

POMONA VALLEY HOSPITAL MEDICAL CENTER

# Your Heart Surgery



# OUR PHILOSOPHY

The Stead Heart and Vascular Center at Pomona Valley Hospital Medical Center is here to support you through every phase of your Cardiac Surgery. Our award winning team of healthcare professionals will educate, guide and encourage you throughout this journey. Your Cardiac Coordinator will be readily available to answer any questions or offer support when needed.

# Welcome

**Welcome to the Stead Heart & Vascular Center's Heart Surgery Guidebook** at Pomona Valley Hospital Medical Center. In partnership with your physician, we trust this information will give you support and help you with your recovery.

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*Our cardiac surgery program has earned numerous national awards for excellence.*

# The Cardiac Team

The Cardiac team consists of: Surgeons, Cardiologists, Hospitalists, Specialist Physicians, Nurses, Patient Care Assistants, Physical Therapists, Respiratory Therapists, Dietitians, Case Managers and Social Workers.



# Reducing Your RISKS

Making changes in your lifestyle to control your modifiable cardiovascular risk factors is an important component of your care. The American Heart Association estimates that 90% of the U.S. population could add months or even years to their lives if they reduced their risk factors. While you can't control the increased risk of heart disease associated with age, gender or a family history of heart disease, you can assume responsibility for your heart health and wellbeing by acting to control the modifiable risk factors.

## Smoking

...increases heart rate, blood pressure, reduces the blood's oxygen supply and accelerates the build-up of fatty plaque in the walls of the blood vessels. It makes your blood more likely to clot. Smokers have twice as many heart attacks as non-smokers. One of the best things you can do for your heart and your health is to quit smoking. **For information on quitting, visit [www.smokefree.gov](http://www.smokefree.gov)**

## Diabetes

...is a disease process where your body has trouble using a sugar called glucose for energy. Your blood sugar becomes too high and this can then cause damage to the arteries. This can result in a higher risk for heart disease and heart attack. **For more information, visit [www.diabetes.org](http://www.diabetes.org)**

## High Blood Pressure (Hypertension)

...means your blood is pushing too hard against the artery walls. Damage can occur to the blood vessels. This increases the risk of heart attack, heart failure and stroke. Blood pressure needs to be checked regularly because high blood pressure often occurs without symptoms. In many instances, it can be controlled by maintaining proper weight and reducing salt intake, as well as regular exercise and relaxation. **For more information, visit [www.nhlbi.nih.gov/hbp](http://www.nhlbi.nih.gov/hbp)**

## High Cholesterol

—a fat-like substance—can clog arteries and increase the risk of heart disease. Cholesterol levels can be lowered by diet and exercise. A heart-healthy diet emphasizes fruits,

vegetables, whole grains, low-fat dairy products, and mono/polyunsaturated vegetable oils and margarines, while limiting the amount of animal protein.

Healthy cholesterol levels are:

- Total cholesterol: lower than 200
- HDL (high-density lipoprotein) or "good" cholesterol: 50 or higher in women, 40 or higher in men
- LDL (low-density lipoprotein) or "bad" cholesterol: lower than 70
- Triglycerides (fat carried by cholesterol): lower than 150

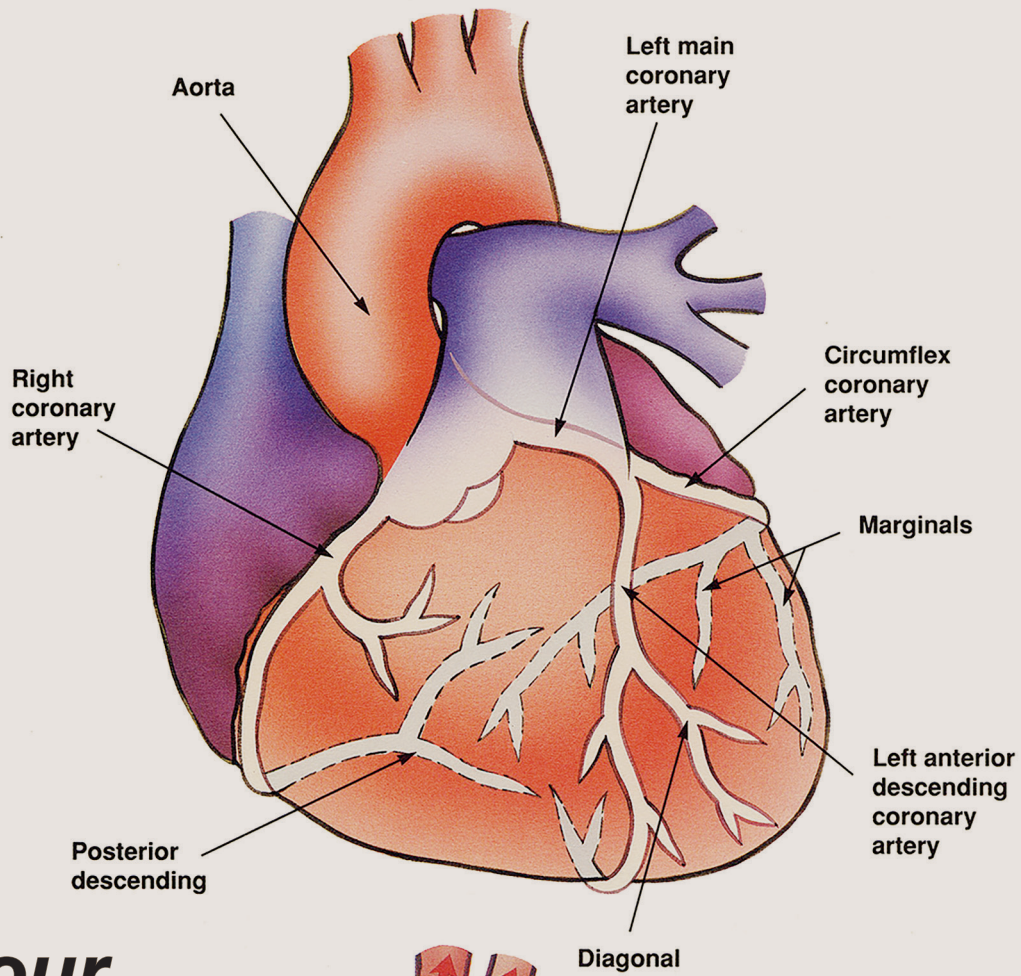
**To find out more, visit [www.americanheart.org/cholesterol](http://www.americanheart.org/cholesterol)**

## Stress, Anger and Depression

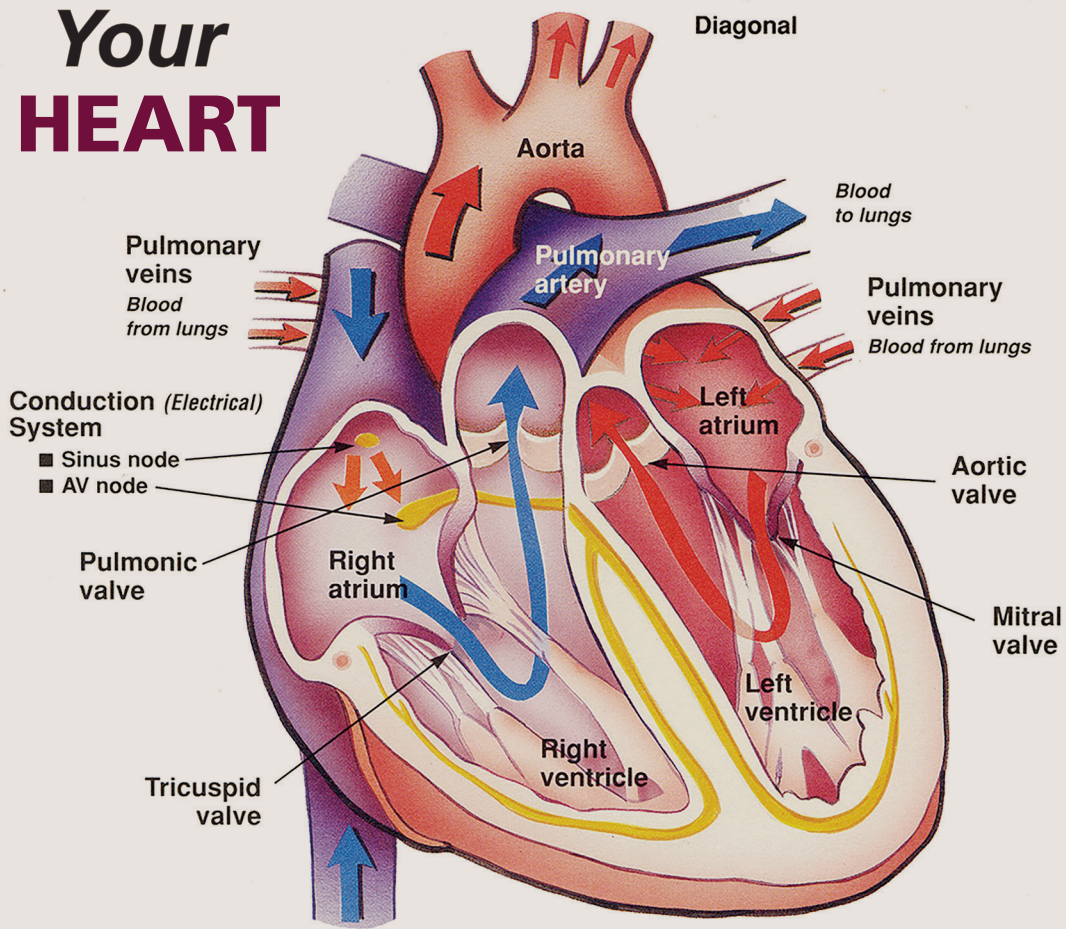
...are emotions that can increase your heart rate, blood pressure, and your cholesterol. They can make you want to eat and smoke more, and not want to exercise. These can increase your risk for heart attack. **For more information on emotions and your heart, visit [www.americanheart.org](http://www.americanheart.org) and search for "emotion."**

## Lack of Exercise

...can contribute to obesity, high blood pressure and high cholesterol. Your heart muscle, like your other muscles works best when it is active. Regular exercise improves heart fitness and helps to control blood pressure, diabetes, weight, cholesterol and relieves anxiety. **For more information on exercise, visit [www.americanheart.org](http://www.americanheart.org). and search for "exercise." For more information about the Hospital's outpatient rehabilitation program, call 909.865.9831.**



# Your HEART





## *Preparing for* **SURGERY**



*Guangqiang Gao, MD*



*Christine Montesa, MD*

### ***The Cardiac Surgery Team***

The Cardiac Surgery Team is available 24/7. Experienced and dedicated Cardiovascular and Thoracic Surgeons lead a team of lifesaving healthcare professionals. The Team consists of Cardiac Anesthesiologists, Perfusionists, Nurses and a Surgical Scrub Team. Our high volume of surgeries and low morbidity and mortality attest to the quality of care provided by our expert team. You are in good hands.



## *Understanding* **HEART SURGERY**

Surgeons gain access to the heart through the breastbone, or if you are a candidate for minimally invasive open heart surgery, the surgeon gains access through a smaller incision between the ribs on the right or left side of the chest. In coronary bypass surgery, the saphenous (leg) vein, radial (forearm) artery and/or the internal mammary (chest wall) artery are used to bypass the blocked heart arteries. This procedure improves the blood supply to the heart muscle, which is intended to relieve symptoms and prevent damage. Valve repair with a ring or replacement surgery with either a tissue or mechanical valve improves the function of the heart as a pump. The main goal of heart surgery is to enable you to resume an active and satisfying life.

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### **Preparation for Planned Surgery**

After meeting with the heart surgeon at the Hospital or office, surgery is scheduled through the Cardiac Surgeon's office in coordination with the Cardiac Surgery Coordinator. Pre-surgery education is provided to you and your family. You will need to come to the Hospital as an outpatient prior to your heart surgery to have preoperative testing completed if it has not already been done.

Always bring your insurance information and your current list of medications to all appointments.

### **Your Medications**

Stop medications and supplements below five days prior to surgery, or follow your doctor's orders.

If you take a blood-thinning medication, ask your surgeon for careful instructions on when to stop taking this medication before your surgery.

Blood thinning medications and supplements that can cause bleeding include—

#### **MEDICATIONS:**

- Advil (Ibuprofen)
- Aggrenox
- Brilinta
- Clopidogrel
- Effient
- Eliquis
- Pradaxa
- Warfarin (Coumadin)
- Xarelto



#### SUPPLEMENTS:

- Gingko Biloba
- Omega-3 Fish Oil
- Vitamin C
- Vitamin E

You may continue to take your daily aspirin.

### Pre-Admitting

Pre-admitting is located on the first floor in the Robert and Beverly Lewis Outpatient Pavilion on the main Hospital campus. You can make an appointment Monday through Friday from 7:30 am to 5:30 pm. Your admission paperwork will be completed at this time. You will also receive other pre-surgery testing, such as having blood drawn, ECG, and chest x-ray.

### Prepare Now For Coming Home

Before coming in for surgery, buy some extra bed pillows, or a triangle pillow, which will make sleeping more comfortable. Also an analog scale to weigh yourself as it is needed in the first six weeks of your recovery. If you live alone, plan on having some help during your first days of recovery. *For women only* – you may want to purchase a soft, cotton sports bra with hooks in the front to wear to support your breasts (Walmart and Target carry these in many sizes).

## The Day Before Surgery

- **Do not eat any food or drink any liquids after midnight.** This includes gum, mints and candy.
- Do not drink alcohol the day or night before your surgery.
- Try to relax and get a good night's rest.



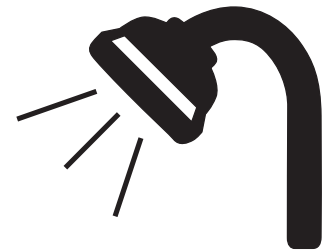
## The Night Before Surgery

### Shower with CHG

You will need to shower before your surgery with a special soap called chlorhexidine gluconate (CHG). This soap lowers the number of germs on your skin. You will be given the soap during your preoperative appointment.

You will shower with CHG one time the night before surgery. Follow these instructions when showering:

1. Wash your hair with your normal shampoo and rinse all shampoo out
2. Wet your whole body
3. **Turn the shower water off**
4. Put the CHG soap on a clean, wet washcloth or use sponges
5. Clean your body from your neck down to your feet
6. **Do not put the soap on your face or head.** Keep the soap away from your eyes, ears, mouth and groin
7. Gently wash your body for five minutes, including your chest where you will have surgery
8. Be sure to wash in all skin folds (elbows, under your arms and under your breasts)
9. Do not wash with your regular soap after using the CHG
10. **Turn the shower water back on and rinse your body until all the soap is gone**
11. Pat dry with a clean towel
12. Do NOT use any powders, makeup, deodorants, perfumes or lotions after showering



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## Day of Admission

You will be told what time to arrive at the Hospital. In general, you need to arrive at the Hospital at 5:00 am. Enter the main Hospital lobby, check in and go to the Admitting Office located just off the main lobby. Once you are all checked in you will be directed when to go to your room where you will meet the nurse that will take care of you. You will have your hair removed with clippers from your neck to ankles. An intravenous line will be put in your arm. You will meet other members of the Cardiac Surgery Team, including the Anesthesiologist.

## Family Support

Family members are given information on how the surgery is progressing and when to expect their loved one to leave surgery and be moved to a room in Cardiovascular Intensive Care Unit (CVICU). There is a waiting room on the second floor near the Intensive Care Unit areas off elevator E. For more information regarding visitation, see the Hospital's Visitor guidelines.



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## What to Expect



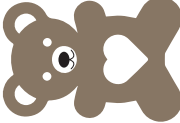
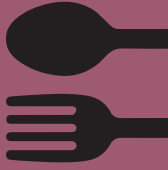



After surgery you will wake up in the CVICU and be closely monitored. For the first few days of recovery you will have chest tubes in place to help keep the lungs expanded and drain any fluid from the surgery site. Pressure monitoring lines in the blood vessels allow close surveillance of blood pressures and heart function. You may also have temporary pacemaker wires in case the heart rate slows.



Throughout the post-operative recovery period, you can anticipate assistance from several members of the Cardiac Care Team. In addition to doctors and nurses, a respiratory therapist, dietitian, physical therapist, cardiac surgery coordinator, discharge planning nurse, and if necessary, a social worker will visit. A caseworker from your health insurance provider may assist you and your family with home and discharge planning.


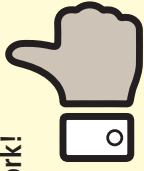






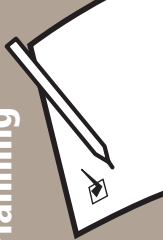

As recovery progresses, you and your family will be educated about the causes and treatment of heart disease, the process of healing and rehabilitation, nutrition, exercise, stress management, emotional adjustment and smoking cessation. You will also receive information on our Outpatient Cardiac Rehabilitation Program.

# Cardiac Surgery Patient / Family Pathway

	PRE-SURGERY	DAY OF SURGERY <i>Pre-Op</i>	DAY OF SURGERY <i>Post-Op</i>	POST-OP/DAY 1 <i>CVICU / Telemetry</i>
<b>Activity</b> 	Get out of bed, shower, walk.	Shower/bed bath. Surgical prep. Out of bed until pre-op medications, then bedrest. Blood Clot Prevention.	Bedrest until lines and breathing tube out. Then sit up in chair.	Sit in chair for all meals. Transfer to Telemetry. Cardiac Rehab will start with Physical Therapy.
<b>Respiratory</b> 	Practice deep breathing exercises. Practice using incentive spirometer.	<b>Keep practicing!</b> <i>These exercises are very important!</i>	Breathing machine. (Ventilator) Breathing tube out when awake and alert.	Incentive spirometer every hour while awake. Give your bear a <b>big</b> hug when you cough. 
<b>Nutrition</b> 	Practice deep breathing exercises. Full lunch and dinner. Nothing to eat or drink after midnight.	Nothing by mouth.	NPO 4 hours after breathing tube out, may have clear liquids.	Special diet as tolerated. Good nutrition is the key to healing. Eat what you can.
<b>Pain Control Medication</b> 	Sleeping pill available. IV started. May have saline lock. Pain scale 0 - 10. Learning to manage pain.	Pre-op medications.	Breathing machine. IV medications for pain relief, then progress to oral meds.	Ask nurse for pain medication, usually needed every 3 to 4 hours. Don't wait too long in between doses. Take a pain pill before bedtime.
<b>Discharge Planning</b> 	<b>Tell nurse if care required after discharge.</b> <b>Do you have any special needs?</b>	Family may visit prior to surgery. If 8:00 am case, be there by 6:00 am. Family takes all belongings home.	Visiting hours flexible, two visitors at a time. The length of visits will be up to the nurse's discretion.	



# Cardiac Surgery Patient / Family Pathway

	POST-OP/DAY 2 <i>Telemetry</i>	POST-OP/DAY 3 <i>Telemetry</i>	POST-OP/DAY 4 <i>May Go Home</i>	POST-OP DAY 5 <i>Going Home</i>	POST-OP DAY 6 <i>At Home</i>
<b>Activity</b> 	<ul style="list-style-type: none"> <li>Sit in chair for meals.</li> <li>Elevate legs when sitting.</li> <li>Cardiac Rehab</li> <li>Walk 4 times today</li> </ul>	Sit in chair for meals and before bedtime, legs up. Walk 4 times a day, Your family may walk with you.	Keep up the good work! 	If drive home is more than one hour long, stop and stretch every hour.	Increase walking weekly. Join the Outpatient Cardiac Rehab Program <b>909.865.9831</b>
<b>Respiratory</b> 	Please don't forget to do your coughing and deep breathing exercises every hour. Can you reach your goal you set pre-op?	Continue to use your incentive spirometer every hour, and cough. Chest tubes may be removed	Keep up the good work! 	You are doing a great job! 	Use your spirometer 4 times a day for one month. Did you name your bear? 
<b>Nutrition</b> 	<b>Diet:</b> 2 gm (2000 mg) sodium Low fat, low cholesterol Diabetic as appropriate. Don't restrict too much now. Eat as tolerated.	Dietitian will meet with you and your family to discuss a heart healthy diet and to give helpful suggestions.	Dietitian will meet with you and your family to discuss a heart healthy diet and to give helpful suggestions.	For the first 2 weeks after discharge, watch salt intake but eat what sounds good in order to build up your strength.	Do not stop taking medication without asking your doctor.
<b>Pain Control Medication</b> 	Take your pain medication as often as needed so you can move easily and breathe deeply.	Remember to ask your nurse for the pain medication.	Continue to take the pain medication as needed. Take a pain pill before you go to sleep.	Take a pain pill before going home. Continue taking pain pills at home as needed. Take pain pill at bedtime.	Dietitian will meet with you and your family to discuss a heart healthy diet and to give helpful suggestions.
<b>Discharge Planning</b> 	Visiting hours flexible. Two visitors at a time. <i>Dialing phone in Telemetry-</i> <b>Dial 75, and then the phone number.</b>	As you progress with our activity we will be able to make the appropriate plans for your discharge, and meet your needs.	Education about recovery to home.	 <b>STOP Smoking!</b> <b>Call 1.877.448.7848</b>	














# PAIN SCALE

Help us manage your pain effectively-

- Tell us about your pain when it starts, before it becomes too uncomfortable
- Let us know what has worked for you in the past to control your pain
- We will assess your level of pain regularly with Vital Signs and make adjustments in your treatment if the pain is not relieved
- Help set a comfort level using the 0 – 10 pain scale, so that you can maintain activities that will aid in your rehabilitation
- Good pain control equals greater comfort and improves your recovery

## UNIVERSAL PAIN ASSESSMENT RULER

Numeric Score	0	1	2	3	4	5	6	7	8	9	10
WONG-BAKER FACES (3 yr.-Adult)											
Verbal Descriptors	No Pain	Mild Discomfort	Uncomfortable but able to tolerate	Moderate Distress	Severe Pain	Worst Pain Imaginable					
Spanish Descriptors	No Dolor	Poco Dolor	Molesto pero Tolerable	Estresado Moderado	Dolor Severo	Dolor Muy Fuerte					
Activity Tolerance	Full Function No Pain	Activity 100% Pain can be ignored	Activity 75% Interferes with task completion	Activity 50% Pain interferes with concentration	Activity 25% Pain interferes with basic needs	Activity = 0 Incapacitated, Bedrest required					

## BEHAVIORAL CHECKLIST FOR NON-VERBAL PATIENTS TO PROVIDE REPORTS OF PAIN

McCAFFREY'S COGNITIVELY IMPAIRED BEHAVIORAL CHECKLIST:	FACIAL EXPRESSION:	BODY LANGUAGE:	VOCALIZATION:	CHANGE IN BEHAVIOR:
	Grimacing (frowning), looking sad, looking tense, looking frightened	Bracing, guarding, agitated, noisy breathing, fidgeting, restlessness, rocking, social withdrawal, beckoning	Moaning, grunting, crying, calling out, protesting ("no"), profanity	Sleep, appetite, mobility, confusion, agitation, irritable

FLACCr (0 - 3 yrs.)	Scoring		
	0	1	2
F Face	No particular expression or smile	Occasional grimace or frown, withdrawn, disinterested <i>appears sad or worried</i>	Frequent to constant frown, clenched jaw, quivering chin <i>distress-looking face: expression of fright or panic</i>
L Legs	Normal position or relaxed	Uneasy, restless, tense <i>occasional tremors</i>	Kicking, or legs drawn up <i>marked increase in spasticity, constant tremors or jerking</i>
A Activity	Lying quietly, normal position, moves easily	Squirming, shifting back and forth, tense <i>mildly agitated (head back and forth, aggression); shallow, splinting respirations, intermittent sighs</i>	Arched, rigid, or jerking <i>severe agitation, head banging, shivering (not rigors); breath-holding, gasping or sharp intake of breath; severe splinting</i>
C Cry	No cry (awake or asleep)	Moans or whimpers, occasional complaint <i>occasional verbal outburst or grunt</i>	Crying steadily, screams or sobs, frequent complaints <i>repeated outbursts, constant grunting</i>
C Consolability	Content, relaxed	Reassured by occasional touching, hugging, or being talked to, distractible	Difficult to console or comfort <i>pushing away caregiver, resisting care or comfort measures</i>

**ASSUMED PATIENT PAIN (APP):** All cognitively impaired patients will be assumed to have pain if their diagnosis or treatment would cause pain to a person who is not cognitively impaired, and pain relieving interventions used at appropriate intervals, (i.e., Chest tube, fracture, complete bedrest, bronchoscopy, post-op, etc.).

\*\*\* Refer to Housewide Pain Management Policy #3.320 for policy and procedure

"Not a permanent part of the medical record".

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**Our goal is  
to make you  
comfortable!**

# In-Patient Recovery and Rehabilitation

In-patient cardiac rehabilitation begins shortly after surgery. A Physical Therapist will help you by getting you up and out of bed for short walks. A nutritious diet will be tailored to your needs by a dietitian. A Respiratory Therapist will instruct you on how to increase your breathing capabilities. This multi-disciplinary Cardiac Rehabilitation Team offers information, instruction and continuing support and guidance to you and your family. The Team helps patients respond positively to the physical and emotional changes which occur post-operatively.

Immediately following cardiac surgery, patients may experience all or some of the following physical and/or emotional symptoms:



## Incision Swelling

- Some swelling at the upper end of the breastbone incision is normal
- The incisional leg(s) may swell for up to eight weeks
- Avoid crossing your legs
- It is normal for some serous (apple juice colored fluid) to drain from the leg incision and the chest tube sites
- Numbness is normal along the incisions, or along the left side of the chest if the internal mammary artery (IMA) was used
- Swelling may occur in your arm if the radial artery was used - elevate your arm on a pillow
- For the next month, elevate your legs to **"toes above the nose"** when sitting in the chair
- Temporary numbness in the right or left hand may occur for several weeks. The hand may be weak also. This is due to nerve pinching during surgery. It may last up to three months

## Emotional Ups and Downs

- Emotional changes are common in recovering heart surgery patients (they are a result of fatigue, soreness, and concerns about one's future)
- You may experience depression, difficulty concentrating, frustration, exhaustion and anxiety
- Share these feelings with your caregivers, family and friends
- Feelings disappear as recovery progresses

## Irregularity

- Constipation can occur due to lack of activity, limited fluid intake, and lack of dietary fiber, or medications
- Eat plenty of fiber and fresh vegetables and fruits (especially prunes and bran breads)
- Drink 6 to 8 glasses of water a day
- Take a stool softener (Colace) or laxative as needed (Ducolax tablet or suppository)

## Dry Mouth and Sore Throat

- Anesthesia and the breathing tube cause these
- They usually resolve quickly

## Excessive Perspiration

- This is common after surgery
- It may last several days
- If you have a fever greater than 101° F call your surgeon

## Fatigue

- Fatigue is a common complaint after heart surgery
- Caused by lack of extended sleep in the hospital, and energy used to heal and to fight pain
- Ways to reduce fatigue are to take rest/nap periods, walk four times a day, eat well, and use pain medication as needed

## Loss of Appetite

- Temporary change in your appetite and sense of taste is normal for a few weeks
- Nausea can be caused by medications

- Take medications with food
- If nausea continues call your primary care physician
- Eat well to regain strength and hasten recovery

### Pain Management

- It is normal to experience pain in your neck, shoulders, and back due to muscle and bone healing
- If the internal mammary artery (IMA) was used from your chest, you may experience a dull ache or numbness
- The pain should be minimal by your third week post-operatively
- Take the pain medication as prescribed by your doctor
- Take the pain pill prescribed at bedtime in order to relax and go to sleep
- During the daytime you may take Tylenol if the pain pill makes you too sleepy
- Call the surgeon if your pain is not controlled, and another medication can be ordered

### Difficulty Sleeping

- Sleep may be disrupted for a few weeks
- Vivid dreams may occur
- Limit daytime naps and caffeine intake
- You may find it more comfortable to

sleep in a recliner or on the couch the first week or so

- Increase your afternoon activities so you will feel tired by the evening
- If you still have difficulty sleeping, call your doctor to discuss a prescription for sleeping pills

### Other Symptoms

Report any other symptoms to your physician

### Getting Out of Bed

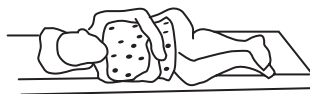
- Hug a pillow or your Steady Bear and roll onto your side
- Move your feet off the bed and gently use your elbow to raise your body to a sitting position
- Do NOT pull up on the side rails using your arms
- Sit on the side of the bed before standing up

### Getting Into Bed

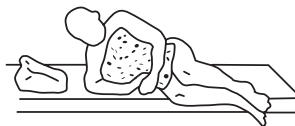
- Hugging a pillow or your Steady Bear, sit near the top 1/3 of the bed
- Lie on your side
- Lift your legs onto the bed with your knees bent
- Roll onto your back (do not lay on your stomach or either side for two months)
- Scoot up or down using your legs (not arms)

## Sternal Precautions: Open Heart Patients

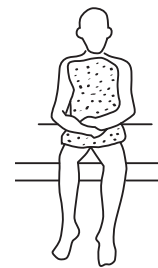
*Do not pull up on side rails using your arms*



1. Hug a pillow.  
Log roll onto your side.



2. Move your feet off the bed. Gently use your elbow to raise your body to a sitting position.



3. Sit on the side of the bed before standing up.

#### Getting back into bed:

1. Hugging a pillow, sit near the top 1/3 of the bed.
2. Lie on your side.
3. Lift your legs onto the bed with your knees bent.
4. Roll onto your back.
5. Scoot up or down using your legs (no arms).



## MEDICATIONS *to help your heart*

Medication	What They Do	Possible Side Effects
<b>Aspirin</b>	Helps reduce the tendency for blood to form clots	Stomach irritation, unusual bleeding
<b>Plavix/Effient/Brilinta</b>	Helps keep platelets from sticking together and forming clots	Stomach irritation, unusual bleeding
<b>Beta Blocker</b>	Helps reduce the harmful effects of stress hormones on the heart. Slows the heart rate and reduces the heart's workload	Tiredness, shortness of breath, trouble sleeping, impotence
<b>Ace Inhibitor</b>	Helps keep blood vessels from narrowing. Makes it easier for the heart to pump blood through the body as it reduces the effects of high blood pressure	Dry cough, rash, dizziness, swelling, high potassium levels
<b>ARB</b>	Helps protect the heart and blood vessels	Swelling, dizziness, high potassium levels
<b>Statins</b>	Lowers the amount of "bad" cholesterol in the blood to reduce the buildup of plaque in the artery walls which may rupture, leading to clot formation	Muscle cramps, stomach upset, liver enzyme abnormalities, muscle breakdown
<b>Calcium Channel Blockers</b>	Helps widen arteries. Makes it easier for the heart to pump blood through the body as it reduces the effects of high blood pressure	Headache, dizziness, swelling of ankles, constipation
<b>Diuretics</b>	Helps remove excess water and salt from the body. Makes it easier for the heart to pump blood through the body as it reduces the effects of high blood pressure	Muscle cramps, impotence, raised blood sugar, low or high potassium levels
<b>Nitrates</b>	Relax the blood vessels and reduce the workload of the heart	Headache
<b>Blood Thinning Agents</b>	Reduce risk of blood clots and heart attack	Stomach irritation, unusual bleeding



# Recovering from Cardiac Surgery at Home

MEDICATIONS	HEALTH MAINTENANCE	SELF-CARE	ACTIVITY	WHEN TO CALL FOR MORE INFORMATION
<ul style="list-style-type: none"> <li>Take your medications as prescribed.</li> <li><b>Do not stop or skip</b> medications unless your doctor tells you to. If you have any questions about medication call your doctor.</li> <li>Carry a list of your current medications.</li> <li><b>Pain Management</b> Take pain pills as needed.</li> <li>If pain is not relieved, then call surgeon at <b>909.865.9099</b>.</li> <li>Drink water daily as needed.</li> </ul>	<ul style="list-style-type: none"> <li>Weigh yourself daily and write it down. Call your cardiologist if you gain over 3 pounds in one day, or 5 pounds in one week.</li> <li>Check your incisions daily. Call surgeon if you have any problems.</li> <li>Check your pulse daily for one minute. Normal is 60 to 100 beats per minute.</li> <li>Do breathing exercises 4 times a day for one month.</li> <li>Lower your risk factors:</li> </ul> <p><b>Goals-</b></p> <ul style="list-style-type: none"> <li><b>Stop smoking!</b> Call 1.877.448.7848</li> <li>Blood pressure less than 120/80</li> <li>Weight management</li> <li>Blood sugar 90-130</li> <li>Hemoglobin A1C less than 7.0</li> <li>Cholesterol-lowering medication</li> <li>Specific cholesterol levels: <ul style="list-style-type: none"> <li>- Total cholesterol less than 200</li> <li>- LDL less than 70</li> <li>- HDL greater than 40</li> <li>- Triglycerides less than 150</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Shower/bathe with soap and water daily regardless if you have staples, sutures, or the paper steri strips. Paint the incisions with chlorhexidine swabs for 5 days.</li> <li>Keep your legs elevated when you are sitting in a chair.</li> <li>Follow the instructions and refer to the booklet that you received.</li> <li>Practice reading labels for fat intake, cholesterol, and sodium levels 2 grams (2000 mg) sodium per day.</li> <li>Eat healthy; try new recipes.</li> </ul>	<ul style="list-style-type: none"> <li>Walk 4 times a day.</li> <li>Do arm and leg exercises shown in the Cardiac Rehabilitation "Home Exercise Program" booklet.</li> <li>Rest in-between periods of activity (when sitting keep legs elevated).</li> <li>No lifting, pushing or pulling more than 10 lbs. for 3 months.</li> <li>Limit visitors the first week or so, (3-4 people for 30 minutes a day).</li> <li>Resume sexual activity when ready, usually 3 to 4 weeks.</li> <li>You may drive 6 weeks after surgery.</li> <li>After 3 months you may begin activities such as vacuuming and lawn mowing.</li> </ul>	<ul style="list-style-type: none"> <li>If you have any questions you may call the cardiac coordinator at 909.630.7110.</li> <li>If you have any questions or problems during the evening hours, please call your doctor, or the surgeon on call, or 911 if it's an emergency. The Cardiac Surgery Group phone number is 909.865.9099.</li> <li><b>Please call your doctor if:</b> <ul style="list-style-type: none"> <li>You have unusual shortness of breath, or</li> <li>Moderate increase in incisional pain since you left the hospital, or</li> <li>A weight gain over 3 pounds in one day, or 5 pounds in 1 week, or</li> <li>You have severe chills, or</li> <li>Fever greater than 101 degrees F (by mouth), or</li> <li>Draining incisions and/or increase in redness in incisions. (Remember some redness is a normal inflammatory response as part of the healing process), or</li> <li>Chest pain, or</li> <li>If you have any questions or concerns.</li> </ul> </li> </ul>



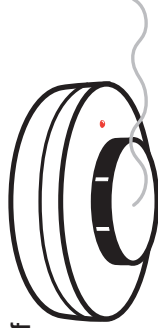
**STOP Smoking! Call 1.877.448.7848**

# Health and Safety At Home

## Home Safety Tips

### > Install Smoke Detectors

- ♥ Have smoke detectors on every level of the home (bedrooms, if possible).
- ♥ Test smoke detectors once a month. Maintain them according to the manufacturer's instructions.



### > Avoid Smoking

Call **1.877.448.7848** to help you quit

If you smoke, **quit!** If smoking does occur in the household, follow these rules:

- ♥ **Never** light up in bed or when oxygen is in use.
- ♥ Never leave smoking materials unattended.
- ♥ Never throw out smoking materials that are still hot.
- ♥ Always keep a fire extinguisher in a convenient place.

### > Lock Your Doors

### > Remove Throw Rugs To Prevent Trips & Falls

### > Take Care With Electricity

- ♥ Throw out appliances with frayed or damaged electrical cords, or have them repaired.
- ♥ Keep electrical cords hidden and out of walkways.
- ♥ Unplug small appliances when not in use.
- ♥ Never overload outlets.
- ♥ Keep electrical appliances away from sink, tub and shower areas.

### > Prepare An Escape Plan

- ♥ Plan at least 2 ways out of the home from each room.
- ♥ Pick a meeting place outside the home.
- ♥ Practice your escape plan at least twice a year.

## Day-To-Day Living

### > Manage Medicines Properly

- ♥ Follow instructions exactly for how and when to take medicines. Always take the correct dose. Ask your doctor about which medications you need to continue from home.
- ♥ Carry a list of your current medications with you at all times and a list of emergency contacts.
- ♥ Be aware of any side effects from medicines (dizziness, for example).
- ♥ Call your health-care provider if new side effects or symptoms occur.
- ♥ Store medicines out of the reach of children.

### > Take Care Of Yourself

- ♥ Limit or avoid alcohol use.
- ♥ Get a flu vaccination.
- ♥ Help prevent infection by washing your hands.
- ♥ Have vision, hearing, blood pressure & cholesterol tested. Correct any problems, if possible.
- ♥ Rise slowly after eating or sleeping. Low blood pressure can cause dizziness at these times.
- ♥ Set the thermostat above 65° F.
- ♥ Be sure to carry identification or a medical ID bracelet.
- ♥ Use proper assistance devices (such as a stepladder).

### > Learn About Home-Care Products

- ♥ They can help ensure safety and preserve independence. Patients may benefit from:
  - ♥ Walkers, canes or crutches
  - ♥ Wheelchairs
  - ♥ Hydraulic or mechanical lifts
  - ♥ Communication aids (two-way speaker phones, amplifiers for telephones, an emergency response system, etc.)



## For Emergency Calls Only - Dial 911

Fire • Police Sheriff • Highway Patrol  
Medical Emergencies • Paramedics

# Recovery at Home

Most people spend about six to eight weeks recovering at home. Many elect to join others who have had cardiac surgery in the Stead Heart Center Outpatient Cardiac Rehabilitation Program. If you wish to participate in this program you should consult your physician.

Generally, post-operatively, you will find that rest and relaxation, coupled with faithful adherence to a prescribed exercise regimen will help you regain your strength and stamina.

## Physician Follow-up

- See your surgeon in one week. Your appointment has been scheduled for you
- Call and make an appointment with your cardiologist for one week after discharge
- Call and make an appointment with your primary care physician for 1-2 weeks after discharge
- Bring a list of medications to each visit

## When to Call your Doctor

Call your *Surgeon* if you have:

- Fever greater than 101° F
- Chills
- Signs of poor wound healing (increased tenderness, redness, swelling, pus-like drainage from your incision, open incision, or increasing motion in the breast bone)

Call your *Cardiologist* if you have:

- Difficulty breathing, shortness of breath
- Excessive swelling of your feet or ankles
- Dizziness or feeling faint
- Extreme fatigue
- Weight gain of 3 pounds overnight or 5 pounds in a week
- Palpitations, fast or irregular heartbeats
- Unrelieved nausea
- Chest pain that is different than incisional pain
- Chest pain that feels like “angina”
- Problems or side effects with medications

**If you have an emergency call 911!**

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# Guidelines to Supplement Physician Orders

## Incision Care

- Wash incisions daily with soap and water
- Paint the incisions daily with Chlorhexidine swabs for five days
- Use separate swabs for the chest, legs, and arms
- Inspect incisions daily for redness, drainage or separation of skin edges
- Check your temperature once a day for the next three to four weeks
- Tingling, itching and numbness are normal with surgical wounds and will eventually disappear

## Breathing Exercises

- Continue doing your breathing exercises using the Incentive Spirometer 4 times a day (10 repetitions) for one month
- Stop tobacco in any form (cigarettes, vaping, cigars, pipes, chewing tobacco). If you smoke cigarettes please refer to the smoking cessation materials that will be provided

## Physical Activity

- For the next month, when sitting in a chair, elevate your legs to “toes above the nose”
- Avoid crossing your legs
- Alternate light activities with rest periods
- You may do your walking inside or outside once you arrive home
- Follow the guidelines in the Physical Therapy “Home Exercise Program” booklet
- Check with your surgeon before resuming activities such as golfing, swimming, tennis, horseback riding, etc.



## Sexual Activity

- You will be able to resume sexual activity within two to three weeks after discharge from the Hospital
- Remember to put no more than 10 pounds of pressure on your arms or chest bone

## Lifting

- During the first three months at home, do not lift any object that weighs more than 10 pounds (this could interfere with the chest bone healing)
- Do not resume strenuous physical activity (e.g. housework, yard work) until you have obtained approval from your surgeon
- If you have a smaller incision through the ribs you may begin lifting greater than 10 pounds after three weeks

## Driving

- You may drive 6 weeks after surgery
- If you are a passenger in a car, use your seat belt and shoulder harness
- If you have an air bag on the passenger side, and you cannot turn it off, then sit in the back seat for the first month
- If riding longer distances in the car, stop at least once an hour to stretch your legs
- If you have had a smaller incision through the ribs, you may drive after two weeks

## Bathing

- You must shower daily when home
- Consider using a plastic chair in the shower if you feel weak and unsteady
- Do not apply lotion, powder or ointment to the incision

## Weight

- Weigh yourself daily every morning prior to getting dressed and after you go to the bathroom
- Track your weight on the weight log in this book for six weeks to monitor for retention of excess fluids
- Call your cardiologist if you gain three pounds overnight or five pounds in one week

## Visitors

- Allow adequate time for rest and relaxation
- Limit family, friends and co-workers visits to 15 minutes at a time
- You are encouraged to excuse yourself when you begin to feel tired
- Do not allow anyone to visit who has had a cold or flu symptoms, and remember to wash your hands well and often

## Returning to Work

- Check with your cardiologist to be advised when you may return to work
- If you have a desk or sedentary job, you may return in six to eight weeks
- If you do hard physical labor where heavy lifting is required, it may be three months before you can return to work
- If you had the smaller incision through the ribs you may return to deskwork after three weeks and four to six weeks for manual labor

***Please notify the Cardiac Coordinator if you are re-admitted to the Hospital within one month of your surgery at 909.630.7110.***



# Your Recovery Log

Doctor \_\_\_\_\_

Phone # \_\_\_\_\_

- Monitor for SIX weeks
- Weigh daily in the morning, prior to eating or getting dressed

Dates						
Weight						
Blood Pressure						
Blood Sugar						
Ankle Swelling*						
Difficulty Breathing*						

\*Rating Scale: 4+ = Severe 3+ = Moderate 2+ = Mild 1+ = Very Minor 0 = None

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- Call your doctor if:**
- you gain 2 to 3 pounds overnight, or 5 pounds in one week
  - you have increased swelling in your feet, ankles or legs
  - you have increased shortness of breath with activity, or with speaking

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## ***Outpatient Rehabilitation***

Rehabilitation continues once you have been discharged from the Hospital. The Stead Health and Fitness Center structured Cardiac Rehabilitation program allows you to increase stamina, endurance and cardiovascular fitness. The Cardiac Rehabilitation Team works with you to identify and modify significant cardiac risk factors such as high blood pressure, diabetes, elevated blood cholesterol, smoking, obesity, poor exercise habits and inability to manage stress. Be sure to ask your Cardiologist about a referral to this program that will enable you to get back to a healthy lifestyle.

For more information, go to: [www.pvhmc.org/Cardiovascular-Rehabilitation](http://www.pvhmc.org/Cardiovascular-Rehabilitation)

## ***Outpatient Rehabilitation-Wellness***

Your rehabilitation can be continued by joining the Wellness Program. You will continue to exercise in the Hospital's Stead Health and Fitness Center to further increase stamina, endurance and cardiovascular fitness. The Wellness Program is unmonitored and designed to maintain aerobic fitness and cardiovascular conditioning. You will begin with a comprehensive evaluation of overall health and fitness. Following the guidelines of the American College of Sports Medicine, these diagnostic evaluations are used as a baseline information for the Exercise Specialists and Technologists to tailor an exercise program to meet your needs. The goal of the Wellness Program is to decrease the progression of heart disease and to receive the benefits of a healthy lifestyle.

For more information, go to: [www.pvhmc.org/Wellness-Program](http://www.pvhmc.org/Wellness-Program)









Nationally recognized, Pomona Valley Hospital Medical Center is the area's leading provider of comprehensive healthcare with centers of excellence in cancer, heart and vascular, trauma, and women's and children's services. We also have an award-winning emergency department and neighborhood health centers for quality care close to home. Through our expert physicians and advanced technology, we offer the perfect blend of state-of-the-art medical treatment and personalized care.

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*Expert care with a personal touch*