



Preparing for Your Heart Surgery



Important Information

Patient name: _____

Procedure: _____

Procedure date: _____

Physician: _____

Hospital location: _____

Please report to: _____ at _____ a.m./p.m.

Important Contacts

Scripps Memorial Hospital La Jolla

Prebys Cardiovascular Institute

Information/Operator: 858-626-4123; 24 hours a day

Pre-admission appointment: 858-626-6924; 5 a.m. – 5 p.m.



Welcome to Kaiser Permanente

We are pleased that you have chosen Kaiser Permanente for your heart care needs. For more than 30 years, Scripps has been chosen by Kaiser Permanente in San Diego as its partner in cardiac care. Scripps is the exclusive provider of cardiac surgery to Kaiser Permanente members throughout the county. We are committed to providing you with the highest-quality professional care and look forward to making your stay with us as comfortable and safe as possible.

We look forward to making your stay with us as comfortable as possible. In this booklet you will find the information that will help you prepare for your surgery, including:

- The hospital pre-admission process
- Information about your pre-operative interview
- What you need to do the night before your surgery
- What to expect on the day of your surgery
- What to expect in the operating room
- Information about after your surgery
- Information about your recovery

It is important that you have all the information you need to feel comfortable about undergoing your procedure. So please do not feel embarrassed if you do not understand something about your care. We encourage you to ask as many questions as it takes to help you understand your procedure, your hospital stay and your health care team.

Thank you, again, for choosing Kaiser Permanente.

Getting Ready for Heart Surgery

Before Surgery

At this time, you have already met with your cardiothoracic surgeon and your surgery has been scheduled. Next, you will meet with a nurse to complete your pre-operative process. You will be asked to complete the Anesthesia Questionnaire. If you are coming from home, please bring it with you when you come to the hospital.

Please bring a list of all medications and current dosages you're taking. This list should include prescription and nonprescription medications, as well as herbal or vitamin supplements. Be honest about any use of street drugs, which can react dangerously with some anesthesia drugs. The goal is for your health to be at its best before you are given anesthesia.

In some cases you may discuss your anesthesia and surgical preparation by a telephone call instead of a visit to the facility.

If you are at home prior to your surgery, use that time to prepare yourself emotionally and physically by:

- Eating well-balanced meals
- Balancing activities with rest
- Following your doctor's advice on exercise
- Stopping smoking
- Make sure you take only those medications that your doctor orders. If you are taking an anticoagulant such as Coumadin, aspirin or Plavix, ask your doctor when to stop taking these before surgery. Stop taking medication only if your doctor tells you to do so. If you are using nitroglycerin for chest pain (angina), you should continue to use this as needed.

The Night Before Your Surgery

Before your surgery, do not eat or drink anything, including water, coffee, breath mints or gum after midnight, or eight hours prior to your surgery time.

- Do not consume alcoholic beverages 24 hours before surgery.
- Avoid smoking at least 12 hours before your procedure.
- Wash your skin as directed with an antimicrobial soap* the evening and morning before surgery. Towel dry with a clean towel, put on clean sleepwear and sleep on clean sheets. Do not use lotion, powder, deodorant, perfume or makeup.

- Do NOT shave the area where the procedure is to be performed, as this will be done in surgery.
- Continue to take any medications as directed the day before.
- If you have a cold, fever, infection, rash or sore throat, call your surgeon right away.

** Research has shown that washing your surgery area with an antimicrobial soap the evening and morning before surgery is beneficial. You will be given Betascept soap at your pre-operative appointment with instructions for use.*

Before surgery you should remove the following:

- Dentures or bridges
- Glasses or contact lenses
- Hairpins
- Nail polish
- Makeup
- Hearing aids
- All jewelry
- Clothing (you will be given a hospital gown to wear)

The Day of Your Surgery

A surgical nurse will conduct what is called a pre-operative interview. The goal of the interview is to identify potential risks to you before you are given anesthesia, and complete a nursing health history assessment.

For your procedure, you will have a nurse who is responsible for your care at all times. You will be escorted to a changing area and asked to remove all clothing and jewelry. You will be given a hospital gown to change into. We will secure your belongings for safekeeping.

An anesthesiologist will also talk to you about the anesthesia used during surgery. Be sure to ask any questions that you or your family may have.

You may be given medication about one hour before surgery to help you relax. You will be taken to the pre-operative area in a wheelchair or on a gurney, and your family may ride in the elevator with you. Your family will be shown to the waiting area once you go into the operating room. Surgery can take four hours or longer. Your surgical team may give your family an update to let them know how everything is going.



Please keep in mind that, occasionally, a delay occurs when a hospital emergency case is put ahead of yours or a patient before you is in surgery longer than planned. It's never easy to wait, so you may want to occupy your time by reading, watching television or using relaxation techniques. Your understanding is appreciated if there is a delay.

What to Bring on the Day of Surgery

The checklist below will help you come prepared on the day of your surgery.

Please remind us of any special needs, such as bladder or bowel control issues, or use of any assistive devices like hearing aids or dentures.

- Please bring your driver's license or picture I.D., insurance card and any papers your physician has given you regarding your surgery.

- If you have an advance directive (living will or health care power of attorney), please bring a copy with you. If you do not have one, the hospital can provide you with the information when you arrive.
- You must not eat or drink as per your surgeon's instructions.
- If you have been instructed to take medications the day of surgery, they may be taken with a small sip of water. You may brush your teeth and spit out any rinse water.
- Remove all jewelry including body piercing(s) before coming in for surgery.
- Please leave valuables at home or with family members. We cannot assume responsibility for lost valuables.

What to Expect in the Operating Room

Your anesthesiologist will discuss your history and answer all of your questions about your anesthetic. An intravenous (IV) catheter will be placed, usually in your hand or arm. If you are anxious, sedation will be given to help you relax while you wait in the preoperative area before surgery. Once in the operating room, your anesthesiologist will remain with you throughout the procedure.

Your anesthesiologist and your operating room nurse will take you into the operating room. You may be asked again about allergies, when you last had something to eat or drink and the type of procedure you are having. You may notice bright lights, instruments, equipment and an environment that is so clean we call it “sterile.” You will notice the operating room team members putting on face masks as they enter the operating room to maintain the sterile environment. As you move from the gurney to the operating room table, we will provide you with assistance, reassurance and warm blankets.

Your anesthesiologist will remain with you, monitoring your vital signs throughout the surgery. After you have been attached to the monitors, your anesthesiologist will begin giving you medications through your IV line

to relax and anesthetize you. The surgeon will perform the surgery with the team of assistants and nurses who oversee your entire care and help ensure your safety. While you are in surgery, your family may receive updates on the length and progress of your surgery. Once your surgery is complete, your surgeon will speak to your family. Your anesthesiologist will accompany you to the intensive care unit (ICU).

Pain Management

Our goal is to have your pain be adequately controlled after your surgery. Immediately following your surgery there are various options for pain management. These options take into account the extent of your surgery, type of anesthesia and past medical history. Various factors must be considered, such as anxiety, fear of the surgical experience and anticipation of pain. A thorough history, which includes your current medications, a pain assessment, and education on the use of a pain scale, will provide a basis for your pain management plan. A pain scale is a measurement tool used to assess your comfort level. The more detailed and accurate the information, the more adequate pain relief you can expect.

After Surgery

Intensive Care Unit (ICU)

When your surgery is over, you will be taken to the ICU. We ask that a family spokesperson be designated to make any calls to the ICU to check on your progress. You will only be able to have two visitors at a time in the ICU. Visits should be limited to 15 minutes. Limiting the number of visitors and length of visits helps you get the rest you need.

Monitoring

When you are in the ICU, a lot of monitors may be connected to you. Equipment and monitors may include the following:

- Endotracheal (ET) tube: This tube goes from your main airway (trachea) to a breathing machine (ventilator). You will have the ET tube until you are awake and can breathe on your own. You cannot talk with the tube

in. Because the tube goes down your throat, you may have a sore throat for a few days.

- Chest tubes: These tubes go between your rib cage and lungs to drain blood and fluid from your chest cavity. When the drainage stops, the tubes are taken out.
- Heart monitor: Electrodes attached to your chest are connected to a machine that shows heart rate and rhythm.
- Pacemaker wires: Thin wires are placed on the outside wall of your heart. If the doctor needs to change your heart rate or rhythm, it is done using these wires. The wires are taken out when they are no longer needed.
- Arterial line: An arterial line is put in an artery to measure your blood pressure. Blood samples are drawn from this line. The wrist artery is often used and, in some cases, the groin artery is used.



- Pulmonary arterial line*: This is a small tube that is placed in a vein in your neck to measure the pressure in your heart and lungs.
- Bladder catheter: This tube is used to drain urine from your bladder. Sometimes you feel pressure, but it should rarely be painful. Let the nurse know if you experience discomfort while it is in place.
- Elastic stockings*: These stockings help decrease swelling in your legs. They are snug but should not cause deep indentation on your legs. Always wear shoes or slippers when you stand or walk with these stockings because they are slippery.
- Sequential Compression Devices (SCDs)*: These are lower-leg stockings with air chambers that attach to an electronic pump. Air is pumped into the stocking chambers sequentially to massage venous blood back to the heart to prevent post-operative blood clots.

**Does not apply to all patients.*

On the Telemetry Floor

When you no longer need intensive care monitoring, you should be ready to be transferred to the telemetry floor.

Here, you will begin walking short distances. These walks will increase gradually each day. Everyone gets better at a different pace, so try not to compare your progress with other patients.

Deep Breathing

Because the breathing tube has been removed, you will now need to take deep breaths frequently to re-expand your lungs. Your nurse will show you how to hold a pillow against your incision to decrease any pain. We encourage deep breathing, but try to avoid excessive coughing.

Leg Exercises

Leg exercises are important to do while you are in bed. They help increase muscle strength and blood flow.

Do each of the exercises below, 10-20 times each, several times a day.

- Keep your legs straight and press your feet against the end of the bed.
- Bend your toes and feet toward your nose.
- Turn your feet in a circular motion.



Going Home

A case management nurse will talk with you about home care and the recovery process before you leave the hospital. You will be given information on discharge activities, diet and your medications. An appointment will be scheduled for you to see your doctors in about two weeks. Case management nurses are available to help you with discharge plans if needed.

Your cardiologist or primary care physician may also prescribe cardiac rehabilitation classes and safe exercise routines if appropriate. Ask your physician whether this program is right for you; and if so, when you can begin.

Recovering From Your Surgery

The usual recovery period for heart surgery is six to eight weeks. This period may seem to pass slowly at times. Much of your energy will be directed toward healing. You may find that you fatigue easily and feel depressed or let down. This is a normal response, so try not to let it interfere with your recovery. Complete healing may take up to six months.

One of the keys to a fast, effective recovery is balancing rest with activity. Listen to your body — rest when

you are tired and move around after you have rested. Generally speaking, you will be encouraged to do any activity that you find comfortable.

If, during your surgery, your sternum (breastbone) was divided, avoid strenuous upper-extremity lifting activities for several months. Ask your surgeon if you have any questions.

Glossary

Open Heart Surgery

Coronary artery bypass surgery, or CABG, and valve replacement surgeries are the most common heart surgeries. Less common, but similar in recovery, is repair of an atrial septal defect.

Valve Surgery

The heart valves can be damaged or scarred. When the valves do not open or close properly, the heart must pump harder to get blood to the body. The constant hard work can weaken the heart and cause chest pain or shortness of breath. Medications can be used but if they do not work, valve replacement surgery might be necessary. There are two types of heart valves used — mechanical and tissue (pig valve). You and your doctor will decide which type of valve will be used.

Coronary Artery Bypass Surgery

When one or more of your arteries supplying the heart muscle with blood becomes blocked, your heart does not get the oxygen it needs. Coronary artery bypass surgery may be necessary. During bypass surgery the surgeon will remove the saphenous vein in your leg, the mammary vein in your chest or the radial artery in your arm. The blood vessel taken is used to reroute blood around the blocked artery or arteries in your heart.

Atrial Septal Defect

Sometimes, at birth, the wall that divides the heart's upper chambers does not close all the way. This leaves a hole that lets blood flow between these chambers. The hole is either sewn together or patched during surgery.

Notes:

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San Diego's Leader in Heart Care

Scripps is recognized as the region's heart care leader for our innovative care and unparalleled commitment to quality. We are consistently named one of America's Best Hospitals for cardiology and heart surgery by U.S. News & World Report.



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