

Name _____ 'S

Tools to



Recovery

MEMORIAL[®] HERMANN

Memorial City

Introduction

Welcome to Memorial Hermann Memorial City Hospital, where your care is our top priority. During your stay you will receive quality health care from our staff that will be working hard to ensure your recovery. In order to help with your recovery we are providing you with this booklet for you and your family to use as a guide to help answer questions you may have during your stay and to know what steps you need to take to help with a speedy recovery. With this booklet, you and your family will know what will be requested of you to do each day as you recover and at the same time will be reinforced by the healthcare team. You can also use this booklet to help organize information given to you by your health care team and use as a reference of your time at Memorial Hermann Memorial City. We hope you and your family take the time to use this booklet if you have any questions or concerns please do not hesitate to ask any one of your health care team professionals.

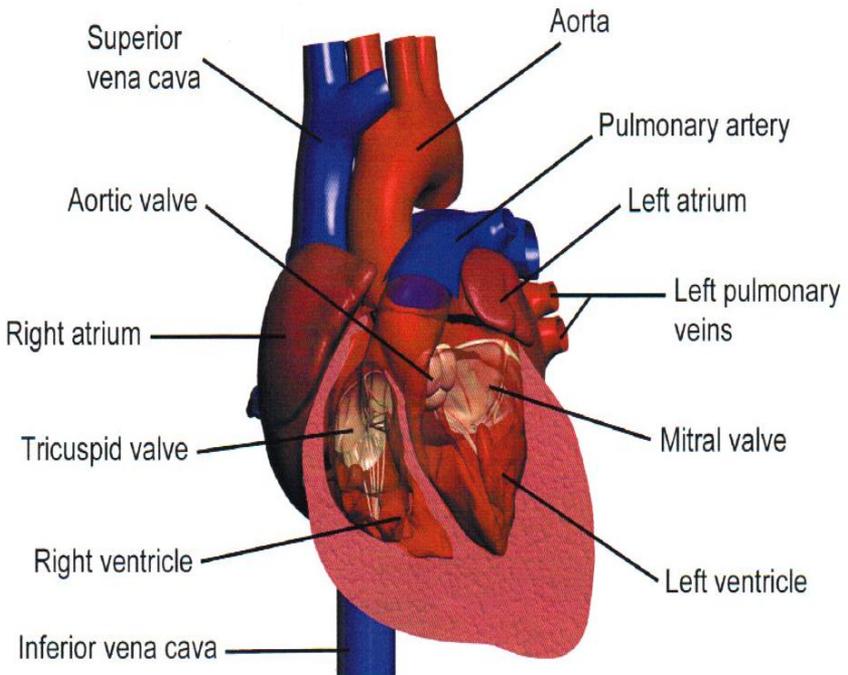
We advance health.

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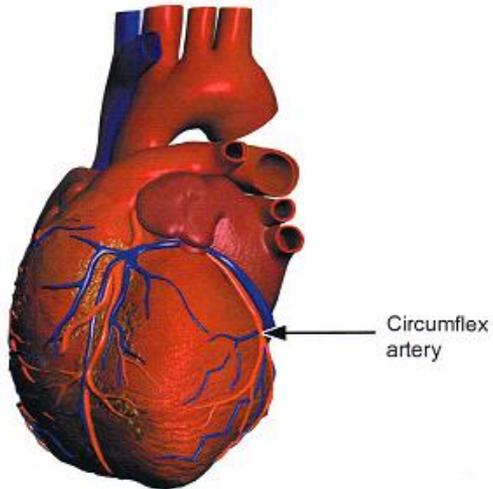
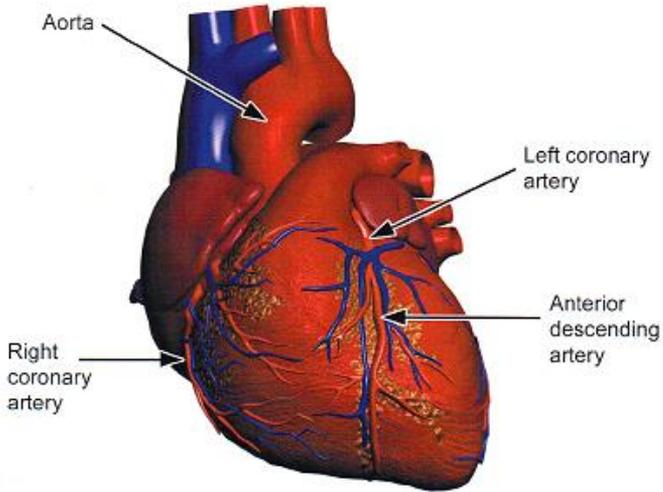
Anatomy of the Heart

The Human Heart



Anatomy of the Heart

Coronary Arteries



Frequently Asked Questions

Please keep in mind that every patient responds differently to surgery and recovery time depends on each individual. The answers below are generalized and should be discussed with the healthcare team if you have further questions or concerns.

How much pain will I have after surgery?

Discomfort can vary from person to person, however your doctor will prescribe medication specifically for your pain. It is important to set a pain relief goal with your nurse and alert them when you are in pain. Try to alert them before your pain is severe in order to better manage your pain. Even though pain will be a part of the healing process, your nurse and doctor still want you to be as comfortable as possible (refer to page 12 for the pain scale).

How long will it be till I go back to normal?

Typically recovery can take anywhere from 4-6 weeks depending on age, co-morbidities, or any complication that can develop.

What about home activities?

Activities can be generally restricted 4-6 weeks to even 12 weeks depending on the type of surgery and the recovery of the individual. However activities such as housework, lifting, bathing, sex, driving, physical exercise, and working can be limited and restricted until you reach certain milestones in your healing process. Your nurse and doctor will discuss these activities with you in more detail and let you know when you can resume them again.

Will my diet change after surgery?

Proper nutrition is an important part of your recovery. Please make sure to follow your health care professionals instructions about what to eat and avoid during and after your recovery (refer to page 25).

What are visiting hours?

Check with your nurse about updated visiting hours and be sure to get pin code (the last four digit numbers after the dash on your medical record).

We welcome any concerns or questions you may wish discuss with your health care team during your stay at Memorial Hermann Memorial City Hospital.

Terms you May Hear

AVR- Aortic valve replacement, is a procedure performed to treat narrowing or leakage of the aortic valve (refer to page 4) (STS, 2012).

CAB/CABG- the term “cabbage” is referring to the acronym CABG that stands for Coronary Artery Bypass Graft, which is a type of heart bypass surgery.

CEA-Carotid endarterectomy, is a type of surgery used to prevent strokes in patients with carotid artery disease. As plaque (consisting of fat, cholesterol, and calcium) builds up in the carotid, blood flow is obstructed increasing the risk for a stroke (NIH, 2012)

CENTRAL LINE- is a small tube that is inserted into your superior vena cava (refer to page 4) where medications and/or fluids can administered (NLM, 2012).

CHEST TUBES- are hollow flexible tubes that are inserted into the chest and drains excess fluid or air from your chest, allowing your lungs to fully expand and prevent any complications.

FEM POP- is a term used to describe another bypass procedure called a Femoropopliteal bypass. This type of surgery is used to improve circulation in the leg to bypass a diseased blood vessel above or below the knee.

HDL- High-density lipoprotein, the “good” cholesterol seems to protect individuals against heart attack. It is believed that HDL tends to carry cholesterol away from the arteries back into the liver and slows down plaque buildup (AHA, 2012).

HYPER- Over or excess

HYP0- Decreased or below

IS-Incentive Spirometer, also known as sustained maximal Inspiration (SMI). This is a technique used along with a device that measures flow or volume. This exercise improves respiratory function, maintains respiratory clearance and prevents lung atelectasis (collapse of a part or all of a lung) (NIH, 2012).

LDL-Low-density lipoprotein, the “bad” cholesterol, when too much circulates in the blood, it can slowly build up in the inner walls of the arteries that feed vital organs such as the heart and the brain. Along with other substances, it can form plaque (thick, hard deposit) and narrow the arteries (AHA, 2012).

MI- Myocardial Infarction also known as heart attack, it occurs when blood flow to the heart is blocked long enough that part of the muscle get damaged or dies (NLM, 2012).

MVR- Mitral Valve Repair, is an open heart procedure to treat narrowing or leakage of the mitral valve (refer p) (STS, 2012).

OFF PUMP- coronary artery bypass grafting (CABG) is done without the use of cardiopulmonary bypass (CBP), the heart-lung machine. The heart is not stopped, instead through new equipment the surgeon is able to stabilize specific areas of the heart during surgery (Cleveland Clinic, 2012).

ON PUMP- coronary artery bypass grafting (CABG) is done with heart-lung machine and the heart is chemically stopped, this allows the surgeon to operate on a still surface. Even if the heart is not beating, the heart-lung machine removes carbon dioxide from the blood and replaces it with oxygen before the blood is pumped to the body. This is the traditional technique (Cleveland Clinic, 2012).

RADIAL ARTERIAL LINE- Is tube inserted in the wrist to closely monitor your blood pressure and to draw blood for lab values.

SAPHENOUS VEIN GRAFT (SVG)-a vein that runs in the thigh that empties into the femoral vein. It is surgically transferred to the heart and used as conduits for surgical revascularization of coronary arteries.

SCD- Sequential compression device, this is to prevent the formation of deep vein thrombosis. It inflates and deflates, as it compresses the muscles on the legs, mimics the action of walking moving the blood.

STEMI- ST segment elevation myocardial infarction, which is a type of myocardial infarction determined by electrocardiogram test (ECG).

SWAN-GANZ- is a similar tube to the central line, however it enters into the right side of the heart and the arteries leading to your lungs, and monitors the heart's function and blood flow (NLM, 2012).

TED HOSE-Thromboembolic deterrent stockings, to control swelling and to prevent clot formation due to poor circulation and/or surgery.

TRIPLE A- is a term used to describe a condition called an Abdominal Aortic Aneurysm. This condition is when the large blood vessels that supplies blood to the abdomen, pelvis, and legs becomes abnormally large or balloons outward which can create complications (NLM, 2012).

VENT- The ventilator is a machine that allows you to get oxygen into your lungs, removes carbon dioxide (CO₂), by helping you to breathe easier while you are under the effects of anesthesia. This is used for short period, while you are having surgery and before your recovery time starts. (NIH, 2012).

STERNAL PRECAUTION:

- Do not lift or push with your arms (you may use them for balance)
- Use your heart shape pillow when practicing deep breathing

Any new terms learned:

Time to Heal: DAY OF SURGERY

Date: _____

My nurse's name: _____

- You will be with your family while you meet the surgeon in the pre-op holding area.
- After meeting with your surgeon, you will be taken into surgery and your family will be directed to the waiting room.
- In the operating room, the anesthesia team will give you a mask with medicine that will make you sleep.
- Once you have fallen asleep, a breathing tube (connected to the ventilator) will be placed in your throat. This will do the breathing for you while you are asleep.
- The surgeon will make an incision and make the necessary surgical corrections.
- Once the surgery is over, you will be transferred to the surgical intensive care unit with your family accompanying you.
- When anesthesia wears off (it takes about 3 to 4 hours), you will start to become awake. You will not be able to talk, eat or drink because of the breathing tube. Once you are fully awake, the breathing tube will come out.
- Once you are awake, you will also have restraints on your wrist; this is for your safety, it will help in preventing you from pulling on the breathing tube.

Continued on next page

- Do not be alarmed if you hear monitor alarms, unfamiliar sounds, and unfamiliar voices.
- Your blood sugar will be checked every hour even if you are not diabetic.
- The health care team will try to manage your pain to their best ability and keep you as comfortable as possible.
- Ask your nurse if you have any questions or concerns.

Time to Heal: DAY 1 AFTER SURGERY

Date: _____

My nurse's name: _____

- After your breathing tube has been removed, this is the first day of your road to recovery.
- A chest X-ray will be done while you are in bed.
- Lab work will be drawn.
- Your blood sugar will be checked before meals.
- You will be given a special heart shape pillow to press against your chest while moving in bed, out of bed and while practicing deep breathing. **You are not to use your arms to push or move yourself when getting up.**
- You will be practicing your incentive spirometer (IS) at least 10 times every hour. Take your time, do not do 10 small, fast breaths but rather 1 slow, deep breath, hold it then let it out. Take resting breaths and use the incentive spirometer again. Goal: to keep your lungs expanded by taking deep breaths every day and reduce the risks of complications. Do not forget to track on your exercises on your Incentive Spirometer tracking sheet.



Don't forget to write down your new medications on your medication list on pg 28 and 29.

Time to Heal: DAY 1 AFTER SURGERY

- You will be asked about your pain often, remember to ask for pain medicine on a regular basis especially when getting out of bed, practicing deep breathing and before your pain becomes unbearable. Circle your pain goal below and inform the nurse of your pain goal.

Wong-Baker FACES Pain Rating Scale



- The staff will help you to get out of bed at least twice per day.
- You will be weighed (record your weight on the daily report sheet on the next page) 
- You may not feel like eating, but try to eat something even a small amount. Your sense of taste may lessen, but that will return. Do not forget to drink plenty of fluids.
- You may have some swelling. This will go away with medication, moving around and time. Report any weight gain of 2 pounds or more within 24 hours.
- You will have a dressing on your chest that will be changed at least once per day.
- You will have tubes to drain fluid from your chest and they will be removed once drainage has slowed or stopped. There will be another tube to drain urine from your bladder.

Daily Report: Day 1 after Surgery

Date: _____

Weight: _____ (report weight gain of 2 pounds or more)

Temperature: _____ Pain: _____

Blood Pressure: _____/ _____ Heart Rate: _____

Did you walk? _____ Yes _____ No

If yes, how far?

Walk 1 _____

Walk 2 _____

Walk 3 _____

Incision Checked: _____

Bowel Movements: _____

Track your breathing exercise on back of this page.

How are you feeling today?

Time to Heal: DAY 2 AFTER SURGERY

Date: _____

My nurse's name: _____

- A chest X-ray will be done while you are in bed.
- Lab work will be drawn.
- Your blood sugar will be checked before each meal.
- You will be practicing your incentive spirometer at least 10 times every hour while you are awake. Use your heart shape pillow when practicing or moving.

How many times did you use the incentive spirometer today?
Record on the Incentive Spirometer tracking page.

- You will be weighed (record your weight on the daily report sheet on the  next page).
- The drains in your chest will most likely be removed today. If they are not, do not be alarmed for everyone progresses at a different pace. Once your chest tubes are ready to be removed, you will be given pain medication and the tubes will be removed while you are in bed.
- The tube draining urine from your bladder will be removed.
- You will be getting out of bed to eat your meals and to walk around the unit with staff assisting you.
- Do not forget to request your pain medication.

Daily Report: Day 2 after Surgery

Date: _____

Weight: _____ (report weight gain of 2 pounds or more)

Temperature: _____ Pain: _____

Blood Pressure: _____ / _____ Heart

Rate: _____

Heart Rate: _____

Did you walk? _____ Yes _____ No

If yes, how far?

Walk 1 _____

Walk 2 _____

Walk 3 _____

Incision Checked: _____

Bowel Movements: _____

Track your breathing Exercises on the next page:

How are you feeling today?

Time to Heal: DAY 3 AFTER SURGERY

Date: _____

My nurse's name: _____

- A chest X-ray will be done while you are in bed.
- Lab work will be drawn.
- If you are a diabetic, your blood sugar will be checked before each meal.
- You will be practicing your incentive spirometer at least 10 times every hour while you are awake (hug your heart pillow). Record on the Incentive Spirometer tracking page. 
- You will be weighed. (record your weight on the daily report sheet on the next page) 
- You should be off oxygen with oxygen saturation $>92\%$.
- Call the nurse for assistance when getting in or out of bed and when needing to go to the bathroom.
- After 24 hours of your chest tubes being removed, your dressings will be taken off and you will take a shower. You may be moved out of the ICU.
- Alert your nurse if you have not had a bowel movement. Do not strain, ask for a laxative if needed.
- Do not forget to request your pain medication.
- You will need to increase your activity level.
 - You will be visited by the cardiac rehabilitation team once you are transferred to the floor.

Daily Report: Day 3 after Surgery

Date: _____

Weight: _____ (report weight gain of 2 pounds or more)

Temperature: _____ Pain: _____

Blood Pressure: _____ / _____ Heart Rate: _____

Did you walk? _____ Yes _____ No

If yes, how far?

Walk 1 _____

Walk 2 _____

Walk 3 _____

Track your breathing Exercises on the back of this page:

Did you shower? _____ Yes _____ No

Was your incision dressing changed? _____ Yes _____ No

Bowel Movements: _____

How are you feeling today?

Time to Heal: DAY 4 AFTER SURGERY

Date: _____

My nurse's name: _____

- A chest X-ray will be done while you are in bed.
- If you are a diabetic, your blood sugar will be checked before each meal.
- You will be practicing your incentive spirometer at least 10 times every hour while you are awake (hug your heart pillow).
- Record on the Incentive Spirometer tracking page.
- You will be weighed (record your weight on the daily report sheet on the next page) 
- You will get out of bed and walk the hallway.
- You will take a shower.
- Inform your nurse if your bowels have not moved yet.
- Do not forget to request your pain medication.
- Prepare for discharge:
 - Do you have help at home?
 - Do you have transportation?
 - Be aware that you will be taking medications home.
 - What other items will you be taking home?
 - Don't forget to ask your nurse again about all the medications you are taking now?

Daily Report: Day 4 after Surgery

Date: _____

Weight: _____ (report weight gain of 2 pounds or more)

Temperature: _____ Pain: _____

Blood Pressure: _____ / _____ Heart

Rate: _____

Did you walk? _____ Yes _____ No

If yes, how far?

Walk 1 _____

Walk 2 _____

Walk 3 _____

Track your breathing Exercises on the next page:

Did you shower? _____ Yes _____ No

Was your incision dressing changed? _____ Yes _____ No

Bowel Movements: _____

How are you feeling today?

Time to Heal: DAY 5 AFTER SURGERY

Date: _____

My nurse's name: _____

- A chest X-ray will be done while you are in bed.
- If you are a diabetic, your blood sugar will be checked before each meal.
- You will be practicing your incentive spirometer at least 10 times every hour while you are awake (hug your heart pillow). How many times did you use the incentive spirometer today? Record on the Incentive Spirometer tracking page.
- You will be weighed (record your weight on the daily report sheet on the next page). 
- You will get out of bed and walk the hallway.
- Make sure you understand discharge instructions.
- Plan follow up appointments with any of your doctors a week or so after you go home.
- Ask ANY questions and clear any concerns you may have.
- You will be receiving a survey about your stay at Memorial Hermann Memorial City Hospital. Please take a moment to fill it out and return it. We appreciate your feedback with your comments. Your participation is important for the success of our program. We wish you the best!

Daily Report: Day 5 after Surgery

Date: _____

Weight: _____ (report weight gain of 2 pounds or more)

Temperature: _____ Pain: _____

Blood Pressure: _____ / _____ Heart Rate: _____

Did you walk? _____ Yes _____ No

If yes, how far?

Walk 1 _____

Walk 2 _____

Walk 3 _____

Track your breathing Exercises on the back of this page:

Did you shower? _____ Yes _____ No

Was your incision dressing changed? _____ Yes _____ No

Bowel Movements: _____

How are you feeling today?

How to care for Yourself

- Weigh yourself daily each morning at the same time after emptying your bladder and wear the same amount of clothing. Do not forget to record your results and report any weight gain of 2 pounds or more within 24 hours to your doctor.
- Take your blood pressure, heart rate, and record in your daily report.
- Take your temperature in the morning and at night and record in your daily report.
- Do not lift, push, or pull anyone or anything that weighs more than 5-10 pounds.
- Take pain medication as prescribed. This helps relieve soreness and makes activity and deep breathing easier.

Wong-Baker FACES Pain Rating Scale



- Take all other medications that were prescribed by your doctor. Do not skip doses.

(Continued on next page)

Check all incisions for signs of infection.

- Increased redness, swelling, pain or drainage from the incision.
- White, yellow, yellow-green or foul smelling drainage from the incision.
- A persistent fever, or a fever greater than 100.5 degrees.
- Any opening in the incision or wound call your doctor immediately.
- Skin around the incision being warm or hot.
- Persistent, unusual or increasing pain from the incision.
- Do your breathing exercises with the Incentive Spirometer and record. Do not forget to hold your pillow during the exercise and especially during coughing.
- Slowly increase your activity level as tolerated. Take short walks and slowly increase the distance walked, but do not overexert yourself. Space your activities and resting periods. Do not walk during extreme weather. Ask someone to stand near during these activities and while you shower.
- Take a shower everyday while gently washing the incision with antibacterial soap and warm water (avoid using very hot water). Gently pat dry the area. Do not use lotions, ointments, oils, powders or perfume near the incision.

Incision care

- Inspect incision daily.
- All areas of the wound should be closed.
- Its normal to have some redness, swelling as the incision heals.
- It's not normal to have light drainage or slight bleeding after washing from the **chest** incision, call your doctor if this occurs. However, it is normal to have watery yellow-pink drainage from the **chest tube incision**. If the yellow-pink drainage becomes bloody or looks like pus, call your doctor.
- Numbness, tenderness, and tingling around the incision is normal and it may last 2-3 months.
- Remember to keep the incision clean by gently washing in the shower with antibacterial soap and water. Pat dry.
- Your incision is very sensitive, so avoid any exposure to the sun. Even after it has formed a scar, remember to always apply sunscreen. After a scar has formed, you may apply cocoa butter.

Note for open heart patients: the lump you feel at the top of the chest incision is dissolvable sutures that come together at the top of the incision as well as muscle swelling with muscle tightness. This should go away in 2-3 months.

For any questions, concerns, please refer back to your discharge teaching handout from Memorial Hermann Memorial City.

When to call your doctor

Please keep in mind that there may be some additional signs specific to your condition that you will need to look out for in your discharge instructions. Below is a list of general guidelines to follow upon discharge.

- Weight gain of 2 pounds or more
- Increased swelling
- Unrelieved pain at the incision site(s)
- Unrelieved cough
- Increase in or unrelieved in shortness of breath not related to being active
- Chest pain that is not relieved by medication
- Irregular or “fluttering” heartbeat or fast pulse
- Lightheadedness, dizziness, or fainting
- Disorientation or confusion
- New or unexplained symptoms
- Blood in your urine, stool, or vomit
- Black or tarry stools
- Any unusual bleeding
- Fever over 100.5° F
- Draining or a very red incision
- Signs of infection (redness, swelling, drainage, or warmth) at the incision site
- Blood Pressure greater than 140/90

In case of an emergency please call for medical help right away (call-911)

Nutrition

- Limit saturated fats and trans fats
- Saturated fat: Fatty meat, poultry skin, bacon, sausage, whole milk, and butter
- Trans fat: stick margarine, shortening, some fried foods, and packaged foods
- Limit amount of cholesterol you eat
- Egg yolk, fatty meat, whole milk, cheese, shrimp, lobster and crab
- Keep in mind that your total cholesterol should be less than 200 milligrams (mg).
- LDL: less than 100mg
- HDL: greater than 60mg
- Get plenty of dietary fiber
- Fruits, vegetables, whole grains, and dried beans
- Limit caffeine in your diet.
- Plan to eat more plant-based meals, use beans and soy foods for protein.
- Remember to also follow a low sodium (salt) diet.
- Avoid: process and canned food, condiments, sauces and seasonings with salt.
- Remember to follow your dietitian's or doctor's instructions about the food that you should eat.

Things to avoid

- No smoking!



- No lifting, pulling, or carrying anything weighing more than 5-10 pounds.



- No walking outside when temperatures are extremely hot/humid or cold/breezy.



- No bathtub, pool, Jacuzzi, or sauna.



- No reaching over your head or across your body or extending your arms higher than 90 degrees.



- Avoid adding salt to your food.



- Avoid driving until you talk with your doctor.



Exercise Log

| Date | Type of Exercise | How long? | Pace Slow, moderate, fast | Before Exercise Pulse | After Exercise Pulse |
|-------------|-------------------------|------------------|--|----------------------------------|---------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

Medication List

| Drug Name | Dose | How and when to take medication | Reason for medication | Side effects | Start and end of medication |
|-----------|------|---------------------------------|-----------------------|--------------|--|
| | | | | | Start date: End Date: |
| | | | | | Start date: End Date: |
| | | | | | Start date: End Date: |
| | | | | | Start date: End Date: |

| Drug Name | Dose | How and when to take medication | Reason for medication | Side effects | Start and end of medication |
|------------------|-------------|--|------------------------------|---------------------|--|
| | | | | | Start date: End Date: |
| | | | | | Start date: End Date: |
| | | | | | Start date: End Date: |
| | | | | | Start date: End Date: |
| | | | | | Start date: End Date: |

Follow up dates and notes

Follow up appointment: _____ With Doctor: _____

Number to be reached: _____

Questions you may have for your doctor:

Follow up appointment: _____ With Doctor: _____

Number to be reached: _____

Questions you may have for your doctor:

Follow up dates and notes

Follow up appointment: _____ With Doctor: _____

Number to be reached: _____

Notes or questions you may have:

Follow up appointment: _____ With Doctor: _____

Number to be reached: _____

Notes or questions you may have:

Follow up appointment: _____ With Doctor: _____

Number to be reached: _____

Notes or questions you may have:

Daily Report: Day ____ after Surgery

Date: _____

Weight: _____ (report weight gain of 2 pounds or more)

Temperature: _____ Pain: _____

Blood Pressure: _____ / _____ Heart Rate: _____

Did you walk? _____ Yes _____ No

If yes, how far?

Walk 1 _____ Walk 2 _____ Walk 3 _____

Breathing Exercises:

Goal: 10 breaths in an hour

What I did today: _____

Did you shower? _____ Yes _____ No

Was your incision dressing changed? _____ Yes _____ No

Bowel Movements: _____

How are you feeling today?

Daily Report: Day ____ after Surgery

Date: _____

Weight: _____ (report weight gain of 2 pounds or more)

Temperature: _____ Pain: _____

Blood Pressure: _____ / _____ Heart Rate: _____

Did you walk? _____ Yes _____ No

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Walk 1 _____ Walk 2 _____ Walk 3 _____

Breathing Exercises:

Goal: 10 breaths in an hour

What I did today: _____

Did you shower? _____ Yes _____ No

Was your incision dressing changed? _____ Yes _____ No

Bowel Movements: _____

How are you feeling today?

Numbers to Remember

In case of an Emergency call 911

Memorial Hermann Memorial City

SICU: 713-242-3451

Contact Charge Nurse

Telemetry Floor 7 East: 713-242-3730

Contact Charge Nurse

Name: _____

Relationship: _____

Phone Number(s): Home or Cell#: _____

Office#: _____

Best time to
call: _____

Name: _____

Relationship: _____

Phone Number(s): Home or Cell#: _____

Office#: _____

Best time to
call: _____

Numbers to Remember

In case of an Emergency call 911

Name: _____

Relationship: _____

Phone Number(s): Home or Cell#: _____

Office#: _____

Best time to
call: _____

Name: _____

Relationship: _____

Phone Number(s): Home or Cell#: _____

Office#: _____

Best time to
call: _____

Name: _____

Relationship: _____

Phone Number(s): Home or Cell#: _____

Office#: _____

Best time to
call: _____

For additional information please visit:



<http://www.memorialhermann.org/heart-education/>



<http://www.heart.org/HEARTORG/>



<http://www.nlm.nih.gov/medlineplus/heartdiseases.html>



<http://www.cdc.gov/heartdisease/>

Special thanks to the SICU health care team for providing us with the support and knowledge in developing this booklet.

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Memorial City

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