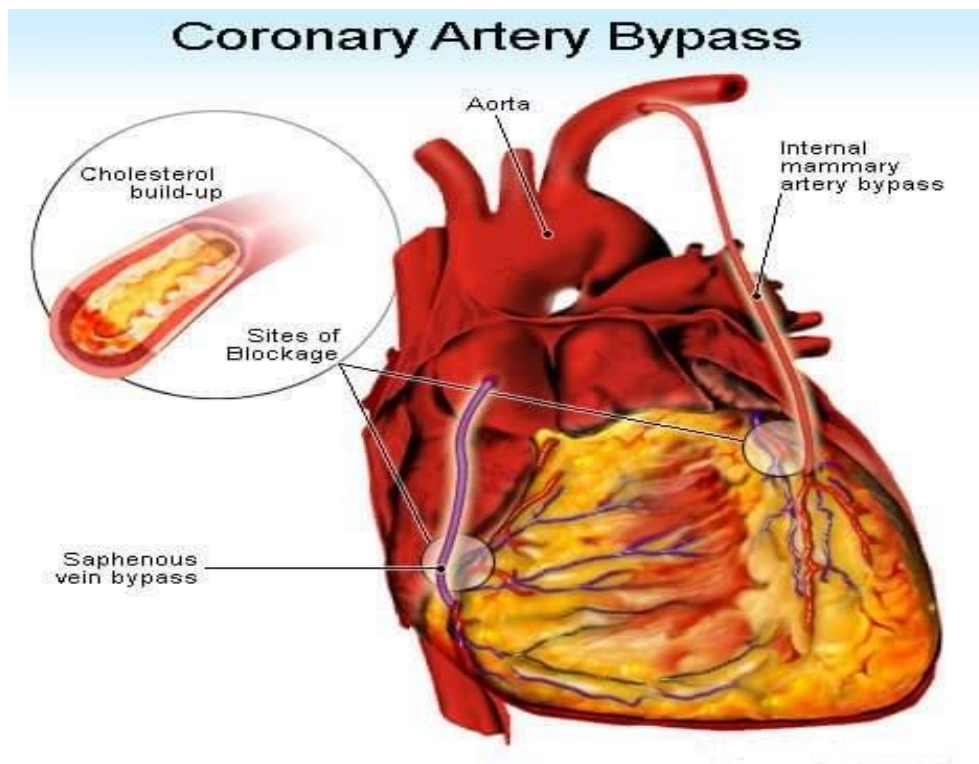


CORONARY ARTERY BYPASS

Coronary Artery Bypass, a surgical procedure designed to restore circulation to the heart, will relieve or lessen the symptoms of coronary artery disease and improve the function of your heart. In this operation, a segment of artery or vein is attached to the aorta and then attached below the blockage in to the coronary artery. This allows the blood to be taken directly from the aorta through the bypass, around the blocked coronary artery, which allows blood to flow to the heart muscle. One or more bypass grafts may be used depending upon the number of diseased arteries. You may have two incisions from your surgery, one in the midline of your chest and other small incision(s) on the leg from which the vein graft was removed. A special instrument called an endoscope is used to remove the vein from your leg.

In addition to the segment of vein removed from the leg, the Internal **Thoracic Artery** (Mammary Artery) or the **Radial Artery** may be used as a bypass grafts. The Mammary Artery lies beneath the breastbone, along the inside of the chest wall. One or two mammary arteries may be used as bypass grafts. Utilizing the mammary artery will not require an additional incision. The radial artery is located in your forearm. Your body can easily compensate when these blood vessels are removed.



THE EVENING BEFORE SURGERY

Exercises

Whether you are at home or in the hospital the night before surgery you should practice the coughing, deep breathing, and leg exercises you have learned.

Sleep

You should try to get a good night's sleep so you will feel rested on the day of surgery.

If you are staying in the hospital the night before surgery, sleeping medication will be available for you. Please let your nurse know if you would like sleeping medication. Disposable earplugs are also available upon request.

Preventing Infection and Skin Preparation

Infection is a potential risk with any surgery and we have identified some ways that **you** can help us lessen your risk:

1) Your skin. Germs normally live on your skin and pose no risk to you. However, when you have surgery, an incision is made which interrupts the normal protection skin provides. To minimize bacteria we ask you to take two showers with a special germ killing soap or wipe. If you cannot take a shower you should scrub your chest, arms and legs with the special soap or wipe we give you. One shower will be the evening before surgery and the second using new scrubs or wipes will be the morning of the surgery.

NO SHAVING chest, arms or legs! Shaving your skin with a razor blade can actually increase your risk of infection. We will prepare your skin by removing the hair with a special clipper.

2) Swab of your nose. Germs also live in your nose, and some of these are resistant to some antibiotics. We may swab your nose in order to tell if you have these resistant germs so we can choose the appropriate antibiotics.

Nasal ointment. Look down at your chest. Your nose is directly over the area where your incision will be. You will be given a tube of ointment (mupirocin). Place a dab inside each **nostril** twice a day until surgery, in the morning and at nighttime.

3) Mouthwash. Germs live in your mouth too! We will give you a special mouthwash to swish and spit out the evening before surgery and morning of surgery. Do not put your dentures or partial in your mouth once you have used the mouthwash.

All jewelry must be removed including wedding bands. This is due to the amount of swelling that is normal after cardiac surgery. Cutting the rings off may be necessary due to swelling if they are not removed.

Visiting

If you are in the hospital the evening before surgery, your family may visit with you. You will want your family to take **all** of your valuables and clothing home at this time. If this is not possible you may have your valuables placed in the hospital safe and your clothes placed in the hospital clothes room.

Nothing By Mouth

After midnight you will not be permitted to eat or drink anything. This helps assure an empty stomach for general anesthesia. You may be allowed to take some medications. Your doctor or nurse practitioner will tell you which medications you may take.

THE MORNING OF SURGERY

Most elective cardiac surgery patients are asked to come to the Strong Surgical Center the day of their scheduled surgery. The Strong Surgical staff will review your preoperative information. If any additional tests or lab tests are required they will be performed at this time. If your surgery is scheduled for the early morning, an anesthesiologist will also meet with you.

In preparing for your surgery, you should follow these steps **before** coming to the hospital:

- 1. Bathe/shower TWICE with the special soap.**
- 2. Apply special nose ointment.**
- 3. Swish and spit with the special mouthwash.**
- 4. Remove makeup and nail polish.**
- 5. It is strongly recommended that beards be shaved or clipped close to the skin. YOU should NOT shave any other body area.**
- 6. Remove all jewelry including wedding rings and store them in a safe place. If you have not given your valuables, such as your watch and wallet, to your family at this time, give them to the nurse.**
- 7. Remove all prostheses such as contact lenses, wigs and dentures.**

You will receive medication that will make you feel sleepy and will make your mouth dry. This medication is given to prepare you for anesthesia. Once you have received this medication, stay in bed. The nurse will put up the side rails on your bed to remind you that you must stay there. You will then be moved into the pre-anesthesia area.

If your surgery is scheduled for the afternoon, you may wait for approximately 60-90 minutes in the pre-anesthesia area until your operating room is ready. The anesthesiologist will insert an intravenous line (IV) so that you can receive medications and fluids during your surgery. An IV will also be placed in an artery in your wrist to monitor your blood pressure.

After you have been given anesthesia in the operating room, an IV will be placed in your neck to measure your heart pressure during surgery, a catheter will be inserted into your bladder. The purpose of the catheter is to drain urine from your bladder during surgery and for the first day following surgery.

After all the necessary IVs and tubes are inserted, your surgery will be performed.

Usually the surgery lasts from four to six hours, but this varies among patients. Your family should not be alarmed if your surgery takes more or less time. Your surgeon will call and notify your family when your surgery is over.

Discharge Instructions After Heart Surgery.

HEALTHY EATING

Most people have a poor appetite and feel full after a few bites of food. It is essential to eat for healing and strength. Many people say having smaller portions and eating more frequently is helpful. Follow a low-fat, low cholesterol, low sodium diet. Most important at this time is choosing foods low in sodium along with a well-balanced diet. Most people begin Phase II cardiac rehab in about 6 weeks, which will offer further guidance and support.

Diet Guidelines

- **MEAL PREPARATION** – You may prepare or clean up, as tolerated. If you tire - you should stop and rest.
- Follow a Heart Healthy Diet - Low in fat, sodium and cholesterol, and limited concentrated sweets.
- Low sodium: Less than 2400 milligrams per day (1 teaspoon salt = 2400 mg).
- Limit caffeine intake to two cups a day. No limit to decaf products.

- Foods for healing: Eat fruits, vegetables, dairy and protein each day.
- Please refer to the nutrition pages in section V of this booklet for more information.

SEX

The thought of resuming sexual activity can be stressful to you and your partner. Fear of hurting one's heart, feeling unattractive, inability to relax, and lack of interest is quite common. Talking openly with each other about your thoughts and emotions is important. You may resume sexual activity in a couple of weeks or when you feel ready. The best time is when you feel well rested and free from stress. Avoid positions that put pressure on your breast bone or are uncomfortable. When you are able to walk up 2 flights of stairs without stopping or walk about a half mile at a brisk pace, your heart will be able to tolerate the energy spent during intercourse. If you are unable to do these activities without getting short of breath or fatigued, discuss this with your doctor before resuming sexual activity. Avoid intercourse after meals, exercise, or if you feel stressed. Some medications, and emotions such as anxiety or depression may interfere with sexual arousal or performance. If you have any concerns, discuss them with your doctor.

INCISION CARE

Your incision sites are easy to care for:

- The antimicrobial dressing (clear dressing) is intended to stay on for 7 days. You will receive an instruction sheet on its care and removal.
- Wash incisions daily. Brief showers (no tub baths until incision fully healed) using an antibacterial soap. Do not rub the incision with a washcloth until the scabs are gone and skin is healed.
- No dressings are needed unless there is drainage.
- Do not apply ointments, oils, creams, salves, lotions, or powder to your incisions.
- Itching, tightness and/or numbness along the incision are normal.
- Lump at top of chest incisions goes down in about 3-4 months.

Be aware of signs of infection that may include:

- Temperature of 101.5° or greater
- Chills
- Increase in opening of the incision
- Increased redness, swelling, or warmth around the incision.
- Increased drainage (clear, pinkish, yellowish drainage is normal unless it greatly increases)
- Pus or foul odor

If you notice any of these signs of infection, call your doctor.

LUNGS

Continue to use your incentive spirometer 10 times every 2 hours while you are awake.

Splint your incision with a pillow or blanket and cough at least 2-3 times after using the spirometer.

You may need to elevate yourself to breathe easier and sleep better. You can do this by using extra pillows, placing some pillows under the mattress at the head of the bed, or using a recliner.

MEDICATION

Medication is an important part of your treatment. You will be given a list of medication

and prescriptions on the day you go home from the hospital. Know the names of your medications, their doses, their purpose, how often to take them and their side effects. Keep a schedule of your medications and take them at the same time every day. Do not stop or change your medications unless you talk to your doctor first. Check with your doctor and/or pharmacist before using any over-the-counter medications as they could change the effect of your prescription medications.

CALL YOUR PHYSICIAN IF :

- **Fever of 101.5° or higher.**
- **You have chills.**
- **If your incisions have increased redness, swelling, warmth, a change in drainage (i.e. pus), any new or increased pain level. You feel a clicking or grating sensation in your chest.**
- **Pulse rate greater than 30 beats in 15 seconds (120 beats per minute), if it becomes irregular, or you feel your heart racing or skipping.**
- **You experience unexplained shortness of breath, worsening chest pain or discomfort.**
- **Constantly lightheaded or dizzy.**
- **You are feeling worse instead of better.**
- **Weight gain of 5 pounds or more within one week, or three pounds in one day.**
- **Blood in stool or urine.**
- **You are experiencing any *NEW* pain.**