

Discharge Instructions for Patients Following Heart Surgery

You have made a good recovery from your operation and are ready to go home for further convalescence. Before the operation, you were cautioned that heart surgery is a major procedure. You may find yourself tiring easily for awhile and having to stop and rest between activities. Your strength will return slowly and steadily over the coming months. Although your surgery was done to benefit your physical well-being, you may not be fully aware of these benefits until several months later. Everyone who has undergone heart surgery experiences some limitations at first. Do not get discouraged at your initial fatigue. Your strength will return.

It is important upon discharge to notify your local cardiologist that you are now home. Your local doctor will oversee the management of your routine medications, diet and exercise regimen. Also, any problems that develop at home should first be referred to your local physician, unless it concerns your incisions. The information on the following pages comes from years of experience working with patients who have recovered successfully from open heart surgery. Please let us know at your follow-up appointment if these suggestions have been helpful. Also, don't forget to visit our website at www.mitralvalverepair.org for even more information.

ACTIVITY

A sensible balance of rest and activity is the key to a good recovery. Mild exercise will hasten your mobility. When you get home, try to balance periods of activity with periods of rest. Gradually increase your activity level. Do something everyday.

WALKING is one of the best overall exercises you can do. It improves circulation, muscle tone, strength and the way you feel about yourself. As a form of conditioning, walking should be done daily with a gradual increase in distance and speed. Walking should feel comfortable, that is, you should feel like you are doing something—but not overworking. For some, walking with other people is more fun, try contacting your local mall or YMCA to find out if there are organized walking groups you can join. Some general guidelines for walking include:

- Wear comfortable shoes, soft absorbent socks and loose-fitting clothes. In cold weather, dress warmly and wear layers you can remove as you warm up.
- Take a few deep breaths at the beginning and end of each walk. If you still have your incentive spirometer from the hospital you can use it to help with your deep breathing.
- Take several short walks with rest periods in between, rather than one long walk.
- Begin walking on a flat surface such as a shopping mall, athletic track, or your own neighborhood. Keep moving and do not stop to window shop until after you have completed your walk.

- Avoid temperature extremes such as hot humid summer afternoons, or cold, rainy, windy winter days. These weather extremes can increase your fatigue. If weather is inclement, try walking at an indoor location.

Do those light chores around the house that you are accustomed to doing. Avoid heavy chores such as vacuuming and shoveling for three months. If you find an activity tiring, stop and rest.

Do not resume activity that requires pushing or pulling (i.e., elliptical machine) or more strenuous exercise such as golf, tennis, jogging, swimming, contact sports, sit-ups, push-ups, digging, heavy gardening or returning to work until you have checked with your doctor at the follow-up appointment.

STAIRS are ok. There is no reason to avoid stairs; however, climbing stairs does require more energy than walking. Before you leave the hospital, climb stairs with the physical therapist to ensure that you can do so safely. Take your time and go slow. You may want to pause and rest at the mid-point or whenever you feel tired. Use the handrail only for balance; do not use it to pull yourself up the stairs.

LIFTING anything over 10 pounds, including children, pets, grocery bags, suitcases or briefcases is **PROHIBITED** for **SIX WEEKS** after your surgery. In addition, do not attempt to open stuck windows, unscrew tight jar lids, push open heavy doors or move furniture. Do not do anything that would stress or twist the sternum (breast bone) until you have had your follow-up appointment with your surgeon and received the “go ahead” for these activities. We consider the breastbone to be fully healed in three months time and recommend not lifting anything over 20 lbs for a full three months.

Keep in mind that these are guidelines for activity. It is difficult to say how quickly or slowly your strength will return. Your own body will be the best indicator that you are overdoing an activity. Doing too little activity can delay return of muscle tone and stamina. Increase your activity level gradually by doing a little more each day. Full recovery is an individual experience.

REST AND SLEEP

During the initial recovery period, your body considers all activity as “work.” Therefore, routine activities such as bathing, shaving or brushing your hair can be tiring. This simply means that you need more rest during this time. Plan or build rest periods into your day. By balancing periods of activity with periods of rest, you will not get over-tired.

Try to get a usual night’s sleep each night. Avoid staying up late one night and trying to “catch up” the next. If you are having difficulty sleeping at night, you may be taking too many naps during the day. Also, it is not uncommon for patients to have some restlessness when they return home.

Your incision may be sore—especially when you lie flat and turn from side to side. For some patients it is more comfortable to sleep in a reclining chair for a period of time, until their chest is less sore. Other patients prefer to sleep in bed with a wedge or reading pillow to allow them to sleep at an angle instead of completely flat. You may want to take some Tylenol or Advil or your prescription pain medication about 30 minutes before going to bed. This frequently relieves muscle soreness and allows you to sleep in a more comfortable position. If sleeplessness persists, call your primary care doctor.

If you have a waterbed, you may not be able to get in and out of it for several weeks. Try to arrange to sleep on a conventional mattress for the first month or two after surgery.

DRIVING

You will not be able to drive for at least 3 to 4 weeks from the date of your surgery. Reasons for not driving include:

- Decreased concentration and reflex time
- Limited shoulder, arm and leg flexibility due to stiffness and soreness
- Impaired braking time if you have leg incisions
- Twisting movement of the chest when driving.

Always wear a seatbelt when riding in a car. When traveling longer distances, stop every hour and walk around for five or ten minutes. This will improve circulation in your legs and help prevent swelling. Check with your local cardiologist or primary care doctor before going on any lengthy car trips during the first month after surgery.

DIET

You are urged to maintain a heart-healthy low salt and low fat diet. However, calories from food are important to help heal your incision. Some patients report that it takes a while to regain their appetite. You might feel better eating smaller meals more frequently during the day than three big meals. Your cardiologist can recommend specific guidelines for you when you follow-up after surgery.

If you are accustomed to having a drink before dinner **or** a glass of wine with your meals, you may continue this practice.

MEDICATIONS

Any medications you may need will be carefully explained to you. The purpose and effects of each drug will be discussed. The nurses will help you to establish a timetable of when to take your medications. Please note that certain pain medication can be constipating. If you should become constipated, increase your intake of high fiber foods. These include fruits, vegetables and bran products. Also, drink plenty of water. If necessary, you may take a laxative.

Some patients will be sent home with blood-thinning medication called warfarin or Coumadin. Those patients must have regular blood tests to check their INR level. In most cases, your local cardiologist will follow the INR level and prescribe any changes to your warfarin/Coumadin dosage. It is important that patients taking Coumadin report any signs of bleeding, excessive nose bleeds, or blood in the urine or stool.

WEIGHT

Check your weight each morning and record it for two weeks. Call your doctor if you notice a rapid weight gain or weight loss of 3-4 pounds from one day to the next, and notice if you have any swelling of your hands or feet. Swelling or edema is a sign that you are retaining fluid. Continued weight loss below your pre-operative weight may be a sign that you are losing too much fluid. Some patients are sent home on a diuretic, a medicine that helps the body eliminate excess fluid. This medicine, typically Lasix (furosemide), may need to be adjusted if you are losing or gaining significant amounts of weight.

CARE OF INCISION

Once you are home, you may shower daily, and use soap to wash your incisions. Do not use a sponge or washcloth on the incision at this time, as those materials may be too rough. Apply soapy water with your fingertips and allow the shower water to run down your chest to rinse. The use of powder, lotion and ointment is discouraged until your incisions are full healed. This can take four to six weeks. If you experience any redness, drainage or breakage of the skin along the incision line, please call your surgeon's office immediately.

INCISIONAL DISCOMFORT

You may experience non-cardiac chest pain related to the incision down the center of the breast bone or to the ribs on either side of the sternum. This pain will diminish in time but may reoccur when there is an adverse change in the weather or when you over exert physically. The pain may be aggravated by coughing, sneezing, or sudden changes in body position. This pain will become less frequent and bothersome as time goes by. Do not hesitate to use pain medication as ordered.

SEXUAL ACTIVITY

Sexual activity may generally be resumed once you are discharged from the hospital. The stress and fatigue of your surgery may initially lessen your interest in sex. But, as with any activity, your desire will return with your increased strength and feeling of well being. If you are hesitant or fearful about resuming sexual activity it is often helpful to discuss these feelings with your partner.

Initially it is advisable to place as little pressure on the sternal area as possible. If some incisional pain is experienced, a change of position may be required. If you experience shortness of breath or extreme fatigue, wait a period of time before resuming.

MISCELLANEOUS

- **NO SMOKING!** If you have been a smoker it is mandated that you abstain from cigarette, pipe and cigar smoking. This is absolutely necessary in the early convalescent period. Smoking not only stresses the heart but also predisposes you to lung and vascular disease. If you have smoked in the past, regardless of how long, by stopping immediately, you can still reverse harmful effects of smoking on your heart and lungs. There are many products available to help patients stop smoking. Speak with your local clinician if you need assistance with smoking cessation.
- Female patients may have some alteration in their monthly menstrual cycle. This is generally a temporary disruption. You will reestablish your normal cycle in a short time.
- Certain valves are characterized by an audible clicking noise. This is normal and not a cause for alarm.
- For three months following surgery you should not have any elective dental work done. If an emergency occurs and you must undergo dental work you must take a course of antibiotics. Contact your local physician or cardiologist for the exact antibiotic and the amount to be taken.

FOLLOW-UP

You should return for medical management to your own physician(s). When you get home from the hospital, you should contact your local cardiologist and let him/her know that you had heart surgery at Mount Sinai and are now home recuperating. Schedule an appointment to see your local cardiologist about 10-14 days after returning home.

Our surgical team will report their findings and recommendations to your local internist or cardiologist. If you move to another state or country, please notify our office. The surgical team will want to see you in 4 – 6 weeks after discharge to assess your progress. During the first follow-up visit you will require an EKG, chest x-ray, blood pressure and weight measurements. At this visit you will be seen first by a nurse practitioner then by a surgeon. Any pertinent findings or changes in your condition will be reported to your local doctor.

REASONS TO CALL DR. ADAMS' OFFICE:

- If you experience drainage, redness or excessive pain at the sternal incision site
- If you have temperature greater than 101, or greater than 100 for over 24 hours
- If you experience weight gain or loss of 3-4 lbs in one day.
- If swelling in hands or feet does not improve
- If you feel palpitations
- If you feel suddenly develop shortness of breath or fatigue with your daily activities.

We are aware that problems arise from time to time and it is not always possible to contact your local doctor. Do not hesitate to call Dr. Adams' office at 212-659-6820 and ask to speak to Edith, a nurse clinician, or Joel or Catherine, nurse practitioner(s).

If your problem occurs at night or during the weekend and you feel that you can not wait until the morning, call Mount Sinai Hospital at (212) 659-6800 and ask to speak with the Cardiothoracic Surgical Resident on call. If the problem is urgent come into to Emergency Room at Mount Sinai or the hospital nearest your home.

We will be seeing you frequently before your discharge and will try to make your transition from hospital to home as smooth as possible. Please ask any questions or relate any problems to any member of the Cardiothoracic Surgical Team. We will do our best to address your issues or concerns.

WE WISH YOU A SPEEDY RECOVERY.