

Discharge Instructions

Wound Care

When you are at home you will need to check your incisions daily for signs of infection. If you notice any signs of infection you will need to call your surgeon. Before you leave the hospital, your nurse will remove all of your bandages. You and a family member should look at your incisions prior to discharge so you know what they look like. Every morning before you shower you should look at your incisions in a mirror for symptoms of infection. If you notice any redness, swelling, warmth or drainage (especially pus or colored drainage) from your incisions, you will need to call your surgeon. These could be signs of infection. You may notice a small amount of puckering at the top of your sternal incision; this is normal and should go away in a few months. Your incisions may be covered with thin pieces of tape called steri-strips. Leave these pieces of tape in place. They will fall off by themselves in 7-10 days or the surgeon will remove them in the office. You may also have stitches over the incisions on your chest, abdomen or legs. Leave these in place; they will be removed by the visiting nurse or your doctor.

Showers

The most important thing that you need to do to take care of your incisions is to clean them every day with soap and water in the shower. Use an antibacterial soap (like Dial). You will be able to begin showering 5 days after surgery. Wash right over your incisions gently with soap and water. Do not scrub or rub them hard. Do not let the stream of water hit your sternal incisions directly. Wash right over the steri-strips and sutures. Rinse your incisions well. Pat your incisions dry with a clean towel. Showers really exercise your heart and may make you feel tired. Sit down in the shower on a plastic chair or shower seat if available. Have someone in the room with you when you shower in case

you need help. Do not take tub baths. Bacteria that you have washed off of your body can infect your incisions. Do not use lotion, cream, powder or anything else on your incisions because that may cause your incisions to become infected.

Medications

After heart surgery you may notice that your doctors may have you taking several new medications. Your previous home medications may be changed or stopped.

- Always know the names and dosages of the medications that you are taking.
- Always keep a list of your medications with you. Your nurse will give you written information about your medications throughout your hospital stay and upon discharge.
- Always know the reasons why you are taking your medications.
- Take your medications EXACTLY the way that they have been prescribed.
- Do not take any medications that are not on your medication list that you will receive upon discharge (unless you have your doctor's approval).
- Only take over-the-counter medications that have been approved by your doctor.
- Do not take extra aspirin for pain.
- Call your doctor if you are having any side effects from your medications.

Coumadin

If you have had a valve replacement or repair, your doctor may have started you on a medication called Coumadin. Coumadin is a medication that reduces your blood's ability to clot. It is sometimes called a blood thinner. Your nurse will give you special instructions on how to safely and effectively take Coumadin.

Pain Control

Controlling your pain after surgery will play a very important role in your recovery. It is our goal at Sherman to give you very good pain control. The less pain you have, the more you will be able to participate in the activities that you need to do to recover and leave the hospital quickly (like deep breathing and increasing your activity). We have different options of medications to use to help keep your pain under control. Your nurse will work closely with you and your doctor to find out which pain medications work best for you. Your nurse will ask you to rate your pain on a scale of 1-10. Please notify your nurse if you are uncomfortable. At first you may need to take pain medications regularly and this is ok. Your need for pain medications will decrease everyday as you heal. Please continue to take your pain medications at home. Never drive or operate machinery when you are taking pain medications.

Pain medications may cause constipation. To help with this problem, drink plenty of fluid and eat high fiber foods. You can drink prune juice or take over the counter stool softeners to help with constipation. You will have some discomfort and stiffness for several weeks. Don't try to do too much. Balance activity with rest periods. Do not lift over 5-10 lbs. If you notice that you are not getting adequate relief from your pain medications please call your surgeon.

Activity

(Also refer to Cardiac Rehab section for home exercise program)

- For a minimum of 6 weeks DO NOT lift anything over 5-10 pounds (groceries, children) or strain your muscles through activity such as pushing, pulling or lifting heavy objects, mowing the lawn, raking leaves, golfing, shoveling snow, swimming or performing heavy household work such as vacuuming or washing floors.

- TED hose (elastic stockings) should be worn during the day time and taken off at night for 1 month after surgery. These stockings should be laundered in soap and water and air dried as needed.
- Women should wear their own support bras day and night for 1 month to support your chest incision.
- No driving a vehicle for a minimum of 4 weeks. Check with your surgeon regarding specific time frame. You may sit in the front passenger seat with the seat pushed all the way back. Please remember to use your seatbelt over your chest pillow.
- Take daily walks indoors or outdoors weather permitting.
- You may climb stairs but pause to pace yourself. Plan your day to limit the frequency of climbing stairs during the first few weeks at home.
- You may experience fatigue initially so take short naps and rest periods during the day. If you have trouble sleeping at night, take shorter naps and longer rest periods.
- After surgery, you may experience depression or mood swings. This may even happen once you get home. Don't be embarrassed or worried by these feelings. They are related to anesthesia, medications and loss of sleep. As you become rested and gain strength, these emotions should go away. If you continue to feel depressed, call your doctor. The Cardiac Rehab Phase 2 program offers an education class related to this subject.
- Check with your surgeon regarding when you can return to work.
- Check with your surgeon before resuming sex.

Discharge Instructions

Cardiac Rehab Phases 2 & 3

Please refer to the section on Cardiac Rehab on page 8:1. You will need to obtain permission from your cardiologist in approximately 1 month before starting Phase 2 Cardiac Rehab.

Smoking Cessation

Please refer to Section 7 on Smoking Cessation.

Diet Instructions

You will need to follow a Mediterranean diet at home. This diet is a low fat, low cholesterol, low salt diet. This new diet may be a big lifestyle change for you, but it is very important in the prevention of further heart disease. *A description of the Mediterranean diet can be found on pages 4:2 – 4:4.* Additional information on this Cardiac diet may be received from your dietitian.

Please call the dietitian in the Dietary Office at 224.783.8038 or notify your nurse if you have further questions.

Discharge Video

You will be viewing an instructional video about your discharge prior to going home. This can be seen on channel 62. Please ask to watch this video when a family member is present. After watching the video, please notify your nurse if you have any questions.

Information Specific to Valve Replacement/Repair:

If you have had a heart valve replacement or repair, your physician may have placed you on a blood thinner called Coumadin. There is a medication section in this discharge book to give you special information about this drug and the lab test needed to monitor its use. Please ask your doctor or nurse if you have any questions. If you have had a valve replacement or repair, you may be required to take antibiotics prior to dental appointments or surgical procedures. Please notify your doctor prior to these appointments or procedures to obtain instructions and prescriptions.

If you will be going home on Coumadin, also refer to the Section 5: Medications.

Information Specific to Diabetics

You will be given a diabetic education packet and glucometer (if you don't have one) with instructions when being discharged to home. You will need to make an appointment for out-patient diabetic education follow-up. The phone number for the Sherman Diabetic Center is 224.783.5450. It is important to follow up with the diabetic educator to help with education on the importance of good blood sugar control.

When you are at home, you must test your blood sugars by using the glucometer as instructed. A blood sugar must be taken first thing in the morning before eating or drinking anything and again before lunch, dinner and going to bed. Please remember to write down in a notebook the results of these blood sugars. You will show the results to your visiting nurse, doctor and diabetic educator.

If you will be going home on insulin, you will be taught insulin injections prior to your discharge and will be asked to return the demonstration for competency. If you will be going home on oral hypoglycemic medications, you will be taught about these as well.

Written Discharge Instructions

You will be given written discharge instructions prior to going home. Your instructions will include the names of your medications, what they are for and how/when to take them. Your discharge instructions will include your doctors' names and when to see them in their offices. Please call to schedule your appointments within a few days after you get home.

What to Watch for and How to Call for Problems:

Call your surgeon for

- Shortness of breath while resting (a resting period should be taken at least once but preferably twice a day for the first few weeks. It is important to space and pace your activities to minimize fatigue. You will need to find a nice mix between rest and increasing activity)
- Weight gain (over 2 pounds per day or 5 pounds per week)
- Increased leg swelling (You may notice some swelling of your legs during activity or when you are up and about. To help reduce swelling try to keep your "toes above your nose" when in bed or your legs elevated while in a chair)
- Fever (above 101) or chills
- Change in wound appearance (redness, drainage, swelling or tenderness)
- Heartbeat that seems to be beating fast/slow or skipping beats
- Ineffective pain control
- Unexplained bruising or bleeding
- Pain in chest or shoulder that worsens with deep breathing, coughing or walking

Continue at Home:

Continue using your incentive spirometer (issued at the hospital).

Remember to check and record your daily weight and temperature for the first 2 weeks. Bring this to your doctor's appointment.

Thoughts to Remember

Heart surgery is an event that affects the patient, spouse/significant other and family members. Recovering from surgery creates a temporary role: changes and responsibility shift among family members. Recovery will be a challenge for the patient and his family. There will be days of high energy and accomplishments but also of fatigue and feeling blue or angry. This is part of the physical and emotional healing process taking place. The family needs to coordinate efforts in assisting the patient physically during the recovery but they also need to allow them to increase their independence and regain a level of self reliance.

Daily Weight Chart

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Please notify your physician if you have a weight gain of 2 or more pounds in one day or 3-5 pounds over 1 week.

Discharge Instructions

Follow Up Appointments

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Questions

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, typical of notebook or legal stationery. The background is a solid off-white color, and there are no margins, text, or other markings present.