



Your guide to continuing  
**Heart and Vascular Care**  
**Path to Recovery**  
for cardiac surgery patients and their families



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 **ASANTE**<sup>®</sup>

## Path to recovery

### Your cardiac surgery team

- Asante Physician Partners Cardiovascular and Thoracic Surgery
- Anesthesiologist — the doctor who provides your anesthesia and monitors your vital signs during surgery
- Physician assistants/nurse practitioners — assist the surgeons in the operating room and perform patient rounds in the Coronary Care Unit
- Cardiac Clinical Case Managers — assist with pre- and postoperative education and family support
- Pre-Anesthesia Clinic and Short Stay Unit registered nurses and staff
- Surgical registered nurses, technicians and staff
- CCU registered nurses, certified nursing assistants (CNAs), heart monitor technicians and unit secretaries
- Heart Center registered nurses, CNAs, monitor techs and unit secretaries
- Social workers, discharge planners and chaplains — assist with information and community services and provide emotional and spiritual support
- Respiratory, physical and occupational therapists
- Volunteers — provide support and surgery updates in the Critical Care waiting area
- Mended Hearts volunteer (optional) — a layperson who has had heart surgery and subsequently visits patients and families to offer encouragement and support

### Day before surgery

Some patients may already be admitted to Asante Rogue Regional Medical Center for this phase; some will be a same-day admit, or SDA, and will come to the Pre-Anesthesia Clinic at the hospital before surgery.

Regardless of when you're admitted, you will complete the following before surgery:

- You will have presurgery tests that include a urinalysis, a blood analysis, a chest X-ray or computed tomography scan, an electrocardiogram and a pulmonary function test. These can be completed one or more days before surgery.
- You will receive instructions from a respiratory therapist or clinical case manager on the use of the incentive spirometer to help prevent postop lung problems.
- You will receive a copy of Asante Rogue Regional's "Your Guide to Continuing Heart and Vascular Care" and view a preoperative video, followed by either a group or individual teaching session with a registered nurse. We encourage family members to attend. For hospitalized patients scheduled late in the day or emergently, a Cardiac Clinical Case Manager will connect with you and your family following surgery.
- Your body hair will be clipped from the top of the neck to the ankles for bypass surgery or to midhigh for valve surgery. If surgery is in the afternoon or you are a SDA patient, this may be done the morning of surgery.
- Take a shower and wash your hair using your usual products the evening before surgery. SDA patients will be given antibacterial wipes and taught how to use them at the preoperative appointment. Staff takes care of this step for those who are in the hospital on the night before surgery.

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- If you use a CPAP breathing machine, bring it with you to the hospital and have your family take it to your room after surgery.
- **Do not eat or drink anything after midnight the night before surgery.**

### For patients admitted to the hospital before surgery

- Notify a nurse if you are experiencing any pain, discomfort or anxiety.
- Take only medications ordered by your surgeon; do not bring medicine from home, but do bring a complete list of your current medications.
- Feel free to walk in your room or in the hallway unless otherwise ordered by your doctor.
- Your family should take home all valuables, medications and personal belongings. A plastic bag is available for this purpose. Otherwise keep necessary personal items such as dentures, glasses, hearing aids, the pink basin, toiletries and the incentive spirometer.

**If at any time you have concerns about your care or safety, ask to speak with the charge nurse**, who will work with you to address and resolve your concerns. If at any time you feel you have special needs or will have them at discharge, tell the nurse or Cardiac Clinical Case Manager, who will arrange a time for you to talk with a discharge planner or social worker. To support your spiritual needs during your hospitalization, Asante Rogue Regional has a chaplaincy service, or your own spiritual leader may visit you. Let the nurse know if you want spiritual support.

### Day of surgery

- Either you will be awakened early to use the antibacterial wipes again or you will use them after your body hair has been clipped the morning of surgery, if you are admitted to the Short Stay Unit.
- Family members should arrive by 6 a.m. (if the surgery is scheduled for 8 or 8:30 a.m.). In general, family should arrive at least four hours before the scheduled time of surgery.
- You will usually receive preop medication either in your hospital room or shortly after you are admitted to the SSU.
- Once you are taken to the surgical holding area or admitted to the SSU, your family will say good-bye. They will **wait in the third-floor Critical Care waiting area** by the ICU/CCU elevator.
- Valuables, cell phones, dentures, glasses and hearing aids should be given to your family before you leave for surgery. After surgery your family should give these items to the nurse in the Coronary Care Unit.
- In the Critical Care waiting area, if a volunteer is available, he or she will inform your family when the surgery actually starts as well as when you are “off pump” (which means the surgery is almost finished). The doctor will come out to talk to your family in the waiting area when the surgery is over.
- After surgery you will be taken to the Coronary Care Unit for the acute recovery phase of your hospitalization. You will remain in the CCU for at least the first night after surgery, possibly longer.
- Visitation in the CCU is flexible and individualized. Due to unpredictable events that may occur in a critical care setting, however, be aware that there may be times when you are unable to receive visitors or your visits may be cut short.

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- For updates on your condition, the family spokesperson can call the CCU at **(541) 789-4228** or **(541) 789-4229**. Outside the area, call **(800) 944-7073**. The family spokesperson will need your privacy code number. This should be used by one family member (the spokesperson), who then shares the information with others.

### Recovery in the CCU immediately after surgery

*Notice to family members:* The patient will look different. Their face may be puffy and pale, their body may feel cool to the touch and they may be sleeping so deeply as to look lifeless. There are also a lot of tubes and equipment remaining after surgery.

- One tube goes through the patient's mouth to the lungs. It is connected to a breathing machine, called a ventilator. The patient cannot talk while this tube is in, but he or she can nod yes and no to questions. Many patients will be awake and have this tube removed by evening; for others it will usually be the next morning.
- There will be several intravenous (IV) lines in the patient's arm and neck to give fluids and medications. An arterial IV line in a wrist reads the patient's blood pressure, a bladder tube called a Foley catheter allows urine to drain into a bag, and a small tube in the nose leading to the stomach is used for medications.
- One or two chest tubes allow the blood that normally collects in the chest after surgery to drain into a canister. It may then be filtered and given back to the patient through an IV line. This is called autotransfusion.

- Temporary pacemaker wires are attached to the patient. These are then placed in a small glass tube and taped to the abdomen; or, if the heart rhythm becomes too slow, the wires will be hooked up to a pacemaker until the patient's heart rhythm improves.
- There are dressings over the chest and leg incisions. Both of these incisions are closed with dissolvable sutures.
- Once the family has talked to the doctor and seen the patient, they may choose to go home, rest and come back when the patient is awake and can appreciate the visit. Be assured that a nurse will call you if you are needed sooner. The family spokesperson can always call for updates.
- Remember that heart and blood pressure monitors, IV pumps and the ventilator are sensitive machines that have alarms and make noises. The nursing staff will check on you and answer your questions.

### Your progress in the CCU

Once the ventilator and the nasal tubes are removed, you will be able to take a more active part in your recovery. You will:

- Talk, brush your teeth and rinse your mouth.
- Suck on ice chips and drink water.
- Start using the incentive spirometer, followed by deep breathing and coughing every hour while awake. (You will be given a heart pillow to hold to your chest to decrease the discomfort from coughing and breathing treatments if needed.)
- Have blood tests, chest X-rays and EKGs.
- Have your heart, blood pressure, oxygen saturation and IVs closely monitored.
- With help from the nursing staff, sit at the edge of the bed and get out of bed and sit in a chair.
- Feel sleepy — this is normal.

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### Patient goals in the CCU

- Keep the blood flowing in your legs; do leg exercises by flexing and making circles with your feet and bending both knees.
- Help your lungs recover; use the incentive spirometer, take deep breaths and cough every hour while awake.
- Gain strength; get out of bed.
- Taking your pain medication is important. It will make you more comfortable and speed your recovery.

### Move to the Heart Center

Before you leave the CCU, all but one or two IV lines may have been removed. Your chest tube(s) and bladder tube may be removed in the CCU or after your move to the Heart Center.

You will retain:

- Capped-off IV (saline lock)
- Pacemaker wires
- Oxygen given to you nasally, if required
- TED hose

Your CCU nurse will accompany you while you are moved to the Heart Center.

In the Heart Center:

- Your heart will be continuously monitored by a small telemetry unit.
- Pain medication will be offered to keep your pain controlled.
- Breathing treatments may be continued if needed.
- Your blood pressure and the oxygen level in your blood will be routinely checked.
- All of your urine will be measured, and you will be weighed every day.

- Your incision(s) will be painted with a painless antiseptic for three days, and your pacemaker wires will be removed.
- When appropriate, your normal routine medications will be reordered.
- You will get assistance with walking around your room and in the hallway.

### Patient goals in the Heart Center

- Get adequate nourishment. Drink liquids such as juice and water until your appetite has returned. The nursing staff will measure all the liquids you drink. Start eating a heart-healthy diet as your appetite improves.
- Return of bowel function.
- Regain strength by getting out of bed and progressing to walking in the hallway three to four times a day.
- Stay informed. Ask questions about anything you don't understand. Ask to speak to the charge nurse if you or your family have any concerns about your care or safety.
- Except when eating, elevate your legs when sitting or lying in bed.

### Tell the nurse

We want to support your recovery by helping keep you safe and comfortable. Tell the nurse if you:

- Need pain medication
- Feel nauseated or anxious
- Have difficulty breathing
- Have bad dreams and/or strange thoughts

## Path to recovery

### Being discharged and preparing for rehab

The discharge process takes several hours to complete. We want you to be well prepared for a safe recovery. You will:

- See the educational discharge video about activity and diet
- Attend a class with a Cardiac Clinical Case Manager, to answer your questions and to go over diet and activity guidelines (family members are strongly encouraged to attend)
- Receive instructions about all the medications your doctor wants you to take now that you have had surgery

### Patient goals for discharge

- Complete discharge education, including a review of all current medications and prescriptions.
- Finalize any plans for home health or extended care needs as necessary.
- Complete discharge process, including follow-up appointments for doctors or physician assistant, Coumadin clinic for valve surgery patients and Cardiac Rehab.

You can fill your prescriptions at your own pharmacy or use the hospital's pharmacy. The nurse can set that up for you the day of discharge.

If you have any questions, please contact your surgeon's office at **(541) 789-5710**.



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