

Texas Cardiothoracic Surgery Associates, P. A.

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Discharge Instructions for Heart Surgery Patients

Name: _____

Date of Discharge: _____ Discharge Weight: _____

Date of Operation: _____ Postoperative Day: _____

Operation: _____

Follow-up Instructions:

1. Call our office at (214)942-5222 as soon as possible to make an appointment for a follow-up visit in _____ weeks. Our office will give you instructions for having a chest x-ray made prior to your visit.
2. Call your cardiologist, Dr. _____, for an appointment in 1-2 weeks. You may also ask your cardiologist about the cardiac rehabilitation program and having your cholesterol level tested.
3. Call your primary physician, Dr. _____, for an appointment in 2-3 weeks.
4. *Bring these discharge instructions to all of your follow-up appointments.*

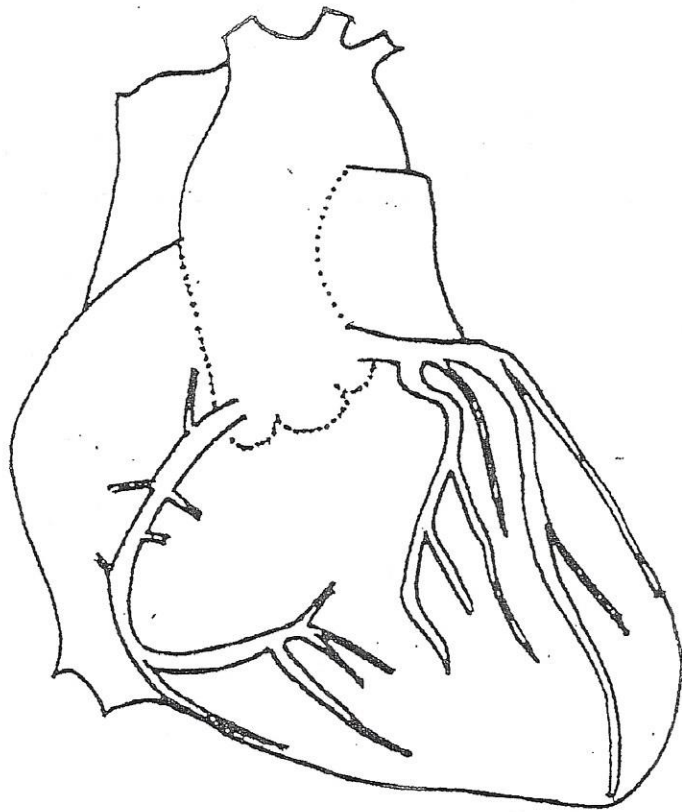
Discharge Medications:

1. Norco: 1-2 tablets every 4-6 hours as needed for pain. You may substitute *Tylenol* plain or extra strength, 1-2 tablets every 4-6 hours if it is adequate for your pain control.
2. Aspirin: 1 tablet each day, (you may take baby, adult, or coated aspirin of any brand).
3. Lipid-Lowering Medication: _____
4. _____
5. _____
6. _____

Other Medication Instructions:

Date of Operation: _____ Surgeon: _____ Cardiologist: _____

Operation: _____



General Instructions:

1. Please follow-up with your cardiologist and your primary care physician, as listed on page 1. ***Please bring this sheet with you whenever you visit any of your other doctors.***
2. The medications you were given upon discharge may change in the future. Some medications are intended to be taken for only one month or less after discharge. Others may be eliminated or replaced by different drugs as your needs change. Your cardiologist and your primary care physician will instruct you in regard to your medications when you return to them for follow-up.
3. If you were given a prescription for the blood thinner **COUMADIN**, you will need to contact your cardiologist as soon as possible to arrange to have your blood **ProTime** tested as an out-patient.
4. If you have **problems or questions** about your surgery, please call our office at (214) 942-5222.

Activity Instructions

1. Continue the program of walking that you began in the hospital. You should set a goal for yourself such as walking one mile per day by the end of your second week home from the hospital. This distance may be divided between 2 or 3 separate trips within the day or may be done all at once depending upon your schedule and stamina level.
2. Avoid walking in inclement weather, particularly in either extremely hot or cold weather. You may choose to walk in one of the malls or on a course that you have laid out inside of your house instead of walking outside.
3. You may use a treadmill if you have one. Set the treadmill at the lowest speed (usually 1.5-mph) and at the lowest incline, if that is adjustable. Begin walking for 5 minutes at a time and then increase the length of time that you walk on the treadmill rather than increasing speed. Once you can walk for 20 – 30 minutes comfortably, you may begin to increase the speed. These treadmill instructions refer only to your home use, and may not be the same that you will use while in the supervised and monitored Cardiac Rehab. You may also use an exercise bicycle if you have one, once you are walking well.
4. Avoid lifting more than 5 – 10 pounds for at least three weeks. When lifting use your legs and not your back to carry the load. When pushing or pulling open heavy doors, keep your arms close to your body rather than outstretched.
5. Avoid any activity that will place a great deal of stress across your chest for 2 months from the time of your surgery. Examples include a full golf swing, swing a baseball bat, or lifting weights.
6. You may begin to drive short distances in 2 weeks unless otherwise instructed by your doctor. Do not drive while taking pain medication other than Tylenol, or until you feel strong enough.
7. You may shower or bathe as you wish and are encouraged to do so daily. Wash your incisions gently with soap and water unless you have been instructed otherwise by your doctor.
8. Wear your elastic stockings for two weeks. Swelling of the legs is common, particularly on the legs from which the vein was removed. If swelling occurs, continue your walking program, but elevate your legs whenever you are sitting or lying. If the swelling does not improve after 1-2 days of elevation when sitting or lying down, contact your doctor.
9. It is very common to experience pain about the chest, shoulders, or mid-back area following heart surgery, particularly during or after exercise. If your chest pain is not relieved by resting or by taking your pain medication call your surgeon or cardiologist.
10. Remember that a regular exercise program is one of the keys to good health and maintaining cardiovascular fitness!

Care of the Incisions

1. Wash your incisions gently with soap and water when you bathe unless otherwise instructed by your doctor then pat them dry. Unless drainage or wound edge separation occurs, there is not need to keep your incisions covered.
2. Do not use lotions or creams on your incisions. Do not use Betadyne or any antibiotic ointment or cream (such as Neosporin) on your incisions even if you think that they are becoming infected. These products will macerate the skin and slow the healing process. Call your surgeon if any of your incisions become reddened, warm to the touch, swollen, or develops drainage of thick fluid.
3. It is **NOT** unusual to have small amounts of clear, yellow, watery drainage from the incisions, particularly of the legs. This type of drainage is not a sign of infection. It is also not unusual to have some separation of the wound edges. If clear drainage or wound edge separation occurs, begin twice daily cleansing of these areas with hydrogen peroxide and keep them covered with a clean dressing.
4. The “knot” at the top of your chest incision is normal and results from our attempts to place your incision as low as possible. This raised area will flatten over 4 – 6 weeks after surgery.

Diet Instruction

1. It is common to have a poor appetite for the first few weeks after heart surgery, or to feel that foods just don't “taste right”. This will improve as you continue to recover.
2. You should begin a low fat, low cholesterol diet. Avoid pork or fatty cuts of beef, substituting lean beef, fish, chicken, and turkey. Bake foods rather than frying and use vegetable oils (such as corn or safflower oil) rather than higher fat saturated varieties. You can occasionally “splurge” and have bacon, shrimp or other high cholesterol “forbidden” foods, but they should not become regular diet items. Additional information regarding diet may be obtained from the hospital dietitian or in the Cardiac Rehab Program.
3. Weight is a good measure of both diet and exercise and is as important as fat or cholesterol intake. Excess weight adds workload to your heart, even while you are resting, and every effort should be made to shed and keep off those extra pounds.
4. Alcoholic beverages should be avoided for at least the first few weeks after heart surgery and until you are no longer requiring pain medication and then used only in moderation.
5. Constipation is common following heart surgery due to decreased activity, stress, medications, and changes in your diet and eating habits. You may use milk of magnesia or glycerin suppositories as needed to remain regular.