



California Pacific  
Medical Center

A Sutter Health Affiliate

# Coronary Artery Bypass Graft (CABG) & Heart Valve Surgery While You Are in the Hospital

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LEARNING ABOUT YOUR HEALTH

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## **What is Coronary Artery Bypass Graft (CABG) Surgery?**

Your heart needs a continuous supply of blood in order to function. Chest pain, also called angina, or a heart attack may result from blockages in the coronary artery blood vessels supplying the heart. Coronary artery bypass graft (CABG) surgery is recommended for patients with severe blockages in the coronary arteries. During CABG surgery, your surgeon uses blood vessels from the chest, leg, and/or wrist and creates new pathways for blood to flow to your heart muscle. Restoring the blood supply to the heart relieves chest pain and returns your heart to better function.

## **What is Heart Valve Surgery?**

Heart valves open and close to keep blood flowing through your heart and out to your body. When heart valves do not open (valve stenosis) or close (valve regurgitation) properly, the heart muscle cannot function normally. Symptoms of heart failure may occur, such as difficulty breathing, weakness, ankle swelling, or irregular heartbeats.

During heart valve surgery, your surgeon repairs or replaces abnormal valves to restore better flow of blood through the heart and relieve heart failure.

## **Your Hospital Stay**

Most patients go home from the hospital in 4 or 5 days. However, some patients may need more care than can be safely delivered at home. If you need continuing care, you may be transferred to one of California Pacific's Post Acute Units, or a Skilled Nursing Facility in the community.

## **Transferring to the Medical-Surgical Intensive Care Unit (MSICU)**

### **Immediately After Surgery**

- You will go to the Medical-Surgical Intensive Care Unit (MSICU) on the 3<sup>rd</sup> floor.
- Most patients remain in MSICU for one night after surgery.
- Some patients may go to the Transitional Intensive Care Unit (TICU) for a short time before moving to the 5<sup>th</sup> Floor (5-South/CVIU) Cardiology/Telemetry Unit.

## **Transferring to the Medical-Surgical Intensive Care Unit (MSICU)**

*(continued)*

### **Keeping Your Family Informed**

- Your family may visit for short periods when you are in the Medical-Surgical Intensive Care Unit (MSICU). The staff will request that they leave the unit during medical rounds due to concern for patient privacy.
- Your family may ask about your condition, any time of the day or night, by calling the main hospital number (415) 600-6000 and asking for the MSICU.

### **Waking up After Surgery with a Breathing Tube**

You will wake up in the MSICU with a breathing tube in your mouth. The nurses remove the tube as soon as it is safe, usually within a few hours. You will not be able to speak while the tube is in place. You may communicate with the staff by nodding to our questions.

### **Other Tubes and Lines**

- After the breathing tube is taken out, nurses administer oxygen continuously by nose for another 1-2 days.
- Nurses give fluids, medication, draw blood tests, and monitor your heart function using intravenous (IV) lines in your neck and wrist.
- Chest tubes drain fluids from the chest. The doctor or nurse usually removes these tubes the day after surgery in the MSICU.
- A urinary catheter drains urine from your bladder after surgery. Your nurse removes this catheter on the 1<sup>st</sup> or 2<sup>nd</sup> day after surgery.

### **Transferring to CVIU/5-South Telemetry Unit**

- Most patients go to the 5th floor (5-South/CVIU) Cardiology/Telemetry Unit on the first day after surgery.
- Your family members may visit anytime, provided they allow you time to rest.
- The doctor or nurse removes temporary pacemaker wires when no longer needed.
- Your nurse removes any stitches from the chest tube sites on the day you go home.
- Most patients go home from 5-South on the 4<sup>th</sup> or 5<sup>th</sup> day after surgery after several days of rehabilitation and monitoring.

## Planning Your Activity

- Most patients begin inpatient Cardiac Rehabilitation on the 1<sup>st</sup> or 2<sup>nd</sup> day after surgery. Talk with your doctor if you would like more information about outpatient Cardiac Rehabilitation Programs.
- Physical and occupational therapists teach you gentle exercise and how to resume your normal activities.

### **STERNAL PRECAUTIONS**

Avoid Pressure on the Breastbone.

Do Not Use Your Arms for Lifting or Moving About.

### **On the 1<sup>st</sup> and 2<sup>nd</sup> Days After Surgery**

- Nurses and therapists help you get up and sit in a chair several times a day. The nurses encourage you to sit in the chair for your meals.
- A physical therapist shows you how to move your body, assists you with walking, and teaches you gentle exercises.

### **On the 3<sup>rd</sup> Day After Surgery and Until You go Home**

- Nurses and/or therapists help you walk 2-3 times a day. Once the staff tells you it is safe to walk without assistance, take short walks in the hallway. Gradually increase your walking each day. Taking short walks helps you regain your strength and recover from your surgery.
- Do your own personal hygiene. You may shower once the pacemaker wires are out. An occupational therapist assists you with your first shower.
- A physical therapist works with you on stair climbing before you go home, if needed.

## Understanding Your Medications

- The nursing staff reviews your medications with you before you go home, and gives you prescriptions for any new medications.
- The nursing staff administers your medications in the hospital. **Do not take any medications unless given by our nursing staff.**
- If you had CABG surgery, you will take 1 Aspirin daily to help the bypass grafts remain open.
- Many heart valve surgery patients and patients with irregular heart rhythms (atrial fibrillation) take Coumadin (Warfarin), a blood-thinner medication.
- If you are a diabetic, we will be monitoring and controlling your blood sugar levels closely to prevent infection. Many patients who never take insulin will temporarily receive it during their hospital stay. Typically, these patients do not remain on insulin therapy. The nurse will start your diabetic medications gradually once you begin eating solid food.

### Notes & Questions to Ask My Doctor

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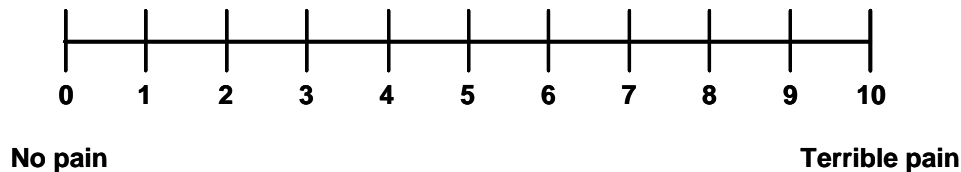
## Managing Your Pain

- **Take action to control your pain as soon as the pain starts.** It is more difficult to relieve pain once it has become severe.
- **Reporting your pain:** If you are in pain, tell your doctor or nurse. Because each person experiences pain differently, you can help your doctors and nurses "rate" your pain using the pain scale below. A **0** on the scale means **no pain**, and a **10** on the scale means **the worst pain you can imagine**.
- **Treating your pain early and well is key to good pain control and important to your recovery.** Take your pain medication before doing something that may increase your level of discomfort such as getting out of bed to walk.

### 0-10 Numeric Pain Intensity Scale

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Please point to the number that best describes your pain.



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## About Your Diet

- The day after surgery, you will be started on a liquid breakfast. You will be advanced to solid food as soon as you are able.
- Nausea sometimes occurs after surgery. Take small amounts of food or drink at a time. Take all pills with food. Medication may also be given to help control your nausea.
- Tell your nurse immediately if you are having difficulty swallowing, or feel as if you are gagging or coughing when you eat.
- Select foods you like by filling out a daily menu. A dietitian will talk with you about heart-healthy eating habits.

## Wearing a Telemetry Monitor

- You will wear a portable EKG (telemetry monitor) around the clock for several days. This device allows us to monitor your heart rhythm.
- Atrial fibrillation is an irregular heart rhythm (arrhythmia) that occurs commonly after heart surgery. Patients experiencing arrhythmias are usually treated on 5-South with oral medications. However, some patients with atrial fibrillation may need IV medications or transfer to another unit for additional therapy.

## Tips for Your Recovery

### Stop Smoking

If you smoke, now is the time to stop. Talk with your doctor and nurse for suggestions on how to quit smoking. Also, you can speak with the Clinical Nurse Specialist who counsels patients on how to stop smoking.

### Prevent Complications

- Take pain medication as needed so you can breathe deeply and move about comfortably.
- Change your position, cough, and take deep breaths at least every 2 hours while you are in bed.
- Take 10 slow, deep breaths every hour using your spirometer (check with your nurse or therapist if you have questions about proper use of the spirometer).
- Sit up in a chair for all of your meals.
- Get out of bed and move about your hospital room as much as you are able.
- Take naps and frequent rest periods during the day.

### Your Safety

- **Remember to practice Sternal Precautions:** Avoid pressure on the breastbone and do not use your arms for lifting or moving about.
- Do not get out of bed unassisted, unless your nurse or therapist instructs you that it is safe.

## Getting Ready to Go Home

- **Beginning on the third day after surgery**, discuss your plans for leaving the hospital with your doctor. Keep your family informed of these plans. Most patients go home without assistance.
- RN Case Managers are available to assist you with arranging home care services. Our RN Case Managers can arrange for care at home (visiting nurse) or an admission to a Post Acute Unit (Skilled Nursing Facility), if needed.

## More Ways to Learn

**Watch the Patient Education Video Channel.** You can use the video library in your hospital room by following these instructions:

- Tune to channel 60 on the television set, and follow the on-screen directions.
- Pacific Campus patients – dial extension 78888.
- You can order a videotape for viewing according to category or title. Listen to information given over the telephone.
- **"Recovering From Heart Surgery: Step by Step" is videotape #24, "Pain Control While You Heal" is videotape #21.**

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Note: This information is not meant to replace any information or personal medical advice which you get directly from your doctor(s). If you have any questions about this information, such as the risks or benefits of the treatment listed, please ask your doctor(s).