



Heart Surgery Education And Recovery Tips



Phone Numbers

Keep track of the names and numbers of the health care team involved in your care and recovery.

Trillium Health Partners Mississauga Hospital Site

100 Queensway West
Mississauga, ON L5B 1B8
(905) 848-7100
www.trilliumhealthpartners.ca

Day Surgery:
(905) 848-7662

Cardiac Surgery Intensive Care Unit:
(905) 848-7178

Cardiovascular Unit CVU 2J:
(905) 848-7168

Cardiac Surgery Triage Coordinator

If you have any symptoms or concerns before your surgery please call the Regional Cardiac Surgery Triage Coordinator, at: (905) 848-7501

Cardiac Surgeons' Office

89 Queensway West, Suite 402
Mississauga, ON L5B 2V2
(905) 848-2550

Dr. Charles Cutrara

Dr. Shaf Ahmed

Dr. Joseph Noora

Dr. Ting Zhang

Dr. Steve Singh

Cardiac Wellness and Rehabilitation Centre

**University of Toronto at Mississauga (UTM)
Recreation and Wellness Centre**
3359 Mississauga Rd. N. Mississauga,
ON L5L 1C6

Information Line:
(416) 521-4068

Direct Line:
(416) 259-7580 ext. 5998

My Cardiologist: _____

Number: _____

My Family Doctor: _____

Number: _____

How to Use This Guide

You and your doctors have decided that you need surgery on your heart. This booklet has been prepared by the Cardiac Surgery Team at Trillium Health Partners (THP) to help you and your family prepare for your heart surgery. It may seem like a lot of information, but all of the information in this booklet will be reviewed with you several times by members of our health care team. We look forward to helping you during your hospital stay.

Please keep this booklet with you while in hospital.

“The more serious the illness, the more important it is for you to fight back, mobilizing all your resources — spiritual, emotional, intellectual, physical.”

Norman Cousins

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HEART SURGERY EDUCATION CLASSES

DISCHARGE EDUCATION CLASS

The focus of this class is to answer frequently asked questions and give patients and family members the opportunity to get answers to any questions you may have. Specific topics for your post-operative recovery are addressed in this setting.

Monday at 10:30 am

Thursday at 1:30 pm

NUTRITION EDUCATION CLASS

The nutrition education class focuses on giving you helpful tips for your post-operative recovery.

Monday at 2:00 pm

Thursday at 10:30 am

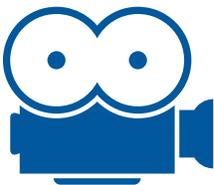
Location: 2J lobby (by the elevators)

Note: Classes are not held on Statutory Holidays

Heart Surgery Education Video Series for Patients & Caregivers

Please visit the Trillium Health Partners website at TrilliumHealthPartners.ca/HeartSurgeryEducation to access short, concise videos by staff, patients & caregivers to learn more on the following topics:

1. Eating well after heart surgery
2. Activity after heart surgery
3. Getting ready to go home
4. When to call 911
5. Fast or fluttering heartbeat (palpitations)
6. Shortness of breath, coughing or swelling
7. Surgical incision pain
8. Caring for surgical incisions
9. Constipation
10. Medication
11. Getting out of bed, walking and climbing stairs
12. Getting in and out of a car
13. Cardiac Rehab
14. Personal experiences of cardiac surgery



Watch for this symbol throughout this booklet for topics where videos exist

TrilliumHealthPartners.ca/HeartSurgeryEducation

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Trillium Health Partners

This section will address:

**Trillium Health Partners Advanced
Cardiac Care Centre (p.9)**

Trillium Health Partners Advanced Cardiac Care Centre

About heart surgery at Trillium Health Partners:

Trillium Health Partners is an advanced cardiac care centre in Mississauga. We offer a full range of cardiac surgical interventions. For people who need heart surgery, everything they could want is available at THP.

We have improved the results in many of our patients by using a technique called beating heart surgery. Although this is not for everyone, the majority of our bypass patients who receive beating heart surgery may benefit from a shorter stay in hospital and less complications.

A full range of heart valve surgeries are performed. We have regional expertise in surgery on the aorta. We also have a keen interest in surgical procedures that may be helpful in improving the lives of patients with heart failure. We continue to be world leaders in the development of expertise with new state-of-the-art heart-lung machines and minimal access surgery.

We continue to offer high-level heart surgery to more than 1,300 patients each year on an elective, urgent and emergency basis. We continue to strive for the safest and best heart surgery for everyone.



At Trillium Health Partners, you will meet many different people from the health care team. Each person plays a role in helping you and your family through the stages of heart surgery.

Cardiac Surgeon along with the surgery team will perform your operation and oversee your recovery.

Cardiac Anaesthesiologist is a doctor that puts you to sleep in the operating room and looks after your care in the Cardiac Surgery Intensive Care Unit.

Cardiac Surgery Triage Coordinator is a nurse who is the link between you and your doctors during the waiting period before your surgery. The coordinator can answer any questions you may have as you prepare for your surgery. It is important for you to inform the coordinator of any changes in your symptoms or your treatment.

Nurse Practitioner (NP) is a nurse with advanced education and skills in caring for patients after cardiac surgery. The NP works closely with the surgeon and the health care team to manage your care.



Dr. Charles Cutrara, Dr. Steve Singh, Dr. Ting Zhang, Dr. Joseph Noora, Dr. Shaf Ahmed

Registered Nurses (RNs) and Registered Practical Nurses (RPNs) will care for you 24 hours a day while you are in the hospital.

- Nurses in the Cardiac Surgery Intensive Care Unit will take care of you after surgery until you are ready to go to the Cardiovascular Unit.
- Nurses in the Cardiovascular Unit will take care of you and get you ready to go home

Respiratory Therapist (RT) manages the breathing machines in the Intensive Care Unit and monitors your breathing when the breathing tube comes out.

Physiotherapist (PT) will help with breathing exercises and physical activity to build up your strength after surgery. The PT will work with you to design your exercise program for when you go home.

Occupational Therapist (OT) will provide information to patients who have difficulty in performing self-care and home management activities. The OT will provide recommendations for equipment for home and teach tips to increase independence.

Occupational Therapy Assistants/ Physiotherapy Assistants (OTA/PTA) who work under the direction of the OT and PT to help with your daily activities on the patient unit.

Social Worker can assist in your discharge planning, provide information on community resources and provide counselling and guidance depending on your needs.

Dietitian is available to assess your nutrition needs and provide information you may require.

Pharmacist is available to give you information about your medication.

Cardiac Rehabilitation Therapist works with you through your recovery after hospital discharge and teaches you how to reduce the risk of having another heart event by focusing on aerobic exercises and lifestyle modification.

Technicians will help in completing the variety of tests that you may have during your hospital stay.

Chaplain is available to offer spiritual and mental support to you and your family.

Volunteers have a variety of roles and can be seen throughout Trillium Health Partners.

Healing Hearts Volunteers are former heart patients who have had cardiac surgery themselves. These volunteers can answer your questions and provide comfort during your stay from the patient's perspective.

Talk to us: It is very important to us to make sure that your questions and concerns are dealt with while you are in the hospital, so please feel free to talk to any member of the health care team.



Preparing for your heart surgery

This section will address:

Your Heart and How it Works (p.13)

Coronary Artery Disease (p.14)

Types of Heart Surgery (p.15)

Waiting for Your Heart Surgery (p.17)

Getting Ready for Heart Surgery (p.18)

Visiting the Pre-Operative Clinic (p.19)

The Day of Your Heart Surgery (p.20)

Your Heart and How It Works

Your heart is a muscular organ about the size of your fist.

It lies in your chest, behind your breastbone (sternum). The heart has four chambers. The top two chambers are called the atria, and the bottom two chambers are the ventricles. The heart also has four heart valves. They control the flow of blood through the heart. The right atrium and ventricle are separated from the left side by a muscular wall called the septum.

The heart's purpose is to pump blood and oxygen to the organs and tissues in our body. The right side 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 valves allow blood flow from the atria to the ventricles, stopping backflow and helping balance the pressures in the heart.

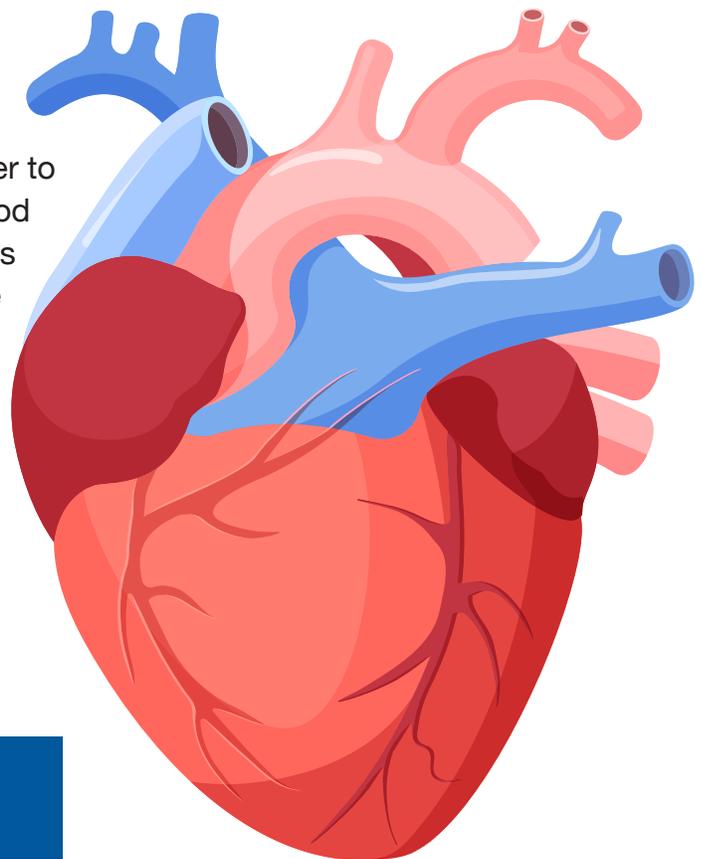
The coronary arteries

The heart itself needs blood and oxygen in order to pump properly. The heart gets its supply of blood and oxygen from a group of arteries and vessels named the coronary arteries. These arteries are wrapped around the heart muscle.

There are three main coronary arteries:

- Left Anterior Descending (LAD),
- Right Coronary Artery (RCA) and
- Circumflex Artery (Cx)

Branching off these main arteries are smaller arteries that are also important for blood supply.



Resource: Heart and Stroke Foundation
www.heartandstroke.ca

Coronary Artery Disease (CAD)

Coronary artery disease is a general term that refers to the build-up of fatty material inside the walls of the coronary arteries. This build up can cause a narrowing, or “blockage”, which can reduce the flow of blood and oxygen through the coronary arteries to the heart.

When a blockage is severe in one of the coronary arteries, it becomes difficult to supply the heart muscle with enough blood and oxygen. When this happens, it can cause a person to have angina. This may feel different for everyone.

Angina symptoms may feel like:

- Pain or pressure in their chest
- Shortness of breath
- Loss of feeling, pain or tingling in their arm or jaw
- Fainting
- Burning or indigestion
- Dull or constant chest pain
- An upset stomach
- No symptoms at all

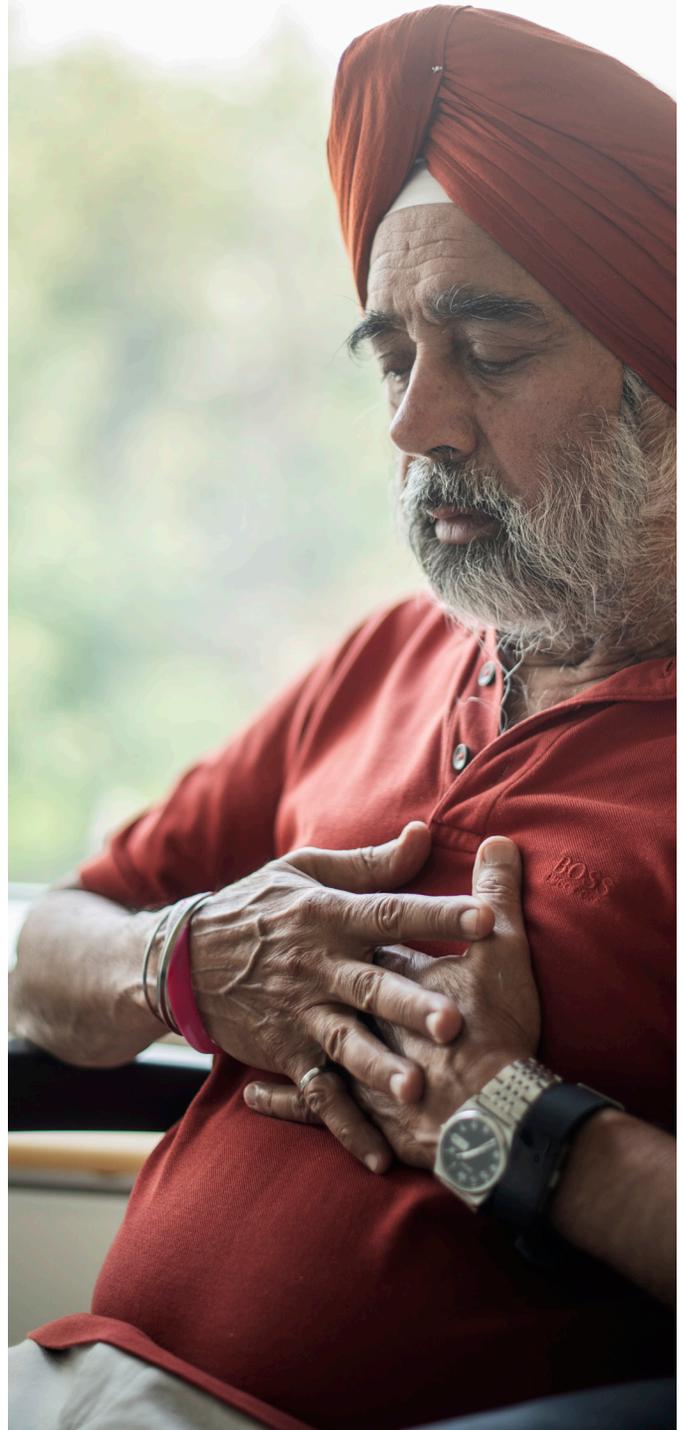
To relieve angina symptoms you may need medication.

Heart surgery may be required:

- When medication or other methods such as angioplasty are not able to improve your symptoms.

OR

- When the blockage is more complicated and involves more than one artery.



Types of Heart Surgery

Coronary artery bypass graft (CABG) surgery, also known as bypass surgery

You may need surgery to help improve blood flow to your heart and help control symptoms of angina. Bypass surgery is the most common type. It is performed when the arteries are too narrow or blocked. It is called “bypass” surgery because a new path is created around the narrow or blocked part of the artery using a piece of a blood vessel from your leg, chest, or arm.

At Trillium Health Partners, we perform two types of bypass surgeries.

- **Off pump surgery or beating heart surgery:** At Trillium Health Partners, most of our surgeries are done “off pump”, without the use of the bypass machine. The surgeon operates while the heart is still beating. This technique decreases the chance of side effects and improves recovery time.
- **On pump surgery:** If you have this type of bypass surgery the surgeon will temporarily stop your heart and attach it to a bypass machine, sometimes called a “heart-lung machine”, so that he/she can operate on a still heart. The heart-lung machine will take over the functions of the heart and lungs during surgery.

Heart valve surgeries

Heart valves can become damaged over time as we age, or from infection, rheumatic fever or birth defects. Over time, this damage

may prevent the valve from closing properly, causing a backflow of blood. Also, the valve may become narrow and have difficulty opening and/or closing properly, which prevents the blood from flowing from one chamber to another. This is called stenosis.

Damaged heart valves can be repaired or replaced. In most cases, they are replaced with either a mechanical or tissue valve. Your surgeon will discuss which valve is best for you.

- **Tissue valves:** Animal valves that are very similar to natural heart valves and have been re-designed and chemically treated.
- **Mechanical valves:** Man-made valves designed from durable metals and plastic that last longer than tissue valves. Patients who have mechanical valves will require “blood thinners”, medication to thin the blood, for the rest of their life.

Other Types of Heart Surgery

Aortic aneurysm repair

An aortic aneurysm is a problem in the wall of the main blood vessel (aorta) that carries blood from the heart to the rest of the body. The aorta wall may weaken and bulge, eventually causing a tear in the inner layers and rupturing. Surgical repair involves patching the aorta with man-made materials.

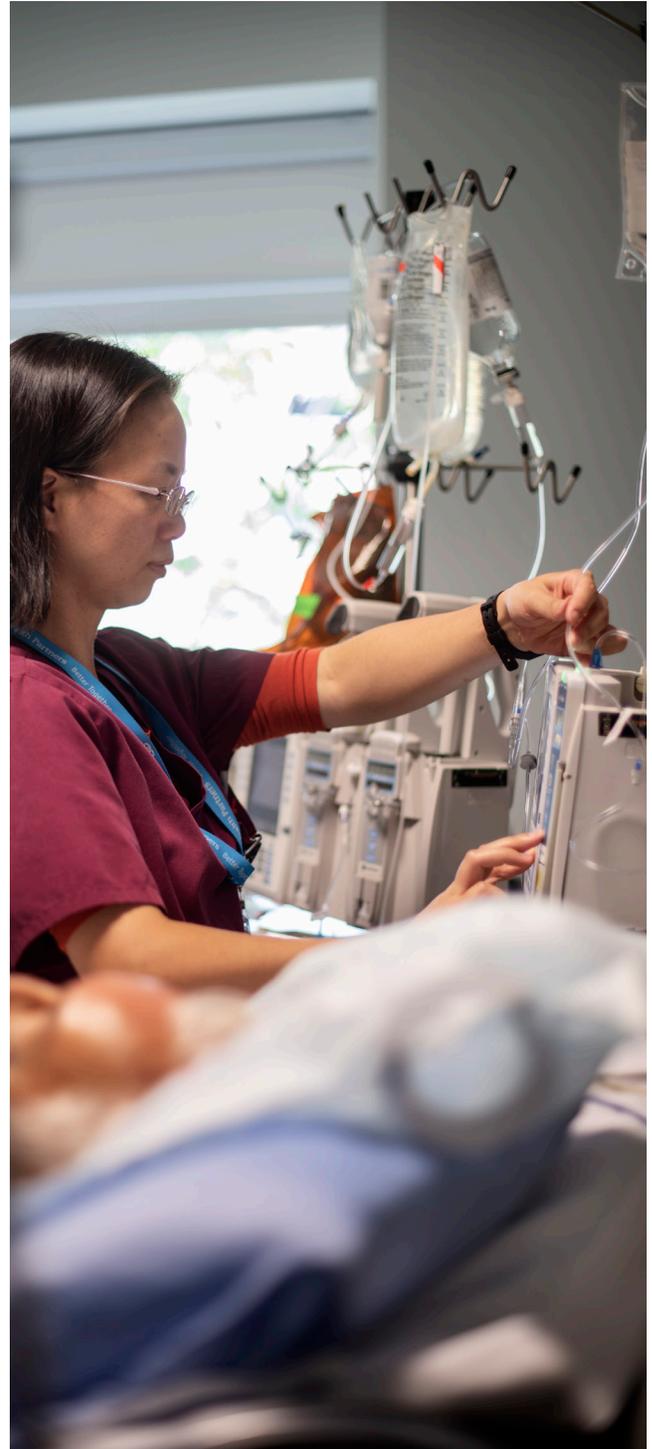
Ventricular aneurysm repair

After a heart attack, a part of the heart muscle may become weak and develop an aneurysm (bulging or ballooning out). This may lead to symptoms of shortness of breath, pain or irregular heartbeats. Ventricular aneurysms are fixed by removing the damaged tissue or by patching it.

Atrial or ventricular septal defects (ASD or VSD)

The septum is the wall of the heart that separates the left and the right sides. Abnormal openings can be found in some people. Sometimes they are born with them and other times they can occur as a result of damage from a heart attack. Surgery to repair this type of defect involves either sewing the opening together or closing it with a patch. The patch can be made from man-made material or from a piece of heart tissue.

Resource: Heart and Stroke Foundation
www.heartandstroke.ca



Waiting for Your Heart Surgery

This section will provide you with information to prepare you and your family for surgery. Once you have been seen by your cardiac surgeon, you will be given a date for your surgery, along with a surgical information package.

Surgery cancellation

In some cases, your surgery date may change because of changes in your condition, or more urgent patients on the waiting list. If your surgery date is changed, we will tell you as soon as possible.

Waiting for surgery

If you are waiting for surgery from home, do not participate in strenuous activities that will put added strain on your heart.

If you are in a nearby hospital, you will be moved to Trillium Health Partners - Mississauga Hospital Site for your surgery. If you are already at Trillium Health Partners, the Cardiac Surgery Team will provide you with information to prepare for your surgery.

Health changes

While waiting for surgery, contact your family doctor and cardiac care coordinator if you are experiencing any of the following:

- Chest pain or discomfort that is new, worse or occurring more often or while resting
- Shortness of breath that is new, worse or occurring more often
- Dizziness or fainting spells

- Swelling in your feet or ankles that is new or worse
- Any other changes in your health condition.

Call 911 if you are experiencing:

- A fast or fluttering heartbeat that you have not had before
 - That makes you dizzy and unwell
 - Does not settle after 2-3 minutes
- Chest pain, heaviness or discomfort that does not go away with nitroglycerin spray.

If there has been a change in your health or you have been admitted to hospital or have concerns and questions, please call the Cardiac Surgery Triage Coordinator at (905) 848-7501.

Getting Ready for Your Heart Surgery

Things to do before your surgery:

- You will need to have someone to stay with/support you at home for nighttime for one week after surgery. Please notify the surgeon's office or triage coordinator if you do not have support for your recovery at home.
- Arrange for help getting to your doctor's appointments as you will not drive for at least six weeks after your surgery. You may also want to talk to your insurance company to ask about specific conditions. If you have a commercial level driver's license you will have to wait three months before you start driving again.
- By the time you go home you will be able to care for yourself. You will need to arrange help with everyday activities like grocery shopping, cleaning, laundry and yardwork for about six to eight weeks.
- Stock up on food and household items.
- Plan to be off work (for about two to three months) and look into your sick leave benefits or employment insurance.
- Contact the Cardiac Surgery Triage Coordinator with any medical/physical/social or home situation that may affect your recovery or discharge home.
- If you have any concerns about managing at home, please discuss this with any member of the health care team.

Resource: Helping you find a family doctor or nurse practitioner

Health Care Connect: <http://www.health.gov.on.ca/en/ms/healthcareconnect/public/>



Visiting the Pre-Operative Clinic

If you are waiting at home for your surgery, you will have an appointment at the Pre-Operative Clinic one to two weeks before your surgery. Your clinic appointment will take a few hours. The surgeon's office will tell you the date of your clinic appointment when they give you your surgery date. You may eat and drink before your appointment.

During your Pre-Operative Visit:

- You will be seen by a doctor, nurse and pharmacist
- You will learn about your surgery and your recovery
- You will have blood tests, an electrocardiogram (ECG) and chest x-ray (you do not have to fast for any of these tests)

Please bring to the Pre-Operative Clinic:

- The "Surgical Package" envelope given by your surgeon (keep this booklet)
- Completed Patient Questionnaire found in your envelope
- All your medications, including vitamins and supplements



Pre-Operative Clinic
Trillium Health Partners
Queensway Health Centre
150 Sherway Drive,
Toronto, ON M9C 1A5

The Day of Your Surgery

If you are waiting at home for surgery, you will be admitted to the hospital the morning of your surgery. You will be told what time to come to the “Surgical Check-in” at **Trillium Health Partners – Mississauga Hospital Site**.

Trillium Health Partners
Mississauga Hospital
100 Queensway West,
Mississauga, ON L5B 1B8

Before your surgery

The nurse or doctor in the clinic will instruct you to:

- Not eat or drink anything after midnight
- Take your medications with a sip of water as directed
- Apply antibiotic cream to your nose
- Take your suppository as a laxative
- Shower using an antiseptic soap

Check list for the day of your surgery

- DO NOT wear any makeup, nail polish, or perfumed skin products
- DO NOT wear jewelry of any kind; i.e. ring, watch, necklace. If you cannot remove your rings yourself, please have a jeweller cut them off before surgery
- Religious and cultural items must be removed before surgery

- Bring your health card and other health insurance information.
- Bring the surgical package envelope and all its contents (keep this booklet)
- Bring an interpreter if you do not speak English well
- Bring containers for dentures, glasses or hearing aids. Please label the containers with your name
- Arrange a ride to the hospital.

REMEMBER:

Have your family or a friend bring your overnight bag to the hospital the day after your surgery.

Things you will need in hospital:

- A front-opening robe
- Non-slip slippers or easy-to-slip-on running shoes
- Toothbrush and toothpaste
- Electric shaver
- Other personal items such as deodorant
- Loose, comfortable clothes you can wear home
- For women, please bring an old soft bra with adjustable straps
- 5-7 pieces of underwear
- This booklet

Please leave all your valuables at home!

Valuables such as jewelry, credit cards and large sums of money should be left at home or with your family. If required, they can be locked in our Security Office.

Just before your surgery

After you have checked into Day Surgery, one family member or friend can stay with you until you go to the operating room. If you are waiting in the hospital for your surgery, your nurse will start getting you ready hours before your surgery time.

During your surgery

Your family and friends will be directed to the Intensive Care Waiting Room located outside the critical care areas. A volunteer will be available to your family and friends to offer support while you are in surgery.

The operating room will be cold and have many lights. You will be attached to machines that monitor you during surgery.

The doctor will give you medication to help you relax and go to sleep before the surgery begins.

The surgery will take about three to six hours, depending on the type of surgery. An operating nurse may come out during your surgery and give an update to your family and friends on how you are doing.

After your surgery

When your surgery is over you will be moved from the operating room to the Cardiac Surgery Intensive Care Unit (CSICU).

Your surgeon will come to the family waiting room after the surgery is over to speak with your family and friends.





Recovering after your heart surgery

This section will address:

Visiting Hours (p.23)

Recovering in: *Cardiac Surgery Intensive Care Unit (CSICU) (p. 24)

***Cardiovascular Unit (CVU 2J) (p.26)**

Exercises to Build Your Strength (p.27)

Common Symptoms (p. 29)

Wound Healing (p.36)

When to Seek Help (p.38)

Visiting Hours

Family spokesperson

Choose one family member or close friend to be your spokesperson. This person can be the key contact for getting information about your progress and relaying information to your loved ones.

Cardiac Surgery Intensive Care Unit (CSICU) visiting hours

We know how important it is for our patients to have family members and loved ones involved in their care and recovery while in hospital.

Visiting policies in the CSICU promote a balance of therapeutic family relationships and time to recuperate.

When you arrive in the CSICU, your initial needs must be addressed, therefore it may be some time before your loved ones can visit. We understand that waiting can be stressful but we ask for their patience. They are very important in your care and recovery and we will update them as soon as possible.

Except in special circumstances, two persons may visit you at a time to promote a quiet and safe environment in the CSICU.

To maintain confidentiality and privacy for all patients, visiting is restricted during the following times:

- 7:15 a.m. to 8:00 a.m., and 7:15 p.m. to 8:00 p.m. daily, to allow time for shift change, report and patient assessment
- Other times may include procedures, tests, or patient care activities, including that of other patients

To respect the privacy and dignity of all patients, all visitors are required to speak to a volunteer in the waiting room or use the telephone outside the CSICU prior to each entry.

The phone number for CSICU is 905-848-7178.

Cardiovascular Unit (CVU 2J) visiting hours

Family members are welcome to visit you on CVU 2J at any time, based on your condition, care needs and your expressed wishes. Please note that for overnight hours (10 p.m. to 6 a.m.) your visitors will enter and exit the hospital through the Emergency Department. All other entrances are closed during this time. Your visitors will have to let someone at the nursing station know that they are on the unit to see you and respect the needs of our patients to have a quiet environment through the evening hours.

Having a family member or friend who is a patient in the hospital is very stressful and tiring. We encourage your family to take time for frequent breaks, fresh air and meals. Going home to sleep is important.

Phone calls

The phone number for the CVU 2J nursing station is 905-848-7168.

The phone number to your room is 905-848-7580 Ext. 62 (followed by last 2 digits of the room number).

Your spokesperson may phone into the nursing stations to get an update on your progress.

Please do not call between the hours of 7:00 a.m. to 8:00 a.m. or 7:00 p.m. to 8:00 p.m. due to the nursing shift change.

Recovering in the Cardiac Surgery Intensive Care Unit (CSICU)

Once your surgery is over, you will be moved to the CSICU.

Your family will be able to visit in about 45 minutes to an hour. This allows the staff time to settle you into your room, where you will be continuously watched.

All valuables should be left at home or with your family. Radios, flowers, clothing, food, TV or other gifts are not permitted in the CSICU.

Depending on your surgery and recovery time you can expect to be in the CSICU for one night. After this, you will be moved to the Cardiovascular Unit (CVU 2J).

What to expect while in the CSICU

- While you are in the CSICU, you will be attached to a monitor along with many tubes and lines. This equipment allows the team to keep you comfortable and watch your progress.
- You will be asleep for the first four hours. Pain medication will be given to you before you awake from your surgery. The nurses will keep giving you pain medication every four hours up until 48 hours. After the 48 hours, the nurses will give you pain medication when you request it.
- When you wake up, you may have a tube in your throat that is attached to a breathing machine (ventilator). When you are able to breathe on your own, the tube will be removed and an oxygen mask placed on your face. When the tube is removed, you may have a sore throat.
- Until the tube is removed, you will not be able to talk. The nurses will ask you questions to see if you are awake and ask you to shake or nod your head to answer.
- Chest drains placed just below your chest wound drain extra fluid from the surgical area. When the drainage stops, the tubes are removed, usually a day or two after your surgery.
- You will have a catheter or tube in your bladder so that you do not have to worry about going to the bathroom. This tube sometimes gives you the sensation that you need to pass urine. It will be removed the morning of day two after surgery.
- Your family may notice that your skin looks pale and feels very cool. This is very normal because of the cool temperature in the operating room. Once you arrive in the CSICU, a special warming blanket will be placed on you to warm your body before you awake from your surgery.
- It is common for your face, hands and feet to look swollen or “puffy”. This is normal because during surgery you will be given fluids through your veins. After your surgery, you will be given medication to help your body get rid of this extra fluid.



- After your surgery, the nurses and physiotherapists will start getting you to sit at the side of the bed. They will also teach you breathing exercises and the proper way of coughing to help your recovery.

Deep breathing

It is important to do your breathing exercises. Deep breathing or coughing may be uncomfortable, but will not open the stitches.

How to take in a deep breath

- Find a comfortable position (sitting or lying)
- Relax your shoulders
- Breathe out

- Breathe in through your nose as deeply as you can (like you are smelling flowers)
- Breathe out through your mouth

How to cough

When you feel you need to cough, hold a pillow firmly against your chest wound and cough. Coughing is not harmful, but you should hug your pillow to make it less painful.

Posture

While you are healing after surgery, it is important to have good posture. Good posture allows you to breathe better.

Recovering in the Cardiovascular Surgery Unit (CVU 2J)

On the day after your surgery, you are moved from the Cardiac Surgery Intensive Care Unit to the Cardiovascular Unit. Some patients may require a little more time in the Intensive Care Unit for close monitoring.

Before you are moved out from the Intensive Care Unit, many of the tubes and monitors will be removed. We will keep monitoring your heartbeat for a few more days using a portable heart monitor.

You will stay on the Cardiovascular unit for about 3 to 4 days until you are ready to go home. The team will give you reminders of your discharge date as you recover.

Basic activities

Being active is an important part of your recovery after heart surgery.

The health care team would like you to do three basic activities while awake:

- 1. Each hour you are awake, you should take 10 deep breaths. DO NOT do 10 in a row, spread them out.**
- 2. Do cough when you need to. Use your pillow to support your chest wound.**
- 3. Do ankle circles/ankle pumping often.**

The day after your surgery (Day 1), you will be shown how to

- Turn in bed (you can lie on your side)
- Get up and sit at the edge of the bed
- Stand up and sit down
- Make some steps
- Move from bed to a chair

The next day (Day 2)

You will walk in the hallway with help. Your physiotherapist will let you know how often to walk, generally three times that day.

The next step

You will try to get to five walks a day by the 3rd or 4th day.

Before going home

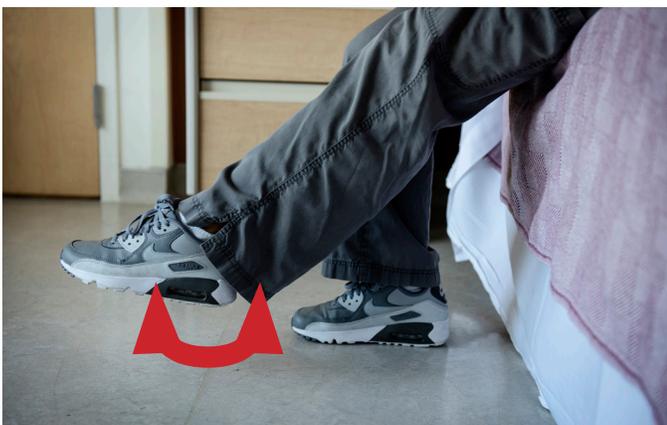
You will go up and down a flight of stairs with a physiotherapist or a physiotherapy assistant. If you were able to use the stairs before coming to hospital, you will be able to use them when you return home.

Exercises to Build Your Strength

Your physiotherapist or physiotherapy assistant will review your home exercise program with you and your family. These are some exercises you can do after surgery to help improve blood flow and prevent stiffness. Do the exercises your physiotherapist picks for you and work within your comfort level. Do not forget that good posture is important.



Heel slides: Lying on your back, slide your heel up and down the bed (bending your knee). Repeat 5 times with each leg, 3 times a day.



Legs: Sitting, gently straighten out your leg. Do this one leg at a time. Repeat 5 times with each leg, 3 times a day.

Ankle pumping or circles: Sitting or lying in bed, move your feet up and down or in circles as often as possible.

Exercises to Build Your Strength



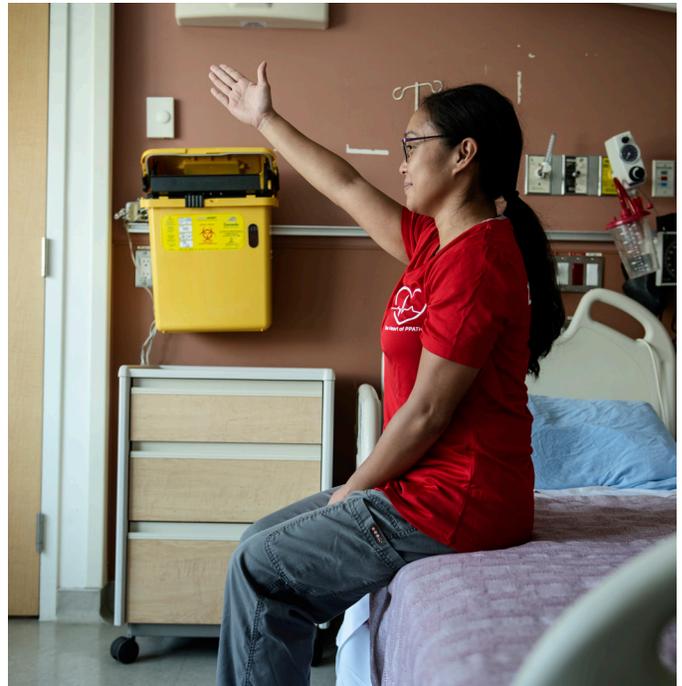
Neck: Sitting, slowly turn your head to one side to look over your shoulder, until you feel a stretch. Repeat 5 times, each side, 3 times a day. If you feel dizzy, stop right away.



Trunk: Sitting, cross your arms on your chest. Look slowly behind you by twisting from the waist. Repeat 5 times in each direction, 3 times a day.



Shoulder shrugs: Sitting or standing, circle both your shoulders backwards. Repeat 5 times, 3 times a day.



Arms: Sitting, lift one arm above your head. Repeat 5 times each side, 3 times a day.

Common Symptoms

Heart surgery is a big operation. After surgery you may feel some common symptoms, but not everyone feels these symptoms. These symptoms can occur while you are still in hospital or later, when you are back at home.

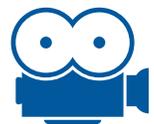


What You May Experience

Note: These are guidelines only. Each patient's recovery is different.

1. Palpitations (fast or fluttering heartbeat)
2. Shortness of breath
3. Surgical pain
4. Swelling (edema)
5. Confusion or delirium
6. Feeling tired
7. Unable to sleep
8. Loss of appetite
9. Constipation
10. Mood swings
11. Sore and dry throat
12. Wound healing / Incision care

Palpitations (Fast or Fluttering Heartbeat)



You should not feel a very fast, fluttering heart after surgery. If you do experience this in hospital, stay in bed and call your nurse. Your heart monitor will alert the staff if your heart is beating irregularly. You will get medications to treat this condition.

While you are at home, if you have a fast or fluttering heartbeat or a “racing heart” that

does not go away in 3 hours, you should contact your health professional with the number you were given on discharge. If the fluttering heartbeat is **severe**, makes you feel **dizzy or unwell** and does not settle after **5 minutes**, call 911 right away.

Shortness of Breath with Activity



Shortness of breath is normal with activity after your surgery. Your shortness of breath should be easily relieved by slowing down or sitting down. Tell your nurse if you are short of breath when resting or lying in bed.

While you are at home, if you develop severe shortness of breath that does not improve after you stop activity or when you rest, please call 911 right away.

Tips for Dealing with Shortness of Breath

1. Practice the breathing and coughing exercises taught by the physiotherapists.
2. Stop, rest, and tell your nurse or therapist if you develop
 - Shortness of breath
 - Chest pain
 - Pressure or tightness in your chest
 - Light-headedness
 - Palpitations or feeling a fast or fluttering heartbeat



Surgical Pain



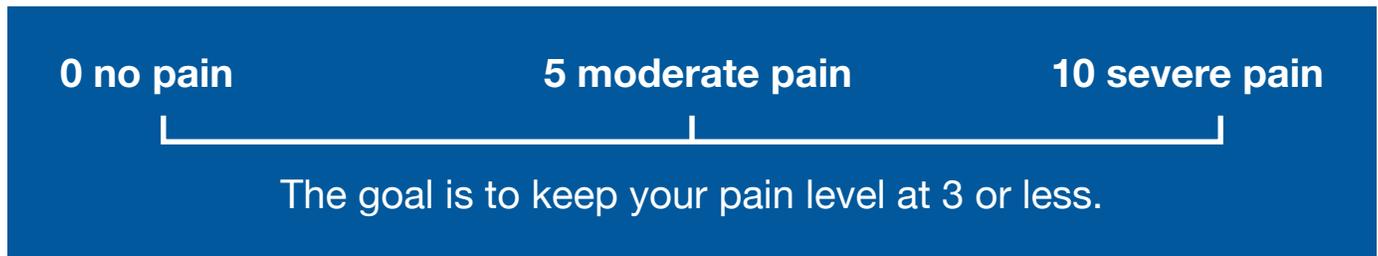
Pain is different for each person. While you are in the hospital, the nurses will give you medicine(s) for the pain either intravenously (while you are in the Intensive Care Unit) or by pill. Our goal is to make sure you are comfortable so you are able to participate in your recovery.

The staff will frequently ask you to describe your pain at rest and with activity. You will

be asked frequently to rate your pain on a scale from 0 to 10 and whether your pain is improving.

Talk to your health care team when you first start feeling discomfort. It is often easier to control pain in its early stages before it becomes severe. The health care team is there to support you and to make sure that a helpful method for pain relief is available.

Pain Scale:



Pain Location

Even though pain may be different for each person, pain is common in the following areas:

- Pain from the chest, leg and arm incisions. You may also have discomfort in your back, between your shoulder blades and along your neck. The breastbone has been separated and the muscles (including the back muscles) are stretched during your surgery.
- If arteries in the chest wall (left internal mammary artery) have been used for your

surgery you may have some numbness or loss of feeling in your chest area.

- If the artery in your arm (radial artery) is used during your surgery, you may experience numbness and/or loss of feeling along the incision in that arm, thumb or finger tips.

The numbness and loss of feeling is usually related to swelling of the nerves in that area and should get better in a few months as you heal.

Tips for Managing Surgical Pain

- You will be given a pillow after surgery to “splint” your chest. Hug this pillow when you are coughing, sneezing, laughing and have hiccups.
- Take your pain medication before activity. Talk to the physiotherapist for hints on how to move with less pain.
- For 6 weeks after your surgery, do not attempt to lift, push or pull anything that

**5 lbs = 2 litre (L) carton of juice
or small bag of potatoes,
sugar or flour**

**10 lbs = 4L (3 small bags) of milk
or large watermelon or a large
bag of potatoes**

- weighs more than 10 pounds (lbs) (5 pounds per hand).
- Try simple relaxation by focusing on slow, deep breathing, listening to music or reading.
- If you do not have good pain control, please talk to your nurse/doctor so your pain pills can be adjusted or changed.
- Once at home, continue to take pain pills regularly so you can do your daily activities.

- **Pain medications can cause side effects which may include:**

- Drowsiness
- Itching
- An upset stomach
- Difficulty with your bladder or bowels
- Hallucinations or vivid dreams

Please talk to the nurse, nurse practitioner or doctor if you have any of these side effects.

Swelling (Edema)



You may have swelling in your hands and feet after surgery.

Tips for Dealing with Swelling

- Normally, the swelling will go away with time. You may need to follow up with the surgeon if the edema gets worse.
- Follow the drinking fluid guidelines you were given after your surgery (1.5 to 2 litres/24 hours).
- Elevate your legs. The swelling in your legs will gradually improve once the other veins in the leg start to remove fluid.
- Check your weight daily in the morning. If the swelling in your legs gets worse and/or if your weight increases 2-3 pounds in 2 days follow instructions you are given on discharge.

Confusion or Delirium

After the surgery, some patients develop a condition called confusion or delirium.

Signs of delirium include the inability to remember where you are, inability to focus and/or pay attention, seeing or hearing imaginary people or things. This condition is more common in elderly patients.

Some of the causes of delirium are medications, infection or simply being in the hospital.

You will be assessed every shift for delirium, and in case you develop it, the health care team will identify the cause and start interventions that may decrease complications and duration. Treatment may include medications.

Delirium often resolves in few days.

Tips for Dealing with Delirium

- Let the health care team know if you have had memory or thinking difficulties
- Bring your hearing aids and glasses with you
- Regulate your sleep/wake cycle (i.e. less sleeping in the day and resting more at night)
- Increase your frequency of walking
- Sit up in the bedside chair for all your meals
- Make sure your room blinds are open during the day



Feeling Tired

Your energy level may change after surgery. Some days you may feel good, on other days you may feel more tired. Tiredness is common after surgery because:

- The body is healing and needs rest
- You have lost blood and it takes a while to build up your red blood cells
- Pain pills can make you feel sleepy

Tips for Helping with Feeling Tired

- Be patient. Your energy level and strength will gradually improve as your body heals and the red blood cell count increases.
- Sleep or rest for short periods in the day between activities. Keep your naps to about 45 minutes or less
- Eat healthy meals. Your body will use a lot of energy as it heals
- Sit down when you can to complete activities. It saves you energy (e.g. showering, meal preparation)

Unable to Sleep

You may have problems sleeping. You may have difficulty with falling asleep or staying asleep.

Poor sleep may be caused by:

- Medication that can cause vivid dreams which wake you up
- The need to urinate often at night
- Pain or discomfort with position changes
- The hospital environment. It may be difficult to have a good night's sleep until after you are at home
- Anxiety/worry

Tips to Help You with Sleeping

If your ability to sleep does not improve, consider one of these changes:

- Some pain pills can cause you to have vivid dreams. If this keeps you awake, speak to your doctor about trying another type of pain pill.
- Take your water pill early in the day and midday (if you need to take it twice) to reduce nighttime voiding.
- Take your pain pills before bedtime so you are more comfortable during the night.
- If you are still having problems sleeping, speak to your family doctor. You may need a sleeping pill for a short time.
- Keep your naps to about 45 minutes or less.

Loss of Appetite

Your appetite after surgery may not return to normal immediately. Loss of appetite may be caused by:

- Nausea from pain medications
- Reduced activity levels can decrease your desire to eat
- Poor pain control
- Constipation

Your appetite should improve by the time you go home, but it may take some time to return to normal.

Tips to Improve Your Appetite

- Try eating six small meals a day. You may be able to improve your calorie intake by eating small meals with snacks. Pack calories into the foods you eat.
- Eat protein-rich foods. Foods high in protein can help build and repair body tissues.
- Ask family members to assist you in preparing meals, especially if you are sensitive to the smell of food or have an upset stomach. These feelings will eventually improve and stop.

Constipation



You are constipated if you have any of the following:

- Having less frequent bowel movements than usual for you
- Difficulty or straining during a bowel movement to pass hard stools

Constipation may be caused by:

- Medications such as pain pills, iron supplements or water pills (which can cause dehydration)
- Decreased activity
- Not enough fibre in your diet

Tips for Dealing with Constipation

- Increase the fibre in your diet by eating more vegetables, fruit and whole grain bread.
- Increase your daily intake of fluids (except if you are on water pills such as Lasix or have been told by your doctor to restrict the fluids you drink).
- Increase your activity level.
- You will be given a prescription for a laxative when you go home. If you continue to have problems with constipation speak with your local pharmacist or family doctor.

Mood Swings

After heart surgery you may feel happy one day, sad the next day and angry at times. This can be normal after surgery. These feelings may happen because of being faced with a serious illness. You may have crying spells for something as simple as dropping your pills.

Tips for Dealing with Mood Swings

- Mood swings are common and will pass. Focus on your accomplishments with recovery and do not get discouraged.
- Communicate your emotions with family, friends and community members, whoever is your source of support.
- Join a Cardiac Rehabilitation Program. They have been shown to improve both physical and mental health.
- View the Cardiac Rehab video on the Trillium Cardiac Surgery website, TrilliumHealthPartners.ca/HeartSurgeryEducation for more information.
- If these feelings persist after 6 to 8 weeks, speak with your family doctor.

Sore and Dry Throat

This is common after surgery and it is from the breathing tube used during the surgery. Ice chips will be offered to you; they help with the discomfort.

Wound Healing/ Incision Care



The three common incisions that patients have from heart surgery are:

- Chest (sternal incision)
- Either upper or lower leg (saphenous vein)
- Forearm (radial artery)

Patients who have had valve surgery only have the chest incision

You may have a lump at the top of your sternal incision. Typically this is swelling and will disappear with time.

You may notice bruising, discoloration, redness and swelling along the incision line. This will fade in a few weeks.

It takes about 6 weeks (depending on your general health) for your sternal (chest) bone to heal. You may occasionally hear an occasional “clicking sound” after surgery. This will go away as the bones heal. Avoid any heavy lifting over 5 to 10 pounds for minimum of 6 weeks until the sternal bone heals.

Wound infections are not common, however they can occur. Watch for the following signs and symptoms.

This incision is healing well



Signs that your wound is not healing normally

- Redness and swelling in the area of the incision
- Skin around the incision is warm to touch
- Increased pain at the incision site
- Fever or temperature of 38.5°C or 101°F
- New or abnormal drainage from the incision such as pus
- Abnormal smell from the incision
- Incision edges start to open up

If any of the above symptoms occur, call the telephone number you were provided with at discharge.

Tips for Taking Care of Your Incisions

To prevent pulling on the sternal incision women should wear a soft comfortable bra.

Wounds do not require a dressing unless there is drainage.

Reducing leg swelling will promote wound healing. Walking, as well as foot and ankle pumping exercises will help to reduce swelling. Elevate your legs when you are sitting.

- Do not use lotions, ointments or creams on the incisions
- Wash your incisions daily
- Take showers (avoid baths for 6 weeks from the surgery date)
- Use a bath seat to sit on while you shower

Soap to wash incisions:

- Use a non-gritty, non-perfumed, gentle soap. Liquid soap recommended.
- If using a bar soap, only the patient should use it. Do not let the bar soap sit in liquid. Drain your bar soap.



To take a shower:

1. Gently wet skin with warm water. Avoid strong water pressure.
2. Build up a lather with your soap.
3. Gently apply the lather to your incision sites using your fingers (DO NOT use a washcloth or loofah on your incisions).
4. Wash the rest of your body normally.
5. Shampoo your hair normally.
6. Gently rinse off.
7. Pat your incisions dry with a clean towel. (DO NOT rub your incisions.)

When to Seek Help



Non-Emergent Symptoms

Call the contact telephone number provided on discharge if you experience the following symptoms:

1. More swelling of your legs with a weight gain of more than 2–3 lbs (0.9–1.3 kg) over 2 days
2. Fever or temperature of 38.5°C or 101°F or more
3. Shortness of breath that does not improve after you stop activity or when you rest
4. New or worsening cough
5. Changes to the skin around your incisions/cuts, including: redness, warmth, swelling, new fluid/drainage and increasing pain
6. Extreme fatigue that is new or not improving
7. Fast or fluttering heartbeat that does not go away in 3 hours

Emergent Symptoms

At home, call 911 if you experience the following:

1. Chest pain that is identical to what you experienced before surgery
2. Faint (loss of consciousness) or a collapse
3. **Severe** difficulty breathing
4. **Severe** fast, fluttering heartbeat that makes you feel **dizzy or unwell**, that does not settle after **5 minutes**
5. Large amounts of bright red blood in your urine or bowel movements, especially if you are on blood thinners



Preparing to Go Home After Your Heart Surgery

This section will address:

Preparing to Go Home (p.41)

Reviewing Your Heart Medicine (p. 42)

Controlling Your Heart Risk Factors (p.43)

Heart Healthy Eating (p.44)

Community and Lifestyle Resources (p. 45)

Preparing to Go Home



Readiness for Discharge Home

Each day, the health care team and the nurse practitioner or surgeon will assess how you are recovering from surgery. You are ready for discharge when:

- On post-op Day 4 you have not had any complications that have slowed down or affected your recovery. You should have had a bowel movement and your pain is well controlled. Your incisions should be healing. You may or may not require dressings for drainage.
- You and your family have home supports in place. Please notify a member of the health care team if you do not have a plan in place, you live alone, have special needs, or do not have friends or family to assist you for a few days on your return home. You may need to be seen by a social worker.
- You are tolerating your medications. (Please discuss with members of the health care team if you do not have drug coverage.)
- You are able to walk short distances independently, get out of bed and climb a flight of stairs (assuming you were able to do these activities before surgery).

Please feel free to discuss with your health care team any questions or concerns you have regarding your planned discharge.

Day of Discharge

Please note that discharge time is 9:00 a.m. Please make arrangements with your family to pick you up from the hospital by this time on the day of discharge. It is helpful to have a family member or friend present while we review the discharge instructions.

It is recommended that you have someone to assist you at home for the first week. You will not need someone with you all the time. You will need to make arrangements for a drive home and to your appointments.

Community services such as home care providers to assist with bathing are not routinely provided but will be assessed on an individual basis.

Patients will be assessed on an individual basis if community nursing services are required for bandage changes on healing surgical wounds.

New medication prescriptions will be given to you when you are discharged from hospital.

Reviewing Your Heart Medicine



After your surgery, it is important to keep taking your pills.

Before you leave the hospital, you will be given a prescription. Also, we will review the medications you took at home and let you know which ones you should keep taking.

You need to know the:

- Name of each medication
- Dose
- How many times you take it
- The purpose of the drug
- Possible side effects
- How long you have to take each medication

The pharmacist or nurse will review your pills with you before you go home.

Remember, over-the-counter medicine for cough and cold, stomach upset and some herbal products and supplements can interfere with your prescribed medicine. Always check with your doctor or pharmacist before taking other medicine.

Some patients may need to be on a special medicine called Coumadin. For example, patients with a mechanical heart valve will need Coumadin to prevent blood clotting within the artificial heart valve. If you are on Coumadin, you will receive more information about this medication from the health care team.

If you have an artificial heart valve you will require antibiotics to prevent infection of the valve before certain procedures. You will be given instructions on antibiotic usage before discharge. You can also talk to your family doctor, dentist or community pharmacist.



Controlling Your Heart Risk Factors

Below are factors that add to a person's risk for heart disease:

Risk factors you can control:

- High blood pressure
- High cholesterol
- Diabetes
- Being overweight
- Lack of exercise
- Alcohol consumption
- Smoking
- Stress

Risk factors you cannot control:

- Age
- Gender
- Family history
- Ethnicity
- History of stroke or transient ischemic attack (TIA)

After surgery, you need to control or reduce risk factors to prevent more problems with your heart.
For help with risk factors, speak with any member of the health care team during your hospital stay.

Resource: Heart and Stroke Foundation:
www.heartandstroke.ca

Heart Healthy Eating



While in hospital, try to attend the Nutrition Education Class or view the video online for tips on heart healthy eating. If you have questions regarding your diet, please speak with a dietitian before discharge. After discharge from hospital, you can access personal nutritional counselling from a dietitian while attending Cardiac Rehab.

- Choose unsaturated fat instead of saturated fat. Examples of unsaturated fats include fish, flax and sesame seeds, some nuts and sunflower oil, olive oil, canola oil, corn oil and soya bean oil.
- Limit trans fat or hydrogenated fat. Sources include processed and pre-made foods such as some margarines, crackers, french fries, potato chips and commercial baked goods like cookies and pies.
- Choose medium to low fat versions of milk and milk products.
- Choose leaner cuts of meat with fat trimmed. Include a variety of meats and meat alternatives.
- Choose more whole grains and limit grains made from white flour to once per week.
- Eat lots of dark green, yellow, orange and red fruits and vegetables to increase your antioxidant intake.
- **Limit salt/sodium intake by:**
 - Using a pinch of salt in cooking and avoiding salt at the table.
 - Choosing unsalted or lower sodium versions of food when possible.
 - Using herbs and spices, lemon juice, vinegar and tabasco sauce to flavour food.

- Increase your fibre intake slowly and with plenty of water. Sources of fibre include oat bran, oatmeal, bran buds with psyllium fibre, legumes, barley, apples, citrus fruits and strawberries.
- Heart-friendly cooking methods include baking, grilling, roasting, stir frying, steaming, boiling and/or barbequing. Limit deep frying and deep fried foods.
- Always check with your doctor before having alcohol as it could interfere with medication.

Women	Men	Allowed Amounts
1 drink per day	1 drink per day	1.5 oz = 43 ml of spirits (40% alcohol) <i>or</i> 12 oz = 341 ml of beer (1 bottle – 5% alcohol) <i>or</i> 5 oz = 142 ml of wine (12% alcohol)

- Limit caffeinated beverages to 2 cups/day (1 cup = 250 ml). Slowly lower caffeinated beverages to avoid withdrawal symptoms like severe headaches.
- Ask any member of the health care team for the “Be Good To Your Heart” nutrition booklet provided in hospital.
- If you have diabetes, the same recommendations apply to you, but with more attention being paid to portions of carbohydrates or foods that break down into sugar in your blood.

Resource: Heart and Stroke Foundation:
www.heartandstroke.ca

Diabetes Canada:
www.diabetes.ca

Community and Lifestyle Resources

It is important that you tell any member of the health care team if you have any concerns about going home. There are resources and programs available to help support you and your family and friends.

If needed, a social worker can meet with you and your family to help with:

- Discharge planning
- Information on community and lifestyle resources counselling and guidance

Community resources that the social worker can provide information about:

- Where to stay if your family is from out of town
- Home and Community Care – Mississauga/Halton LHIN (former CCAC)
- Rehabilitation
- Respite
- Home support
- Meals on Wheels/grocery delivery
- Income support
- Emergency response system: Alarm system to obtain urgent assistance at home

Lifestyle resources that the social worker can provide information on:

- Quitting smoking
- Alcohol and drug use
- Stress management
- Medic Alert
- Support/counselling
- Medical and drug benefits
- Family doctor or nurse practitioner
- Heart and Stroke Foundation seniors centres and clubs
- Online resources

For online community resources in the Mississauga Halton region, please visit:

www.Mississaugahaltonhealthline.ca

Mandarin and Cantonese Health Helpline:
905-848-7398

Hindi, Punjabi and Urdu Health Helpline:
905-848-7377



Recovering at Home

This section will address:

Follow-up Care at Home (p.47)
Caregivers, Family and Friends (p. 48)
Getting Back to Your Regular Activities (p.50)
Home Walking Program (p.52)

Cardiovascular Rehabilitation (p. 53)
Online Education (p.55)
Follow-up Appointments (p.56)

Follow up Care at Home

Once discharged from hospital, patients and/or their families may have questions or concerns about their recovery. At Trillium Health Partners, we recognize that patients want follow-up care in the community by health care providers who understand their health history and cardiac care. There are options available to assist you with recovery; please follow your discharge instructions.

Before you are hospitalized for your cardiac surgery, if you have any concerns about your hospitalization that will affect your recovery tell the Cardiac Surgery Triage Coordinator. While you are hospitalized, the health care team will meet with you and help you and your family plan your discharge home.

Call the contact telephone number provided on discharge if you have any of the following symptoms:

- More swelling of your legs with a weight gain of more than 2-3 lbs (0.9-1.3 kg) over 2 days
- Fever or temperature of 38.5°C or 101°F or more
- Shortness of breath that does not improve after you stop activity or when you rest
- New or worsening cough
- Changes to the skin around your incisions/cuts, including redness, warmth, swelling, new fluid/drainage and increasing pain
- Extreme fatigue that is new or not improving
- Fast or fluttering heartbeat that does not go away in 3 hours

Call 911 immediately if you have:

1. Chest pain that is identical to what you experienced before surgery
2. Faint (loss of consciousness) or a collapse
3. **Severe** difficulty breathing
4. **Severe** fast, fluttering heartbeat that makes you feel **dizzy or unwell**, that does not settle after **5 minutes**
5. Large amounts of bright red blood in your urine or bowel movements, especially if you are on blood thinners

If you need to go to an emergency department during this time, please take your Patient Information Sheet and your Discharge Summary with you.

Caregivers, Family and Friends



Heart surgery is stressful not only for you, but also for your family and friends. Sometimes, they may become overprotective. They can overwhelm you with their willingness to help. You may feel or think that they take away your independence and this can diminish your confidence.

What might help your recovery?

- Appreciate the care that family and friends are providing. They need to know that you will tell them if you have any physical or emotional concerns that are worrying you. Accept help from others.
- Limit visitors and screen phone calls. Too many visitors can be exhausting. To make sure you have enough rest, do not have visitors for the first few days at home.
- Set up your own visiting hours at home. Begin visits by telling your visitors that you

will let them know when you are tired and need to rest. Do not be embarrassed to say, “I am tired today. Not today,” to people wanting to come in to see you.

- Update your friends when you can by email or the telephone answering machine.

During your recovery period, your caregiver can become tired and run down. To provide care to others, caregivers need to pay attention to their own needs on a regular basis.

What might help caregivers, family and friends?

- Reflect on and balance your own feelings while trying to support your loved one.
- Patience is important; it is not unusual for your loved one to have good and bad days. Talk about the emotional or physical issues that are concerning you.



Take care of your own health. Eat well, exercise and get plenty of rest. Sleep at least 8 hours a night. Reduce your own risk for heart disease. Do something you enjoy and find relaxing. Your loved one can be left alone.

How to manage stress

Caring for your loved one can be stressful. It is important and helpful to find a way to relax.

Below are some helpful hints for caregivers to maintain strength and energy.

1. Relaxation techniques

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

2. Acceptance

Instead of worrying about, “what will happen if...” try to asking yourself, “will this matter tomorrow or next week?” If it will make a big difference, then it deserves your calm approach. Also, it is okay to give yourself a break and take time for yourself. Set realistic goals. Use your energy for activities that matter to you and bring you enjoyment.

3. Humour

Try to find some humour where you can. If everything as perfect, life would be quite boring. So laugh at yourself. Laughter is a great method of stress relief and has long-lasting benefits. Unwind by taking a stroll, looking at the sky, chatting with a friend or watching a movie.

4. Mental relaxation

Create a mental image in your mind that you find peaceful and calming. Take a few minutes to visualize this place. Give yourself a chance to breathe and relax while having this image in your mind. Mental relaxation can create a physical change in your body. It slows the breathing, relaxes muscles and decreases anxiety.

5. Having realistic expectations

We all need to adjust our expectations of ourselves from time to time. This is particularly true as we age and if illness restricts our activities. Develop a realistic schedule of activities and include time for recreation. Identify your sources of stress and change the ones you can. Find ways to control negative feelings. Get help to manage anger or issues rather than letting them build up. Friends and family can be good medicine, particularly during this stressful time.

Getting Back to Your Regular Activities



After heart surgery your body needs time to recover. Depending on your age, your condition before surgery and whether or not you had any problems, it may take three to six months for you to recover from your surgery.

Here are some general guidelines to consider before getting back to regular activities: Balance your activity with lots of rest periods. Avoid anything that puts stress on the breastbone (chest incision) for six weeks.

Remember:

No Pulling

No Pushing

No Lifting

more than 5 lbs per hand

Household chores (first two weeks at home)

Begin with light jobs: setting the table, preparing light meals, dusting, tidying up or indoor gardening.

Avoid doing the following activities for 6–8 weeks until your breastbone is healed:

- Vacuuming or laundry
- Moving furniture
- Weeding the garden, raking or mowing grass
- Shoveling snow
- House painting and washing windows

Exercise equipment

- Many people like to exercise on a stationary bike or treadmill. Walking on level ground is the best exercise for now. Do not use exercise equipment until you start cardiac rehab. If you want to know about using exercise equipment at home, please talk to your physiotherapist or doctor. This information will also be discussed when you start your cardiac rehabilitation program about 8–10 weeks after surgery.

Intimate relations

- Many people worry about having sex after surgery. It takes about the same energy to have sex as it does to climb two flights of stairs. If you are feeling well and can climb stairs without any discomfort or shortness of breath, then you can return to sexual activity. Avoid any positions that cause discomfort to your breastbone. Do not support your body weight with your arms. Try other positions.

Lifting

- Avoid lifting anything heavier than 10 lbs (5 lbs in each hand) for six weeks after your surgery. Lifting strains your breastbone which is healing and makes your heart work harder.

Driving

- The Canadian Medical Association suggests that you not drive a vehicle for six weeks after heart surgery. After heart surgery, your reaction time may be slower due to fatigue, weakness and new medication. Your

breastbone is not fully healed yet. Sitting in the back seat of a car is safest. Remember to ALWAYS wear a seatbelt. You may find it more comfortable to place a pillow between your chest incision and the seatbelt.

- **DO NOT** drive other vehicles such as motorcycles, bicycles, riding lawnmowers, snowmobiles, boats and watercraft for six weeks.
- **DO NOT** travel by bus, subway, train or planes; only by personal vehicle or taxi for six weeks.
- **NOTE:** If you drive a commercial vehicle, speak to your doctor about when it is safe to return to work. Usually you will have to wait three months before you can start driving for work.

DO NOT DO THE FOLLOWING FOR 6 WEEKS AFTER SURGERY

Lift heavy bags

Lift children

Lift pets or hold their leash while going for a walk

Open difficult windows

Push or pull heavy doors or furniture

Take a bath
(only showers recommended)

Car Transfer

- Have your family member or friend place a garbage bag on the back seat to make it slippery
- Back up to the seat and sit down
- Swing your legs into the car – yours arms can be used for support, not pushing or pulling
- Use your legs to scoot across the seat

Return to work

- Speak to your doctor about your gradual return to work. Most people are able to return to work within three months of their surgery.

Recreation

- It is best to start with low stress activities. After six weeks people are usually able to return to their usual activities.

Travel

- Check with your doctor and insurance company before making any travel plans, especially if outside Canada.



Home Walking Program



Follow this program once you are able to walk easily for 5 minutes. You should be able to walk and talk and not feel short of breath. If you do feel short of breath or dizzy, stop and rest. Remember to stand tall while walking. Tightness across the incisions normal while

standing tall and taking deep breaths. If you are still experiencing these symptoms, contact your doctor.

Only progress to the next level if you can complete the level you are on.

Level	1	2	3	4	5	6	7	8	9	10
Minutes	5	6	7	8	9	10	11-15	16-20	21-25	26-30
Times per Day	6-8	6-7	4-6	4-6	3-4	3-4	2-3	2	1	1
Check when level completed										

Goal: Walk a total of 30 to 40 minutes each day

Now you can consider walking outdoors or walking at a shopping mall.

At Home

Breathing: Do your deep breathing exercises at least three times per day for two weeks after leaving the hospital. Use your pillow for coughing (remember to take it home with you!)

Exercises: Do the exercises your physiotherapist has taught you.

Climbing Stairs: For two weeks, go up and down stairs, as shown by your physiotherapist. Do not use the stairs as a form of exercise; only do them if you need to. Stay on the level you travelled to for some time to recover before climbing the stairs again. You can put

a chair at the top and bottom of the stairs to briefly rest before carrying on.

Important to remember:

- Make sure you rest between your activities. An activity is anything you do that takes effort to complete.
- Pace yourself and your activities.
- Organize your time and your activities.
- Sit on a chair when doing activities such as showering, shaving, washing and chopping food to save energy.

Cardiovascular Rehabilitation



Prescribed exercise after a heart event is one of the best ways to help you get back to health and everyday life. Cardiovascular rehabilitation has been shown to increase physical fitness, reduce cardiac symptoms, improve health and reduce the risk of future heart problems, including heart attack.

After your heart surgery, an automatic referral is made to Trillium Health Partners' Cardiovascular Wellness and Rehabilitation Program. A letter will be sent to you inviting

you to participate and to call and schedule your appointments.

If you live closer to another cardiovascular rehabilitation program, we will forward your name and number and they will contact you with how to enroll in their program. If you have not been contacted by any cardiovascular rehabilitation program within four weeks of leaving the hospital, please call us at (416) 259-7580 ext 5998 to inquire.

Trillium Health Partners' Cardiovascular Wellness and Rehabilitation Program

The Cardiovascular Wellness and Rehabilitation Program is designed to help you recover from heart surgery and minimize future heart events. At the program we provide:

- Supervised exercise classes
- Nutrition counselling
- Cholesterol management
- Smoking cessation
- Diabetes management
- Blood pressure optimization
- Stress management
- Medication counselling
- Spousal/family support

THP's cardiovascular rehabilitation program is a twelve-week program which involves supervised weekly exercise classes, education classes and various appointments.

Each participant is assigned to a Case Manager who is your main contact for the program and ensures that all of your questions and concerns are addressed. Your Case Manager also monitors your progress throughout the duration of the program and updates your family doctor and cardiologist as needed.

Each participant receives a personalized care plan, including an exercise prescription and training target heart rate range. Participants learn to take their own pulse and are given tips and handouts about how to incorporate

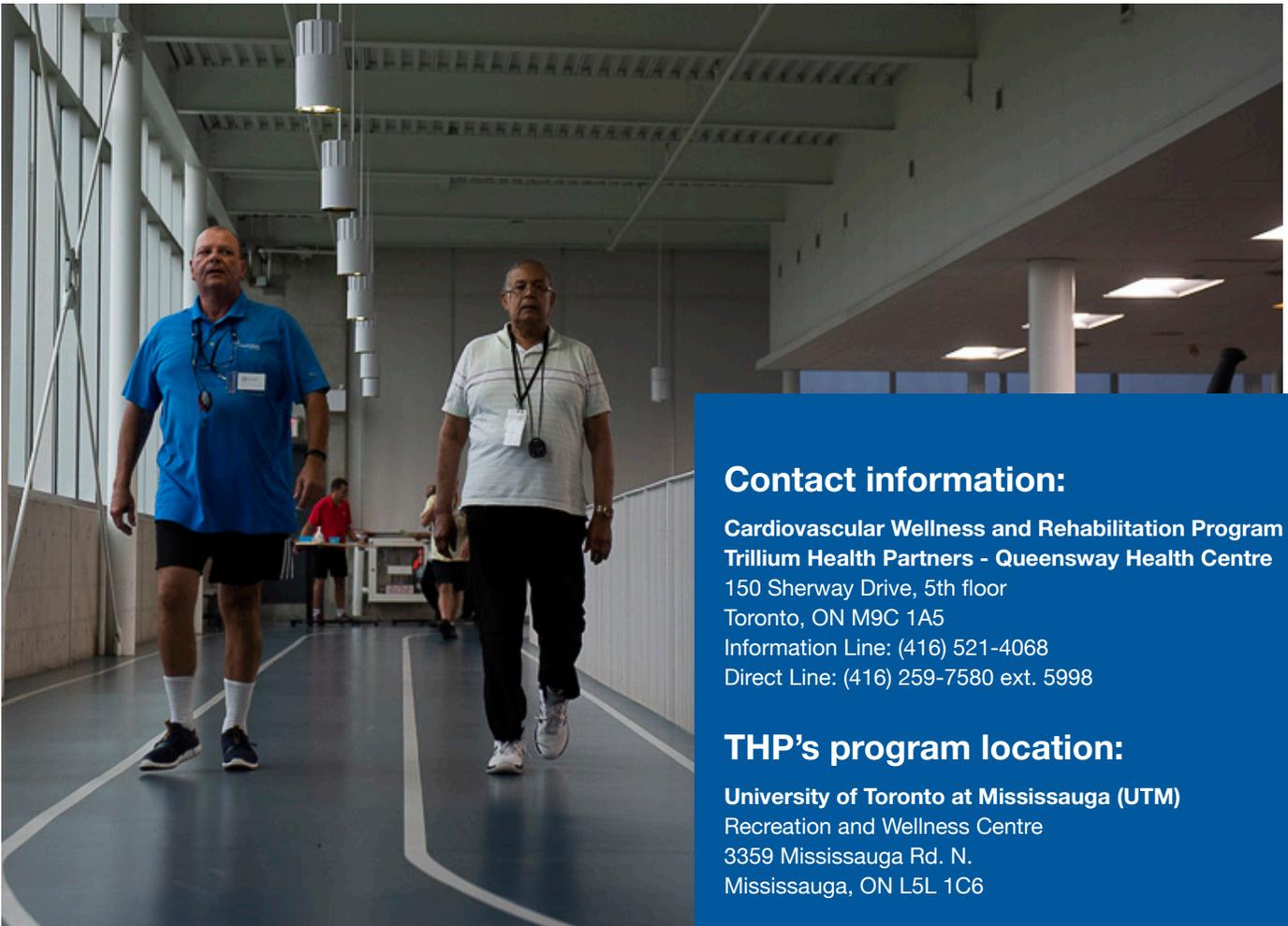
exercise into their daily lives. Family members are welcome to attend the education component of the exercise class and any appointments with the doctor and other health care professionals.

Health care professionals involved in this program include a doctor, psychiatrist,

registered dietitian, clinical pharmacist and cardiovascular rehabilitation therapists.

Our goal is to provide excellent care to both our participants and their families. Please call us if you would like further information, or watch the video on our program at:

[TrilliumHealthPartners.ca/
HeartSurgeryEducation](https://TrilliumHealthPartners.ca/HeartSurgeryEducation)



Contact information:

Cardiovascular Wellness and Rehabilitation Program
Trillium Health Partners - Queensway Health Centre
150 Sherway Drive, 5th floor
Toronto, ON M9C 1A5
Information Line: (416) 521-4068
Direct Line: (416) 259-7580 ext. 5998

THP's program location:

University of Toronto at Mississauga (UTM)
Recreation and Wellness Centre
3359 Mississauga Rd. N.
Mississauga, ON L5L 1C6

Online Education

To help you prepare for cardiovascular rehabilitation, we have created an online education program to provide you with information on what to expect when you begin your exercise program and what you can do to at home. Please go to the following link to begin your education sessions:

trilliumhealthpartners.ca/education/cardiac

The first presentation titled “Early Discharge Education Sessions” will give you key information you need in the first few weeks after leaving the hospital including:

- What to eat
- How to exercise
- How to take your medication
- How to cope with stress
- “Normal” feelings during the recovery phase
- Your health changes and their impact to your loved ones
- How to respond to an emergency situation.

The subsequent presentations give you more detailed information about healthy eating, medications and how your heart works.

We will review this information again and answer any questions when you join the Cardiovascular Wellness and Rehabilitation Program. We look forward to helping you on your road to recovery!

Follow-up Appointments

Upon discharge, you will be given instructions for follow-up appointments. Please ensure that you call your family doctor and cardiologist a few days after being home to set up these early follow-up visits

You should see your cardiac surgeon three months after discharge. Make an appointment for this visit two months after your discharge date.

Your family doctor

When you are ready to leave the hospital we will let you know when to follow up with your family doctor.

Date: _____

Time: _____

Your cardiologist

1–3 months after discharge

Date: _____

Time: _____

Your cardiac surgeon

3 months after discharge

Date: _____

Time: _____



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