

Information

Before you go home, your nurse will provide you with a discharge information booklet. Your physiotherapist will arrange for a follow-up **cardiac rehabilitation program** at a location convenient to you.

Follow-up appointments will be made with your **cardiologist** and surgeon approximately 4–6 weeks after you go home.

Your GP will be sent a copy of your discharge letter, explaining your surgery and information on your recovery.

Questions after discharge

If you have any queries or problems after you have gone home, please contact the Cardiothoracic Care Centre on **(03) 9231 4618**.



Heart Surgery

Your hospital experience

Patient information booklet



ST VINCENT'S
HOSPITAL
MELBOURNE

PO Box 2900 Fitzroy
VIC 3065 Australia
(03) 9288 2211

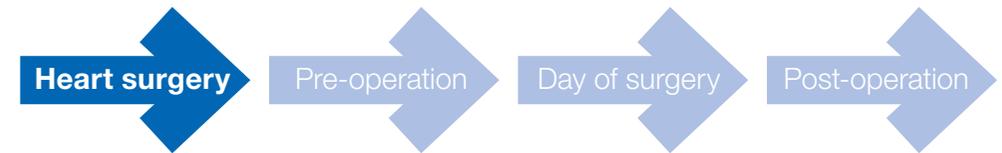
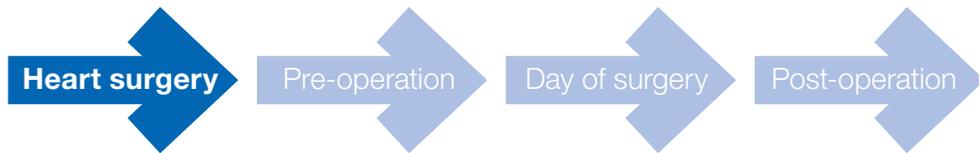
www.svhm.org.au



ST VINCENT'S
HOSPITAL
MELBOURNE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

Cardiothoracic Care Centre



Your heart surgery

This booklet describes the care and expectations for your stay at St Vincent's Hospital, from the time you are admitted to the Cardiothoracic Care Centre to what happens after you go home. This is a guide only. Your individual experience may be different.

The Cardiothoracic Care Centre at St Vincent's is designed to manage a wide range of heart and lung procedures.

The heart is approximately the size of your fist. It lies behind your breastbone with the lungs on either side. The most common surgical approach to the heart is by dividing the breastbone (open heart surgery). At the end of your operation the surgeon will close the breast bone with wires. This takes approximately 12 weeks to heal.

The two most common heart procedures are coronary artery bypass surgery and valve replacement.

Coronary artery bypass surgery

The blood vessels that supply the heart muscle can become narrowed or blocked resulting in angina, heart attacks, irregular heart rates and heart failure.

Coronary artery bypass surgery aims to restore the blood flow to the heart muscle by bypassing the narrowing of the coronary artery. This surgery is successful in about 90 per cent of patients who then go on to become pain free. The remaining 10 per cent of patients see improvements but are not totally cured of their symptoms.

During the operation, a blood vessel is often removed from your leg or arm to be used in your heart. Removal may cause some swelling in the lower legs and some patients have tingling or numbness on the side of their leg or arm for a while.

Valve surgery

The aortic and mitral valves direct blood in and out of the heart muscle. These valves can become narrowed, causing shortness of breath, fatigue or swelling in your legs and feet. Most of these valves cannot be repaired and have to be replaced using an artificial valve. Your surgeon will discuss the type of valve appropriate for you prior to your surgery.

The purpose of open heart surgery is to improve your quality of life. In order to achieve the best outcome, a positive attitude will help you to return to a symptom free life. Changes such as stopping smoking, losing weight and reducing your cholesterol level take time, motivation and willpower. Attending outpatient cardiac rehabilitation will help you achieve this.

Risks and complications

A doctor has a duty to warn a patient of any risks of proposed treatment. Elective heart surgery has a very low death and complication rate. Complications that may occur include:

- blood transfusion
- stroke
- heart failure
- infection
- heart rhythm disturbances
- death.

Your surgeon will discuss these complications in detail with you as part of the informed consent process and you will have the opportunity to ask any questions.



Pre-operation: Day of admission

Activity

You will be admitted to the 4th floor or Medihotel in the main hospital (building A) at St Vincent's. You should tell the nurse if you experience any chest pain or discomfort.

Treatments

You will be seen by medical staff from the ward and the Anaesthetic Department.

You will be shaved around the operation area and will shower with antibacterial solution. Routine medications will continue.

Nutrition

You'll be able to have food and fluids as usual for dinner. You will be fasting from 12.00 midnight.

Information

Your nurse will show you around the ward and explain what to expect during your hospital stay. He or she will confirm details such as who will take you home and stay with you after discharge – this will be 5 to 7 days after surgery. You can talk to the nurse about any issues or concerns you have regarding surgery.



Day of surgery (before surgery)

Activity

You will be given an injection or tablets before going to surgery to help you relax. Once this is given you will need to stay in bed.

Time of surgery

There are two theatre sessions daily:

- Morning cases: patient leaves ward between 6:00 and 7:30am.
- Afternoon cases: patient leaves ward between 11:00 and 11:30am.

Your nurse will take you to theatre where the anaesthetist will get you ready for surgery.

Treatments

Your nurse will keep you informed of the expected time of surgery. Family members can come in and wait with you until you go to theatre. There is a lounge area where your family can wait while the operation is in progress. Please ask nursing staff for more information.

Day of surgery (after surgery)

Activity

Following your operation, you will be transferred to the Intensive Care Unit (ICU) on Level 1 of the main hospital. You'll be resting in bed for the next 8-12 hours. Your family can come to the ICU to visit you.

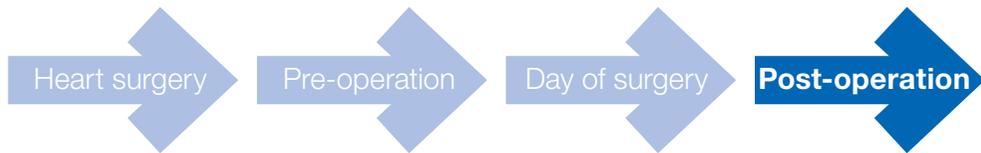
Treatments

You will wake up in the ICU. The same nurse will be caring for you over this time. You will have a breathing tube in your mouth and throat and will be unable to speak or drink. This tube will normally be removed 4 to 8 hours after surgery – once you are ready to start breathing on your own.

There will be a drip in your neck providing fluids. Two chest drains will be draining fluid from the operation site into a collection bottle, and you will also have a tube draining your bladder. These are normally removed 1-2 days after surgery. Staff will be taking frequent observations, checking limb movements and measuring drainage over this 24 hour period.

Nutrition

Once the breathing tube is removed you will be able to have food and fluids as tolerated.



Post-operation: Day 1-Discharge

Information

You will be transferred from the ICU to the heart ward (level 4) 1-2 days after your surgery. This is where you will remain for the rest of your hospital stay.

Activity

Over the next few days you will spend the majority of the day sitting out of bed in a chair. You will be assisted by the nursing staff to shower on day 2 or 3. You will start walking around the ward with the help of the physiotherapist or nursing staff. In the coming days you will regain your independence with walking and personal care such as dressing and showering.

Any equipment required for home can be organised by the occupational therapist before you go home.

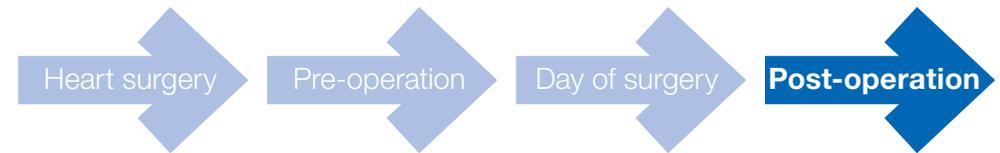
Treatments

Every day you will be seen on ward rounds by medical staff, senior nurses and a physiotherapist to discuss your care plan for the day and answer any questions you have. Morning ward round is usually between 7.30-8.30am.

All of your tubes will be removed 1-2 days after your surgery. You should then feel more comfortable and find it easier to move around.

It is normal to experience some pain and discomfort after surgery. You will be given tablets to help manage your pain. Please let nursing staff know if these tablets are not helping.

Your wound dressings will be removed 2 days after surgery and you will shower with a special antibacterial soap provided by the hospital.



By the time you leave hospital your wounds should be clean and dry. They will be left uncovered. Avoid talc or creams directly on your wounds. If any wound discharge develops after you are home please see your local doctor.

Nutrition

You will be able to have food and fluids as desired. If you experience nausea, please tell staff as we are able to treat this with medication. Your appetite will return over the coming weeks.

Medications

Your medications may be changed whilst you are in hospital. The pharmacist will discuss your medications with you before you go home to make sure you understand what they are for, how much you should take and how often. You will be given a list of your current medications. The hospital also provides a small supply of medication for you to take home (charges apply for this).

Post-operation expectations

It is important to plan ahead for when you go home.

Important expectations to be aware of are:

- Discharge is **10am**.
- You must have a support person at home with you for **2 weeks** after your surgery.
- You will not feel 100% when you go home but will feel stronger and less tired each day.