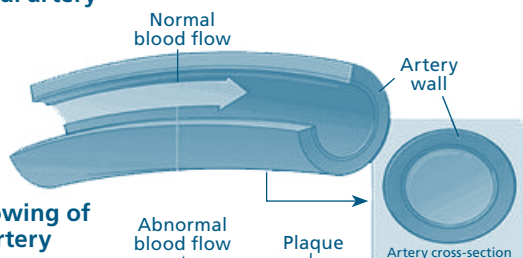


Your heart is a muscular pump about the size of your fist, sitting in the middle of your chest behind the breastbone (*sternum*). Its purpose is to circulate blood throughout your body. It does this by pushing the blood through the heart's four chambers and four one-way valves. The right side of the heart pushes the blood to the lungs to get oxygen; the left side pushes the blood out to the body to deliver oxygen and nutrients. The blood is returned to the heart through your body's veins so the process can start all over again.

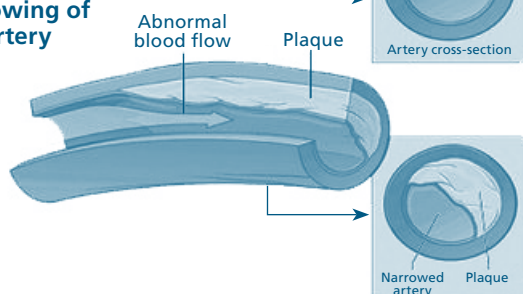
For your heart to do this work every minute of every day, it needs oxygen and nutrients, which are delivered by the coronary arteries. If blood supply through the coronary arteries is not adequate (*coronary artery disease*), the heart muscle will not get the needed nutrients and oxygen, resulting in chest pressure/burning (*angina*). When the blood supply to the heart muscle is **very** restricted, it will die/scar (*heart attack*). Scarring of the heart muscle will make the heart weak (*heart failure*).

Coronary artery disease is the most common form of heart disease in the United States. It is caused by atherosclerosis (*the buildup of cholesterol, calcium deposits and plaque*) within the coronary arteries. As these deposits build up, the vessels narrow, which restricts blood flow.

A. Normal artery



B. Narrowing of the artery

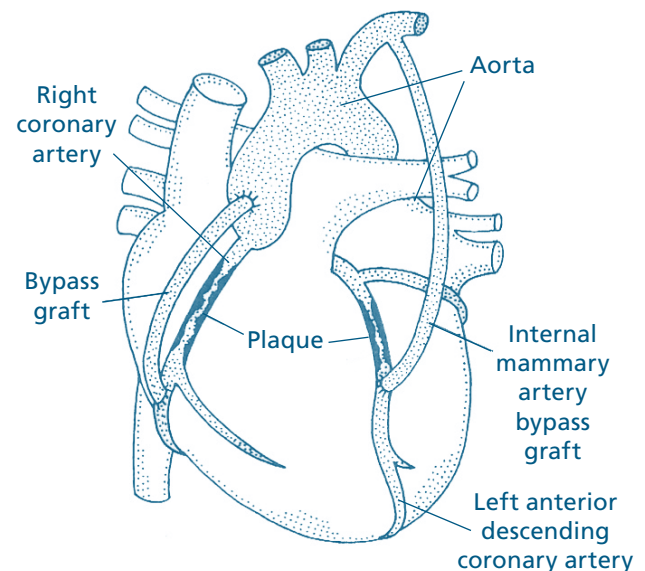


Coronary Artery Bypass Graft (CABG)

If the buildup of plaque in the coronary arteries becomes severe, it may be necessary to have Coronary Artery Bypass Grafting (CABG) to restore adequate blood flow to the heart muscle. To perform the CABG, the surgeon typically makes an incision in the breastbone (*sternum*) to get to the heart. Once the heart is exposed, tubes are placed into the heart so blood can be routed from the body to the heart-lung machine (*cardiopulmonary bypass machine*).

The bypass machine does the work of the heart and lungs while the heart is stopped and the surgeon is performing the bypass. In some instances, the surgeon may choose to do the operation "off-pump" while the heart is beating. In this case, the chest will be opened in the same manner. There are some instances where mini-incisions may be used.

Bypassed Heart after CABG



To complete the bypass procedure, one end of the graft will be sewn onto the aorta; the other end will be sewn onto the artery downstream from the blockage. This re-routes blood so it



can flow unobstructed, around the blockage to the heart muscle. Blood vessels (*grafts*) used for the bypasses may be the Internal Mammary Artery (*in the chest*), Radial Artery (*from the arm*) or Veins (*from the leg*). These are removed with open incisions or by endovascular harvest. Depending on how many areas are blocked, one or more bypasses may be necessary. Your surgeon will perform as many bypasses as necessary to maximize the blood flow back into the heart muscle. After open heart surgery, the breastbone (*sternum*) is closed with stainless steel wires and the skin is sutured or stapled closed.

Heart Valve Surgery

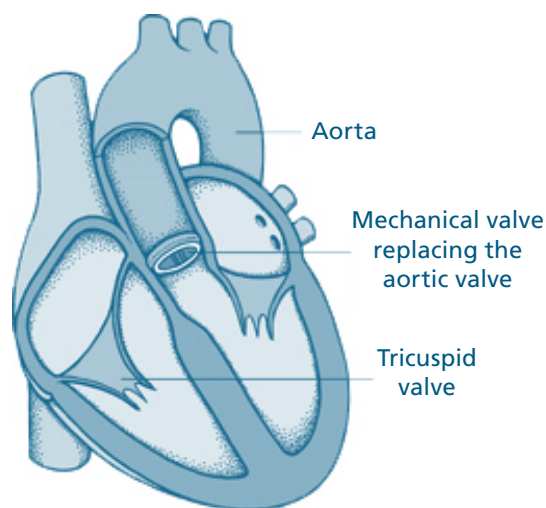
Blood is pumped through the heart by the muscle, but it is the valves that keep the blood flowing in the right direction. These valves are normally thin and very strong. They move like sails in the wind, opening for blood that is moving in the right direction and snapping shut when the blood tries to flow backward. When the valves are not working as designed, you may experience shortness of breath, fatigue or swelling.

Abnormal valves will either become thickened and narrow (*stenosis*) or they will fail to meet well together, which allows blood to leak backwards (*regurgitation*). Depending on which valve is not working properly and what's causing the problem, the surgeon will either repair the valve or, if necessary, replace it.

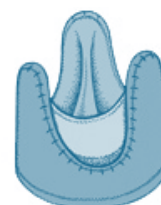
If valve replacement is necessary, the chest will be opened and closed in a similar manner as for CABG. There are two types of artificial valves from which to choose: tissue or mechanical. As the name implies, *tissue valves* are made from real tissue, either a pig's heart or the sack that surrounds a cow's heart. The body considers a tissue valve to be natural, so the recipient does not need to take long-term blood thinners, like Coumadin. The downside of this valve is that it typically breaks down and wears out in 12-15 years.

A *mechanical valve*, on the other hand, can last forever. But it requires patients to take a blood thinner for the rest of their lives. Mechanical valves look like metal but are actually made from carbon.

Your doctor will discuss the available options and help you come to a decision about which valve is best for you.



Mechanical valve



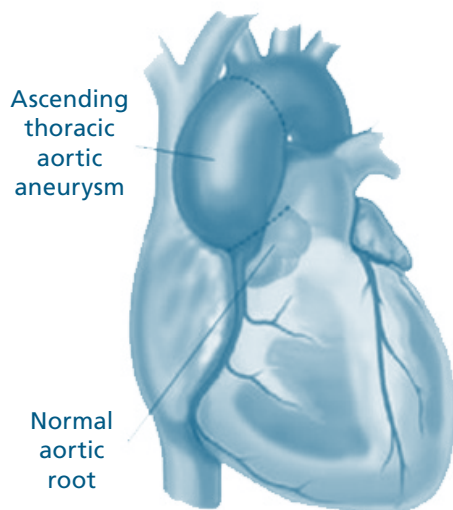
Tissue valve

Aortic Aneurysm Repair

The aorta is the largest blood vessel in the body directing blood out of the heart. An aneurysm is an outpouching or bulging of a portion of a blood vessel. When the aorta bulges, it becomes thin and tense, just like blowing too much air into a balloon. At a certain size the dilated portion of the vessel wall is in danger of rupturing or tearing, which is a life-threatening emergency. The goal of surgery is to prevent that from happening by removing the dilated portion of the vessel and replacing it with a graft or tube of synthetic material.

Surgery involves making an incision in the breastbone (*sternum*) to access the aorta. Once the aorta is exposed, you will be placed on the heart-lung machine (*cardiopulmonary bypass machine*). The bypass machine does the work of the heart and lungs while the aneurysm is removed. The aneurysm is then cut out and a fabric graft is sewn in to replace the portion that was removed.

Some aortic aneurysms are located very close to the aortic valve, which interferes with its function and can cause some blood to leak backward into the heart. When this happens, it may be necessary to replace both the aneurysm and the aortic valve. After this is completed, the breast bone (*sternum*) is closed with stainless steel wires and the skin is sutured or stapled closed.



BEFORE SURGERY

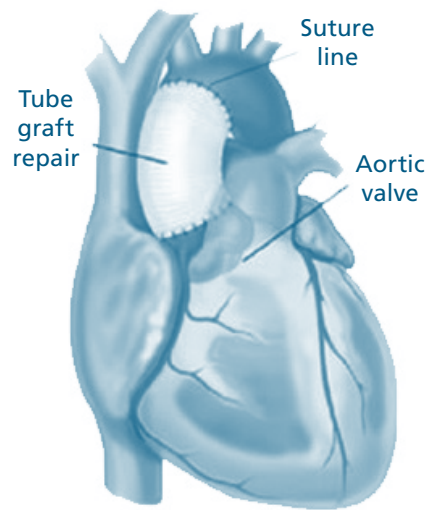
Blood Transfusions

During heart surgery, some blood is lost and some is damaged by the bypass machine. Prior to surgery, your surgeon will discuss the likelihood of you needing a transfusion and will explain the associated risks. For information about blood transfusion, visit Central California Blood Center at www.cencalblood.org.

Some patients may have the option of donating their own blood to use for their surgery. Keep in mind that it takes time to rebuild your blood supply following a transfusion, so if you choose to use your own, your surgery may need to be delayed up to several weeks.

If you have religious or personal objections to the use of blood transfusions, treatment options that avoid use of transfusion are available. To learn more, please contact Saint Agnes Transfusion Free Medicine and Surgery Program Coordinator at **450-3357** or **903-8012**.

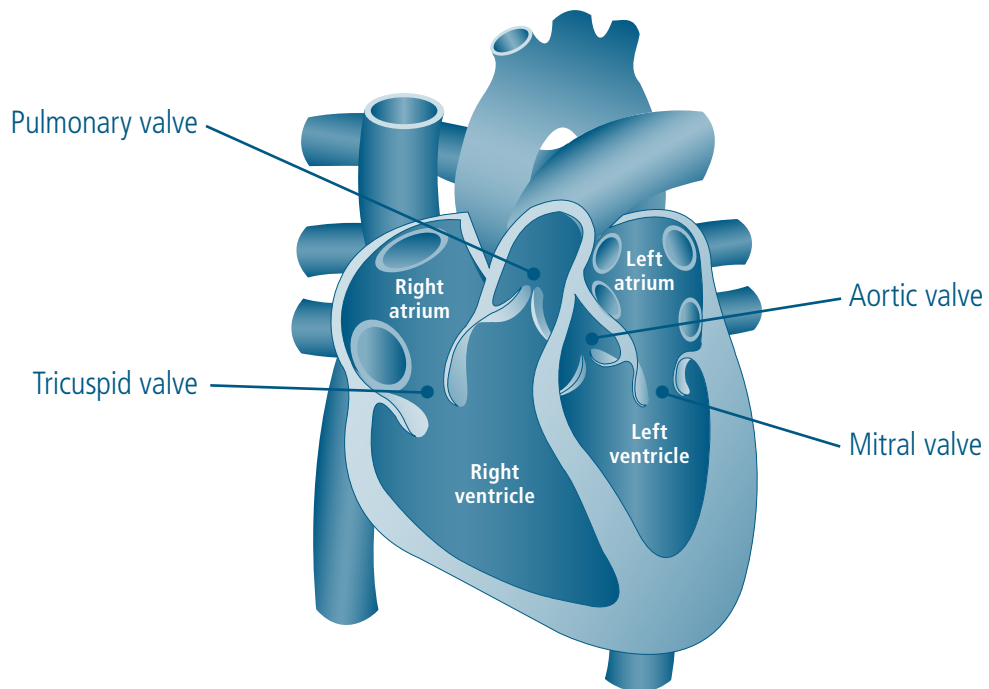
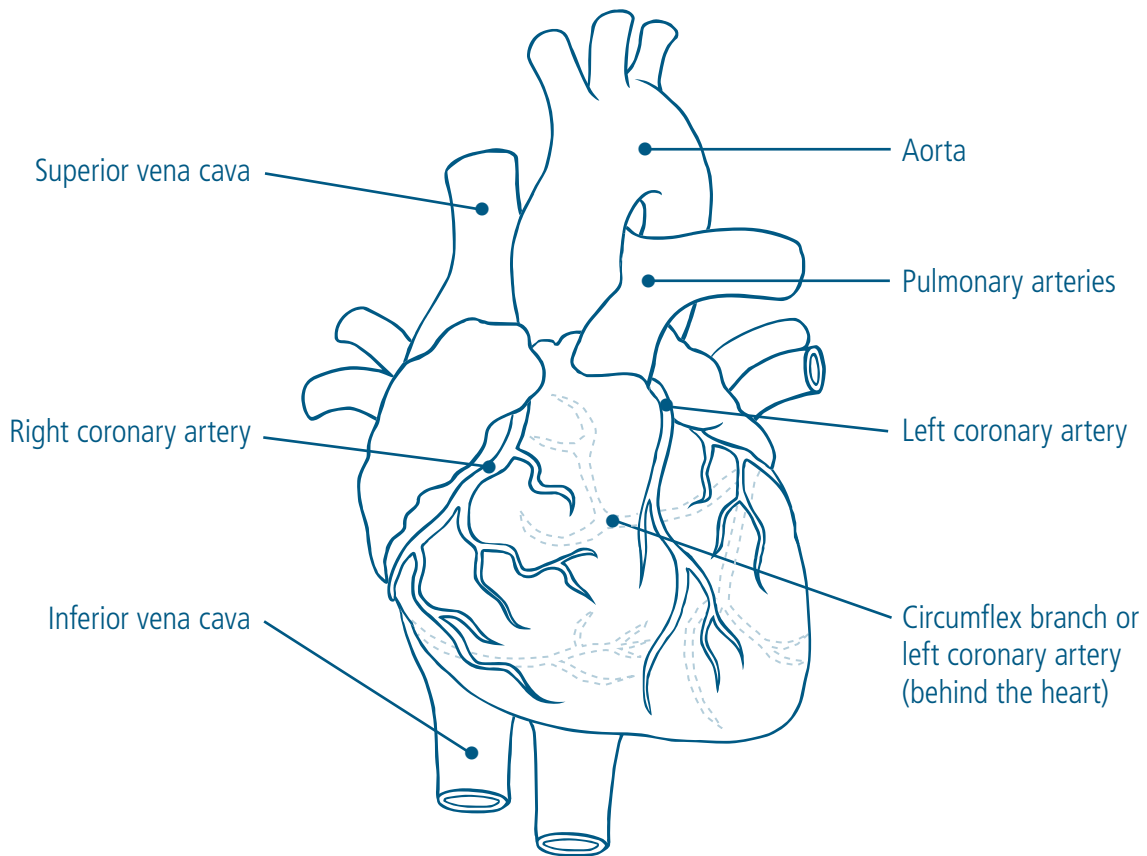
All these options can be discussed with your doctor prior to surgery.



AFTER SURGERY

Your Heart

Ask your surgeon to show you what your surgery entailed by marking on these diagrams.



Your Surgery and Hospital Stay

Preparing for Surgery

Prior to your surgery, you will need to have blood tests, a urine test, chest X-ray, and an EKG, as well as get swabbed for methicillin-resistant *Staphylococcus aureus* (MRSA). If you are not admitted to the hospital before surgery, these tests will be done as an outpatient through our Pre-Admission Testing (PAT) department.

Additionally, your surgeon may want to study the carotid arteries in your neck to see if they are narrowed by disease. This is a painless study and only takes a few minutes. If these results show severe decrease of blood to the brain, your surgeon may contact a vascular surgeon to get his or her opinion on your condition.

Bathing before surgery

You will be instructed to take a bath the night before your surgery and again on the morning of your operation using special soap. It is very important that you use this specific soap because it kills bacteria on your body and decreases your chance of infection.

Eating and drinking before surgery

You may drink and eat until midnight before your operation. But once the clock strikes midnight, you cannot have anything to eat or drink unless instructed by your doctor or nurse. The same holds true even if your surgery is scheduled later in the day.

Sometimes an opportunity arises to move your surgery up, but we can only take advantage of it if you have no food or liquid in your stomach.

Packing for your hospital stay

Please bring these items with you:

- ☐ List of all current medications.
- ☐ Toiletries (i.e., *comb, toothbrush, toothpaste, deodorant*).

- ☐ Glasses, dentures, hearing aids
- ☐ In lieu of flowers, you are encouraged to bring photos from home.

NOTE: Your family will be instructed to bring clean, comfortable clothes for you to wear when it is time to go home.

Please DO NOT bring these items with you:

- ☐ Jewelry (i.e., *wedding ring, watch, earrings*)
*It is very important to remove all rings to prevent having them cut off before surgery.
- ☐ Cash
- ☐ Credit cards

To ensure that none of your valuables get lost or misplaced as you are transferred to different areas, we kindly ask that you leave all valuables at home.

Surgery Day Has Arrived

Every member of your care team is committed to making your day of surgery a smooth one. There are times, however, when an operation must be delayed due to an emergency. Should such a situation arise, your surgical team will let you know right away and will keep you updated about the status of your surgery.



On the day of surgery, it is important that you arrive at your scheduled time. If you are the first case of the day, we look forward to seeing you bright and early at 5 a.m.

After you have been prepped for surgery, you will meet the members of your Operating Room (OR) team. Your anesthesiologist will explain going to sleep before surgery and waking up afterward; the OR nurses will make



sure you understand what your operation entails; and your surgeon will make every attempt to meet with you and your family to review your planned procedure.

Each member of your team will be asking you questions – many of which will be the same. Please understand that this repetition is intentional and is proven to promote the safest delivery of care.

While You Are Asleep

You will have an IV started in preop and be given a light sedative as you go into the operating room. Once you are drowsy, the anesthesiologist will place additional IV lines in your neck or chest. These are used to give you fluids and medications, and to monitor your vital signs during and after surgery. Once these lines are in place, you will go to sleep.

While you are asleep, we will place a tube into your trachea (*the breathing tube to your lungs*) to help you breathe. This is necessary because you will be so asleep that your body will forget to breathe on its own. Another tube, called a foley catheter, will be inserted into your bladder so you won't have to worry about urinating. Finally, we will cleanse your surgery site with more bacteria-killing solution. Now, you are officially ready for surgery to begin.

When You Awake

Your road to recovery begins in the Cardio-vascular Intensive Care Unit (CVICU) on the third floor of the North Wing. This unit offers open visitation for immediate family only. However, please understand that visits are at the discretion of the care team, based on your condition and care needs. As you begin to heal, you will transition to one of our private Telemetry rooms in the North Wing.

Breathing tube

When you awake from surgery, you will notice that the breathing tube is still in your mouth, connected to a breathing machine. Rest assured, as soon as your nursing staff and respiratory therapist determine that you are ready to breathe on your own, they will gently remove the tube.

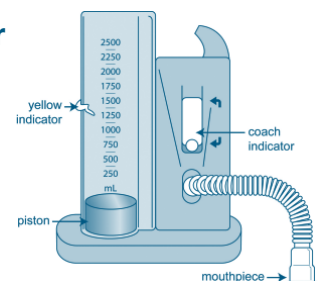
Chest tube

During surgery, several tubes will have been placed near your heart to monitor for blood loss after surgery. These usually stay in place until the fluid has slowed down or quit draining from your chest and your lungs have re-expanded.

Just like your finger may drain clear fluid after a cut, it is normal for your chest to have clear or blood-tinged drainage for several days. This is normal and watched closely by your nurses and surgeons. Having the tubes removed may seem scary, but it's very normal ... and it does not require a return trip to the operating room.

Incentive Spirometer

An Incentive Spirometer (IS) is key to minimizing complications and preventing pneumonia after surgery.



Immediately after surgery, your respiratory therapist will teach you how to use an IS to fully inflate your lungs. This important exercise should be performed regularly during your hospital stay and once you go home, as directed by your therapist.

Deep breathing and coughing

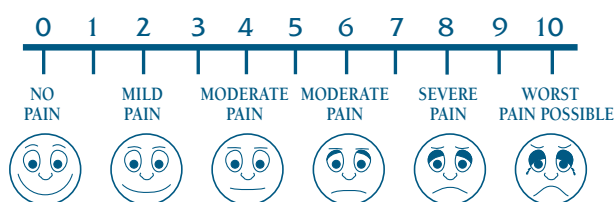
Essential to preventing pulmonary infections and helping rid your lungs of mucous and phlegm are proper deep breathing and coughing techniques. Your Heart Hugger pillow, which you will receive after surgery, makes this easier and will also help you better control your pain. Your nurse will show you how to “hug your pillow” close to your chest.

Pain management

You will experience pain after surgery ... but with proper medication, given on a timely and consistent basis, we can manage it and keep you comfortable. Please do not hesitate to let us know if you are experiencing pain so we can address it before it becomes intolerable.

You may also wish to consider nonpharmaceutical methods to reduce pain, such as relaxation techniques, music therapy and deep breathing exercises.

Universal Pain Assessment Tool



Progressive ambulation

Activity, including walking is very important to a speedy recovery. You will begin slowly – from sitting up on the side of the bed to eating all meals in a chair and, finally, to walking three to four times daily.

Within no time, you will be increasing your number of walks and distance each day. In between periods of activity, remember to get plenty of rest. Once you are cleared by the nurse, you can begin to walk independently.

Daily weight

Close monitoring of your weight is an important part of recovery. While in the hospital, you will be weighed daily. You are encouraged to continue this practice for the first several weeks at home.



Be aware that you may gain several pounds in water weight immediately after surgery.

Diet and appetite

It is common to experience nausea and vomiting after surgery. These can be relieved with medications. You are also likely to have a poor appetite for several weeks, but it is important to eat as tolerated to regain your strength and heal your incisions. Throughout your hospital stay your blood sugars will be closely monitored. Your first meal – usually the morning after surgery – will be clear liquids. As you can tolerate more, you will progress to a regular diet.

It is not unusual to have a poor appetite for several weeks after surgery. During recovery, small meals or snacks are encouraged to get the nourishment you need rather than eating three large meals.

Key to maintaining a healthy heart is establishing a healthy diet. But for some patients, reducing sodium, eating less red meat and consuming more fruits and vegetables is easier said than done.

A nutrition chart is provided on page 18 to help you make healthier food choices.

Wound care

Your nurse will change your incision dressings once a day or more, as needed. Once the incisions are clean and dry with no signs of infection, they will not need to be covered. Leaving them open to air helps to speed the healing process.

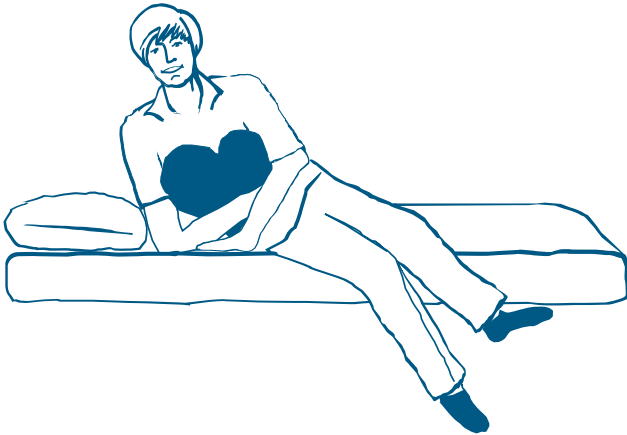
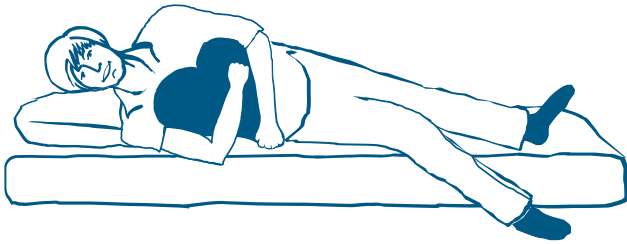
Bowel function

It may be a couple days after surgery before you have a bowel movement. If you are having difficulty, please talk to your nurse, who can give you medication to provide relief. Be careful not to strain or bear down as this can increase pressure on the heart.

Getting in and out of bed

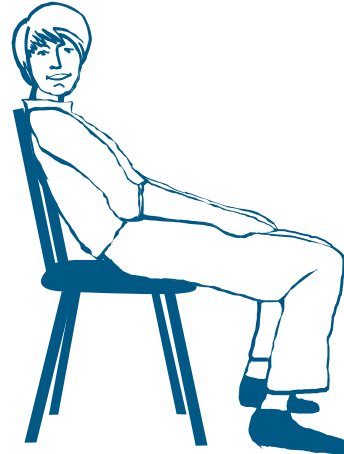
To gain access to the heart during surgery, a large incision is made through the breastbone (*sternum*). For this incision to heal properly, please follow these guidelines and precautions during the next 6 to 8 weeks.

- ❑ When getting up from bed, roll on your side like a log and slowly let your legs drop to the floor as you raise your upper body.



To ensure your safe and speedy recovery at home, your nurse will review these instructions with you before you leave the hospital.

- ❑ When getting up from the chair or the edge of the bed, lean forward and use the strength of your legs to stand up. Do not push or pull yourself up with your arms. Arms should be used only for balance.



Continuing Your Recovery at Home

Hand washing

Proper hand washing is the single most effective way of preventing infection. So be sure to wash your hands frequently, for at least 15 seconds, before eating, after using the restroom, before cleaning or touching any surgical incision, or anytime hands are soiled. Also, have plenty of hand sanitizer on hand to offer your family and other visitors.

Signs and symptoms of infection

Call your surgeon's office if you notice any warmth, redness or swelling around your incision extending greater than one inch. A small amount of clear or blood-tinged drainage is normal, but if the drainage increases, has a strong odor, or looks creamy, call your surgeon.

Incision care

To reduce the chances of infection, it is important to properly clean your surgical incisions. **YOU SHOULD DO THIS DAILY AT HOME IN THE SHOWER. USING A SOAPY WASHCLOTH, START AT TOP AND WIPE IN ONE MOTION TO THE BOTTOM OF THE INCISION. THEN RINSE THE INCISION FROM TOP TO BOTTOM WITH WATER. GENTLY PAT DRY.**

If there is drainage, then re-dress with a clean dressing. Otherwise, leave open to air. Be careful not to allow high pressure water to hit the incisions directly.

Bathing and showering

Shower only – NO tub baths. You may use a shower chair if needed for stability. Use a clean cloth for every shower. Pat your incisions gently. Wash incisions first, then the rest of your body. Washcloths already used on a part of the body without incisions **SHOULD NOT TOUCH YOUR INCISIONS**. This may contribute to an infection in your incisions.

NOTE: Please do not use a pool or spa after your surgery until instructed by your doctor. This will usually not be permitted until 6-8 weeks after surgery.

Blood sugar control

If you are a diabetic, you should be measuring your blood sugar every morning before breakfast and throughout the day as directed by your doctor.

Taking your pulse

Using a light but firm pressure, place the second and third fingers on your opposite wrist to feel your pulse. If you can't find your pulse in one wrist, try the other. It is important to count your pulse after you have rested 10 minutes or more or first thing in the morning. Find the beat and count it for 10 seconds. Then multiply by 6 to obtain the count for one minute.



Activity progression

A sensible balance of rest and activity promotes a safe and speedy recovery. During the day, balance periods of activity with periods of rest. Lie down for about 30 minutes each morning and afternoon with your legs elevated to the level of your heart. This will help prevent leg swelling. Walk daily, each day walking farther than the day before.

It's also important to get a good night's sleep. If you are having difficulty sleeping, you may be taking too many naps during the day. Please let your physician know if you are having trouble sleeping throughout the night.



Pets

You should not pick up or carry your pet after surgery due to the strain on your chest. Small animals may sit on your lap, but pets should not be allowed to lie directly on your incisions, nor should they lick your incisions. Pets should be kept off of your bed until your incisions have healed completely.

Walking

Walking is one of the best exercises for improving circulation, muscle tone, and strength. It also contributes to your overall feeling of well-being.



Start slowly, walking at least once a day. Take several short walks with rest periods in between rather than one long walk. Gradually increase distance and speed to 20-30 minutes of continuous walking, 3-4 times per day. Your goal is to walk one mile, continuously, within 30 days.

Walking should feel like you are doing exercise but not overworking. Wear comfortable shoes, soft absorbent socks and loose-fitting clothes.

Leg exercises

Flex your feet up and down several times throughout the day while you are sitting or lying down. This helps the blood in your legs return to your heart.

Post-op cardiac rehabilitation

Your doctor may ask you to be involved in a post-op cardiac rehabilitation program – one of which is offered at Saint Agnes Medical Center.

Doctor appointments

Before leaving the hospital, you will be given a discharge sheet with instructions about your care and a follow-up appointment with your surgeon. Appointments are generally made for two weeks after discharge.

Weight monitoring

Every morning after you get up and have used the restroom, record your weight. It is important to weigh yourself because this will tell your physician if you are retaining water. One gallon of water weighs about 8 pounds. Swelling is also a sign that you are retaining fluid.

Please call your surgeon's office if you gain more than 2-3 pounds in one day, or 5 pounds or more in one week.

Temperature

Take your temperature in the morning right after you weigh yourself and again in the afternoon between lunch and dinner. Be sure you do not eat or drink anything hot or cold before you take your temperature, as this will affect the number. A temperature of 101° and above is a concern, and you should call the surgeon's office for instructions.

Emotional response

Understand that mood changes are normal in the recovery period. Some days you will feel great, other days you may feel sad or depressed. Your emotions may swing from happy and energetic one day, and the next you may feel depressed, overwhelmed, cooped up and tearful. It is important to talk with someone about your feelings and frustrations.

Pulmonary care routine

Incentive Spirometry (IS) and coughing/ deep breathing are still VERY IMPORTANT in the weeks after surgery to expand your lungs and prevent pneumonia. Also, continue to use your Hugger Heart pillow when coughing and deep breathing.

Support stockings

If your surgeon has ordered support stockings for you to wear, keep them on during the day while you are up and about. Remove them at night while you are sleeping. Your support stockings should be laundered regularly with your regular laundry.

Pain management

Appropriate pain management will allow you to increase your activity, adequately do your breathing exercises, and have a strong cough. To help manage your pain, take your prescribed pain medications as directed. After the first week or two, your pain should get better, so you can taper off the use of pain meds. Tylenol/acetaminophen may be used for mild pain (DO NOT exceed 4 grams or 4000 mg of in 24 hours).

Intimacy

Intimacy and expressing feelings of love are an important part of the recovery process. However, you should not resume sexual relations until you have discussed it with your surgeon at your 2-week follow-up appointment.

Limiting visitors

Socialization is important for emotional well-being. Too much, however, can be exhausting. For the first two weeks at home, limit visitors to short periods of time and plan blocks of time where there are no visitors. DO NOT allow visitors who have cold symptoms or other signs of illness.

No lifting more than 10 pounds

To make sure the sternum heals well, DO NOT lift, pull or push anything over 10 pounds (*the equivalent of a one-gallon milk container*). THIS INCLUDES VACUUMING, CARRYING LAUNDRY BASKETS, CARRYING BAGS OF GROCERIES AND/OR LUGGAGE. There should also be no repetitive lifting over your head, no attempting to screw or unscrew tight jars or objects, and no pulling on arms to assist getting to a sitting/standing position.

No driving until seen by doctor

You will be weak and tired; you have altered judgment due to pain medication. To keep your sternum safe from steering wheel or airbag impact, you may not drive until you've been given clearance by your doctor. It is OK to ride as a passenger in a vehicle. Take your Heart Hugger pillow with you for splinting.

Once cleared by doctor to drive, you may not take pain medication and drive. Always wear a seat belt.

Smoking

Smoking damages your blood vessels and decreases the circulation to your heart.

If you smoke, QUIT!

Several free resources are available to help you quit smoking. For details, visit www.cahealthwellness.com

Home Care Worksheet

ACTIVITY	DATE(S)							
PAIN MANAGEMENT								
WEIGH EVERY MORNING <i>(Call MD if weight gain of 4 lbs. in 24 hours or 5 lbs. in two days)</i>								
MAINTAIN STRICT CONTROL OF BLOOD SUGAR Normal range is 100-130								
TAKING YOUR PULSE								
TAKE TEMPERATURE TWICE A DAY <i>(Call MD if temperature is over 101°)</i>								
WATCH DIET AND FLUID INTAKE Eat nutritious meals, low fat, low salt <i>(men – 2.5 liters per day)</i> <i>(women – 2 liters per day)</i>								
WALK 3-4 TIMES A DAY								
LIE DOWN WITH LEGS UP EVERY MORNING AND AFTERNOON Keep legs up whenever you are sitting								
DO DAILY LEG EXERCISES Frequently, throughout the day								
WEAR SUPPORT STOCKINGS <i>(if your surgeon ordered)</i>								
USE INCENTIVE SPIROMETER Every 2 hours, 10-15 breaths								
NO SMOKING!								
INSPECT INCISIONS DAILY FOR REDNESS OR DRAINAGE <i>(Call MD if any new redness or drainage)</i>								
TAKE SHOWERS DO NOT take tub baths!								

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TAKE SHOWERS DO NOT take tub baths!								

Nutrition

RECOMMENDED FOODS	FOODS TO AVOID
Dairy <ul style="list-style-type: none"> Milk (<i>1% skim or powdered</i>) Low-fat or skim Ricotta, Mozzarella or Swiss cheese Nonfat or low-fat yogurt 	Dairy <ul style="list-style-type: none"> Buttermilk, malted milk, canned milk Regular hard and processed cheese Cheese spread, sauces, snack dips
Meat, Poultry, Fish <ul style="list-style-type: none"> Chicken or turkey Lean cuts of beef, veal or lamb Canned tuna and salmon packed in water Fish, fresh or frozen (<i>unbreaded</i>) Dried bean and peas, soy beans Eggs, egg whites 	Meat, Poultry, Fish <ul style="list-style-type: none"> Canned meats or fish Cured or koshered meats (<i>dried beef, bacon, corned beef</i>) All types of sausages Sandwich meats
Breads, Cereals, Grains <ul style="list-style-type: none"> Potatoes, rice or pasta cooked without salt Enriched breads and rolls, angel food cake Unsalted cooked cereal Most dry cereals (<i>shredded wheat, bran flakes</i>) Unsalted crackers and breadsticks 	Breads, Cereals, Grains <ul style="list-style-type: none"> Commercially prepared potato, rice, pasta or stuffing mix Commercially prepared mixes (<i>pancake, waffle, muffin, cornbread</i>) Salted nuts, chips, pretzels
Vegetables <ul style="list-style-type: none"> Fresh, frozen or low-sodium canned 	Vegetables <ul style="list-style-type: none"> Regular canned or pickled vegetables Sauerkraut
Fruits <ul style="list-style-type: none"> Fresh or canned 	Fruits <ul style="list-style-type: none"> Some dried preserved with sodium
Fats <ul style="list-style-type: none"> Unsaturated fats, oils (<i>canola, olive, corn, sunflower</i>) 	Fats <ul style="list-style-type: none"> Salted butter or margarine
Condiments <ul style="list-style-type: none"> Fresh or dried herbs and spices Vinegar, lemon, lime juice Salt-free seasonings* <p>* Ask your doctor before using salt substitutes.</p>	Condiments <ul style="list-style-type: none"> Seasoning mixes, bouillon Catsup, barbecue sauce, soy sauce Pickles, olives, relish

Shopping List for Cardiac Surgery Patients

You will need to have these items available to use at home while you are recovering:

- ❑ **Oral Thermometer** – you will need to check your temperature daily at home after your surgery.
- ❑ **Tylenol** – to use for mild pain.
- ❑ **Scale** – you will need to check your weight every day at home after your surgery.
- ❑ **Hand sanitizer** – for frequent hand cleansing. Hands should be cleaned before touching any of your incisions.
- ❑ **Soups and juices** – you may not have a good appetite for a while. You will probably want to eat light meals. Consider low sodium whenever possible. Buy what you think will taste good while you are recovering at home.
- ❑ **Extra throw pillows** – at hand for coughing/splinting.
- ❑ **Clothing** – have clean clothing daily including pajamas for night wear. For large-chested women, you will need 1-2 sport-type bras that fasten in the front. For comfort, the bras should be a little bigger around than your normal size.
- ❑ **Clean sheets for your bed** – recommended to change sheets every 5-7 days.
- ❑ **Home cleanliness** – contributes to a trouble-free recovery. We encourage that the home be maintained in generally clean condition for the duration of the recovery period.

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