



מרכז רפואי ע"ש ברוך פדה, פוריה
מסונף לפקולטה לרפואה של אוניברסיטת בר אילן בגליל
The BARUCH PADEH Medical Center, Poriya
Affiliated to The Faculty of Medicine in Galilee - Bar Ilan University



Organization Accredited
by Joint Commission International

CARDIO-THORACIC UNIT

DIRECTOR: EREZ KACHEL, MD

CARDIOVASCULAR INSTITUTE

DIRECTOR: PROF OFFER AMIR, MD, FACC

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היחידה לניתוחי לב-חזה

מנהל היחידה: ד"ר ארז קכל

המערך הקרדיווסקולארי

מנהל המערך: פרופ' עופר אמיר

טל: 04-6652287

פקס: 04-6652259

Take it to Heart

Instruction booklet for patients' candidates for open heart surgery

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Dear patient,

You are a candidate for heart surgery – this is an experience that is bound to cause anxiety to yourself and your family members. The purpose of this booklet is to prepare you for the expected surgery. In this booklet you can find answers to most of your questions in regards to heart surgery in general, and to the surgery you will be undergoing in particular.

This booklet contains information about the surgery, the course of your hospitalization, the recovery process as well as life after the surgery.

We firmly believe that you and your family members are active participants in both, the treatment and your recovery process.

This booklet is intended for women and men and does not replace a discussion in person with the Department staff.

Any questions or inquiries you may have will be willingly answered.

We wish you a speedy recovery and resuming full activity soon.

The Department staff:

Doctors - cardio – thoracic surgeons

Cardiologists

Residents

Certified nurses

Auxiliary staff

Multi – disciplinary team

We are here at your service to provide you with the best medical and nursing care.

General information:

The visit hours in the Department are: 7:00 – 9:30 am, 16:00 – 20:00 pm.

Please take care to respect these visit hours so that the patients' welfare and rest will not be disturbed.

A family requiring overnight stay arrangements at the hospital please turn to the nursing staff to arrange hosting facilities.

No outside food is allowed into the Department due to concerns of keeping kosher and cleanliness.

It is recommended that the patient and the family will read the information page provided

The role of the social worker:

The challenges and recovery associated with undergoing a heart surgery are often accompanied with mental and emotional burden, as well as the need to implement changes in your life style.

The Departmental social worker is at your and your family's service. Please approach the nursing staff if you wish to set an appointment with the social worker.

The social worker can assist you with:

- Planning and set up of a rehabilitation program with the multidisciplinary team
- Mental and emotional difficulties you or your family may have in regards to your diagnosis and treatment.
- Organizing and setting up the resources required towards your discharge for home
- Taking advantage of the rights you are entitled to in services and social organizations, such as: the Nursing Insurance Law, Welfare Services, etc.



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- The social worker is present at the Department in the morning hours – it is recommended that you set up an appointment.
- The service is free of charge

Heart disease and Bypass surgery

The heart is a strong muscle organ tasked with supplying blood to the entire body. The heart's size is the size of your fist and it is located in the center of the chest with a small tendency to the left. The heart consists of two separate pumps linked to each other: on the right side the heart pumps blood with low oxygen to the lungs, and on the left side the heart pumps blood rich with oxygen to the entire body, through the aorta. The heart is comprised from 4 distinct spaces: 2 atria and 2 ventricles, there are also 4 valves which role is to direct the flow of blood between the heart spaces, and to the rest of the body.

The coronary arteries – similarly to other organs in your body, the heart too requires a supply of blood rich with oxygen and energy to be able to pump and function. A separate arterial blood supply system exists (called the coronary arteries) which branches from the aorta and continues to branch and spread over the entire heart. The heart receives its blood supply from 3 arteries (the left coronary artery, the right coronary artery and the circumflex coronary artery), these further branch to smaller arteries and thus ensure oxygen rich blood supply to all the cells of the heart.

Atherosclerosis – a process occurring due to sedimentation of fats inside the arteries. When the process of atherosclerosis occurs in the coronary arteries the blood flow to the heart cells is reduced. The stenosis (narrowing) of the arteries may cause reduced supply of oxygen to the heart muscle and this is followed by damage to the heart function. When a full obstruction of the blood flow occurs, the heart muscle cells die and cause necrosis (cardiac infraction / heart attack).

The signs of the disease – deprivation of oxygen to the heart muscle cells may cause pressure or pain in the chest, whenever you are excited or stressed, however, these may also be seen at rest. Other signs may also be, difficulty in breathing, pain in the jaw or in the shoulder, dizziness, weakness, pain at the upper abdomen, and sweating. These can be on top of the previously existing signs or stand alone.

Risk factors for the development of heart disease – a number of risk factors contribute to the development of atherosclerosis. For the most part, a combination of a number of risk factors may effect this process. Most of the risk factors can be controlled by the patient.

Some of the risk factors are: smoking, obesity, lack of physical activity, diabetes, high blood pressure, high level of blood lipids, excessive stress and heredity.

Diagnostic tests

1. Heart catheterization – the main exam, intended to demonstrate the specific number, locations, and severity of the obstructions in the coronary blood vessels.
2. ECG – recording the electric activity of the heart. Provides essential information about the heart functionality.
3. Stress echocardiogram – demonstrates the changes in the heart electric activity as a response to physical effort.

Bypass surgery – the term "open heart surgery" refers to the fact that the surgeon exposes the heart in the course of the surgery by cutting through the skin and the breast bone (sternum). During the surgery you are hooked into a heart and lung machine which functions instead of your heart and the lungs. The blood flows from the body into the machine where it oxygenates and flows back into the body. At the end of the surgery, the machine is disconnected from the heart which starts pulsing and pumping the blood as it should. The surgeon uses sections of blood vessels to create bypasses and flow routs for the blood to bypass the obstructed sections. The number of bypasses depend on the number of obstructions and their severity. At the end of the surgery the sawn apart breast bone is joined together using stainless steel wires which remain the body permanently. The skin is closed by sutures that are removed about two weeks after the surgery.



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Bypass – a section of blood vessel used to

go around the obstructed section of the coronary artery. A bypass can be formed from breast artery, from a vein in the leg or the arm artery.

Bypass surgery without heart and lung machine – in some cases the surgery can be performed without hooking the patient to a heart and lung machine. In this method, the heart continues pulsing throughout the surgery, the decision about this method is given to the discretion of the surgeon.

Valve disease

The heart works in our body as an ongoing pump, without rest.

The heart is comprised of 4 chambers – 2 atria and 2 ventricles. The heart has four valves operating as one way doors to keep the blood flowing in one direction only. With every contraction of the heart a few of the valves open, and others - close so the blood can flow to the next chamber and prevent it from flowing backwards. The action of the valves makes sure that the blood flows inside the heart and to the rest of the body in an efficient manner. Any problem with the heart valves can create difficulty in the heart's function.

Valvular insufficiency (leaky valve) – a defective valve may be a valve that does not close completely when it needs to be closed, and as a result, some blood flows backwards. This may cause lung edema, or edema in other parts of the body. This problem is called valvular insufficiency. The way valvular insufficiency feels in the body is difficulty in breathing and edema in the legs and feet.

Valvular stenosis – a defective valve may also be a valve that does not open all the way, which makes the heart work harder in confronting a smaller opening. This may develop to become a heart failure. The way valvular stenosis feels in the body is: pressure in the chest, weakness, fatigue, fainting or dizziness, rapid pulse.

Valve surgery

The valves can be repaired or replaced in surgery.

Valve repair

In valvular stenosis the calcified areas are removed and this improves the blood flow through the valve.

In a leaky valve, some sections of the valve will be shortened or reinforced in order to allow better closure.

Valve replacement

In cases where the valve cannot be repaired, it will be replaced.

There are two types of valves that can replace the defective valve:

Mechanical valve – made of biologically compatible material that is accepted in the body – after the implantation of a mechanical valve there is a need to start taking anticoagulants for the rest of your life.

Biological valve – a valve taken from a pig or a cow or a person. After the implantation there is no need to start taking anticoagulants for the rest of your life, however, the valve's life span is shorter relatively to the prosthesis valve.

Dental treatment

It is very important to finish all dental treatments prior to the surgery. Prior to a valve replacement surgery go for a dental exam to verify there are no dental inflammatory focal points. Untreated teeth or the existence of dental inflammatory focal points before the surgery may cause infection in the implanted valve.

After the implantation of a replacement valve, if you need dental care you should consult your family doctor or a cardiologist about the need of preventive antibiotic treatment (prophylactic) as well as stopping the anticoagulants administration as needed.

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Preparation for the surgery

The admission to the Department is done in one of the following manners: either through the pre – surgery clinic, or an urgent hospitalization.

If you are admitted through the pre – surgery clinic, your date of surgery will be set forth as planned.

As you near the hospitalization, you will need to obtain and bring with you the following:

- Commitment for payment form your HMO
- ID card
- Invitation for hospitalization
- Medical documents and results of the exams you had (chest X – ray, ECG, blood tests, etc.)
- Personal belongings
- Chronic medications

Do not bring with you, large sums of money, jewelry or any other valuables. The Department cannot assume responsibility in case these are lost.

Blood donation – in heart surgery the use of blood during the surgery and afterwards is common. We require a confirmation from the blood bank on donating 3 blood units

General Recommendations –

Learn more about the disease – as the date of surgery nears, you will receive an instruction session from one of the nurses about the course of the surgery and the recovery process. It is important that your family members will participate in this instruction session. It is recommended that you read this booklet with attention, in case you have any questions, you can ask the nursing staff.

Eat healthy – it is recommended to eat a varied food selection, rich with vitamins and proteins to prepare your body to the surgery and the recovery process to follow.

Rest – resting before the surgery is very important.

Stop smoking – it is important to stop smoking before the surgery. In addition to the known damages of smoking, smoking may also slow down your recovery process considerably.

Emotions – most of the patients feel anxiety prior to their surgery. All the fears and worries are natural and understandable. In order to be able to better tackle your surgery it is recommended you share your feelings with a person close to you, find support in your circle of close people and try to adopt a positive attitude.

Preparation for the surgery

Arrive to the hospital for admission one day prior to the planned surgery.

When you arrive to the Department, approach the Department nurse.

In your admission, you will be admitted by a nurse, a doctor and an anesthesiologist.

On the day of surgery

Removal of the hair from the surgery area will be done using a special depilatory cream. The reason for the hair removal is to expose the location of the surgery and reduce the risk of infection.

Wash your body with **antiseptic soap** (get it from the Department staff) to disinfect your body in the evening before the surgery and on the morning of the surgery.

Pass all personal belongings to your family members – including valuables and prostheses.

Remove any nail polish you may have on.

Your family members can accompany you to the entrance to the operating room and wait in the adjacent waiting room.

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The anesthetics and surgery

In the operating room you will be received by a nurse and an anesthesiologist. Following that you will be moved into the operating room, you will be hooked to a monitor and an oxygen mask, in a few minutes you will go under the anesthesia and wake up in the Intensive Care Unit.

Heart surgery is a long surgery and lasts several hours. The actual length of the surgery differs from one patient to another.

Your family will be notified by the surgeon at the end of the surgery.

After the surgery

At the end of the surgery you will be moved to the Intensive Care Unit located close to the Department. Your family members will be waiting in the waiting room located at the entrance to the unit. According to your medical condition, your family members may be able to go in and visit you for short periods.

The length of stay in the Intensive care unit changes from one patient to another, and is dependent on your medical and nursing condition.

The Cardiac Intensive Care Unit's phone number – 04-6652287

It is recommended that one family member will be in touch with the attending staff and will update the other family members.

In the first few hours after the surgery you will feel sleepy as a result of the sedatives you received in the course of the surgery.

When you wake up you will be connected to a number of tubes:

Respiration tube – a tube inserted into your trachea and hooked into a respirator. The purpose of the respirator is to help you breathe and ease the strain on your heart until your body recovers from the surgery. The respiration tube passes through your vocal cords, and therefore you will not be able to speak. With the removal of the tube you will be able to speak normally. At times, some hoarseness will appear, however, this will pass after a few days. After the respiration tube is removed you will be using an oxygen mask.

Feeding tube – a tube passed through your nose into the stomach. The purpose of the feeding tube is to drain fluids and air and prevent vomiting. In most cases, the feeding tube is removed together with the respiration tube.

Draining tubes – these are mostly two or three plastic tubes inserted in the course of the surgery to the chest area. The role of the draining tubes is to drain the discharges collected in the body after the surgery. These tubes will be removed within a day or two after the surgery by the doctor.

Electrodes – two small metal wires inserted during the surgery. These electrodes are connected to an external pace maker, and their role is to regulate the heart pulse as needed. The electrodes will be removed on your discharge day.

Catheter – a tube inserted into the bladder and allows for monitoring the body's fluids balance. The catheter will be removed about two days after the surgery.

Central infusion line – allows administration of drugs and fluids through the vein.

Monitor / telemetry – until you are discharged you will be monitored via monitor or telemetry.

The recovery process

At the discretion of the attending staff, and according to your medical condition you will be able to move out of the unit and continue your care at the Department.



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Mobility

The most important thing after the surgery is to start walking. Walking is important in order to aerate your lungs, prevent the formation of wounds and avoid blood clots.

On your first day after surgery, you will be assisted off the bed by the attending staff and helped into a chair. Following that, you will be able to take a few steps – when your goal is to increase the number of steps you take, but not to increase your pace. Walking is essential to your recovery! You must avoid lying down for long stretches of time and sit down as much as possible in order to allow for efficient breathing. It is recommended to put your feet up when you are sitting or lying down to help prevent edemas. Avoid crossing your legs.

Chest belt

The chest belt is important for stabilizing your breast bone in the recovery period. Be meticulous about wearing it during the entire day for about 2 months.

Compression Stockings

Whenever there is an incision in the leg or leg edema, it is recommended to wear compression stockings to prevent edema.

Respiration

On the first days after the surgery the attending staff will check your respiratory status several times a day, and accordingly your oxygen mask will be removed. Coughing and excretion of phlegm are essential for the aeration of the lungs – it is recommended that you take deep and slow breaths. Your respiratory treatment will include breathing exercises, physical therapy and medicated inhalation therapy.

Pain

The pain in your chest is a result of the incision made in your skin and breast bone, however it may radiate also to your shoulders, hips and back. In case you have incision in your hand or leg these may be painful as well. Correct assessment of your pain intensity and treatment of this pain are important factors affecting the success of your treatment and your healing rate from the surgery. The nursing staff in the Department use a scale of pain in order to assist you in assessing the pain level starting from 0 (no pain) going up to 10 (unbearable pain). On every shift the nursing staff will perform your pain assessment and will provide you with treatment accordingly.

Pain prevention significantly promotes healing, therefore it is recommended to take pain medicine, even if your pain level is low. It is important to report any pain you have to the attending team and received medication treatment for pain. Pain prevention is important for efficient sleep, efficient cough, deep breaths (preventing infections in the respiratory tracts) and for your mobility.

Treatment of your incisions

It is important to wash your incision wounds daily with soap and water. The washing will be done in the shower, while sitting on a chair, and with the assistance of the nursing staff - if such assistance is required. In the first few days the nursing team will dress your wounds, later on, if your wounds are clean and without discharge – there is no need of dressing.

Nutrition

About 24 hours after your surgery you will start gradually with drinking water or tea. On the second day you could eat some soft foods, to be followed by regular foods. In the first few days after the surgery you may have no appetite – this is a normal phenomenon which passes over time.



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Drinking

It is recommended to keep hydrated and drink at least 8 to 10 glasses of water a day. It is advisable to refrain from drinking fizzy drinks, and from consuming coffee or alcoholic beverages.

Bowl movements

For about two days after the surgery you may feel some "scrambling" of gas in your belly which is the result of your intestines activation – this is a natural sensation which will pass after your first bowl movements. Some constipation might appear resulting from the anesthetics you received, from your pain medication, from lack of activity or as a result of not drinking enough. Report your constipation to the attending staff so you can be treated for that. Treatment of constipation usually starts on the 3rd day after surgery.

Fever

Running fever in the first few days after surgery is a common phenomenon. The attending team will monitor your temperature fluctuations, in addition to monitoring other vital signs.

Blood glucose level

A surgery is a stressful situation for the body, which respond with an increase of blood glucose levels. On the first days after the surgery all the patients get their blood glucose level checked. In patient suffering from diabetes, the rise in blood glucose levels may require treatment. The blood glucose levels tend to go back to their pre surgery level at a rate that differs from one patient to another.

Bad mood

It is possible that you may experience mood swings and bad mood. At times patients may have tendency for crying or irritation. Some phenomena such as bad dreams and difficulty in remembering may also appear. These phenomena are usually attributed to the effect of the anesthetics, sleeplessness and various drugs. The stronger you get, and when you are feeling physically better, these negative feelings will disappear.

Rest and visitations

You need your rest, which is essential for your healing process. You can and may want to receive visitors, however, the visitation hours at the Department are limited and kept strictly. The number of visitors is limited to two people at the same time. **Families cannot spend the night at the Department.**

Your discharge day

Your stay at the hospital will last about 5 days after the surgery. Your discharge date will be set forth by the doctor according to your healing rate. Before you are discharged you will undergo a full set of exams, including: chest X – ray, blood tests and ECG. In addition, on your discharge day the electrodes implanted in your heart will come out.

Upon your discharge - you will receive a discharge letter and a prescription for medications, and an invitation to the clinic to remove your sutures. You will receive a personal instruction from a nurse in regards to your recommendations upon your discharge and recommendations for medication treatment. (Medications are not available to be taken home from the Department upon discharge).

Recovery and heart rehabilitation programs

Heart rehabilitation and stay in a rehabilitation facility are paid or subsidized in part or in full by your HMO – you can check your rights and entitlements with the social worker at the Department. It is recommended that you take part in post - surgery heart rehabilitation program.



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Going back to your routine

A heart surgery is an event which affects you and your entire family. In addition to the physical recovery process there is also an emotional aspect of the readjustment process and the return to your family life, to your work, and your social circles. The recovery process includes changes in your life habits – your diet, exercise, and smoking cessation.

Returning to your routine life may take a few weeks. Your recovery period takes about two months. During your recovery you may feel tired, agitated, anxious, and mood swings and bad mood. All these will gradually disappear. Tackling your new reality after the surgery may require a lot of energy at times. Talking with your family and friends may help and ease coping with the situation.

Medical follow up

Once you have been discharged from the hospital you should see your attending doctor soon.

The removal of the sutures is performed about two weeks after the surgery. Arrive at the clinic as detailed in the invitation you receive upon your discharge, together with the discharge documents. The removal of the sutures is performed at the cardiology clinic, located at the Department.

About one month after your surgery you will receive an invitation for a follow up visit with the surgeon. Please bring your discharge letter with you. It is also recommended that you will be monitored by a cardiologist either at your HMO or in the cardiology clinic about one month after your surgery.

It is recommended that you will continue with your heart rehabilitation program at a cardiac rehabilitation institute.

Conditions in which you should see to a doctor / go to Urgent Care

- Chest pains that are not similar to post surgery pains
- Irregularity in your heart rate
- Fever above 38°C
- Shortness of breath during rest
- Discharge, redness and/or significant swelling in the surgery incision
- Any reason or feeling that seem to you abnormal

Medications

Most of the patients require medication treatment after heart surgery. It is important that you familiarize yourself with your medications (name, dose, reason for taking this medication, administration times, side effects, follow up).

Pain

Pain from the surgery, in your chest and in your back may persist for a few months after the surgery. If you feel pain, you should take pain medication. It is recommended to take your medications before commencing physical activity.

Surgery wounds

The period for healing and closure of your chest wound is between 6 to 8 weeks. The breast bone is closed with metal wires which are not removed. The surgery wounds may cause pain, or may itch for a few weeks after the surgery. Some areas may feel numb, or you may have some mild redness, swelling and itch that will disappear gradually over time. If you experience severe redness, swelling, discharge or exacerbation of pain, report to your doctor.

To reduce swelling and edema – avoid standing for long periods, when sitting avoid crossing your legs. It is recommended to keep your operated leg up.



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Mild swelling may occur in the upper part of your chest wound – this is perfectly normal.

Weather changes, lack of activity or overexertion may cause uncomfortable sensation in the surgery wounds.

Taking a shower or use of pain medication may relieve you pain.

Your leg wound may take longer to heal than your chest wound.

For women – it is recommended to wear a bra in order to avoid stretching the surgery incision wound. Avoid exposing the scar area to direct sunlight.

Washing

Daily washing is very important. It is recommended to shower with lukewarm water. Taking baths is not recommended in the first month after the surgery. Wash the surgery wounds gently with water and ordinary soap and dry well afterwards with a dry towel. Avoid applying creams and ointments.

Avoid bathing in the sea or a swimming pool for the first 3 months after the surgery.

Compression Stockings

During the recovery period (about two months) it is recommended you wear compression stockings if you have an incision wound in your leg. The stocking improves the blood flow in the leg and reduces edema. The stocking should be worn throughout the day and taken off at night.

Nutrition

Correct eating habits are important to your health and the health of your heart. Excess weight requires hard work from your heart. It is recommended to lose weight gradually. It is recommended that you eat a healthy and well balanced diet with low saturated fats (animal fat). It is advisable to reduce you salt intake.

Eat at regular times and avoid heavy meals. It is recommended that you eat legumes, fresh vegetables and fruit, fish, and chicken (skinless). Its recommended that you reduce your consumption of beef and internal organs, fat meat and any other form of solid fat, fat cheese, salty cheese, butter and margarine, eggs etc.

Drinking

Drink a lot of fluids. Since most patients after heart surgery are treated with a varied amount of medications in the first period after the surgery. Drink about 10 glasses of water daily.

Maintaining your weight

You need to weigh yourself every day. Following you weight closely allows you to see if there is a sharp gain in weight. This may indicative of retaining fluids – if this occurs, you have to see your doctor and continue with balancing and adjusting your medication treatment.

Smoking

It is very hard to stop smoking and requires much effort, however, this is essential to your recovery and to prevent repeating disease in the future. You can take advantage of community programs and professionals to help you stop smoking. It is also advisable to avoid spending time with smokers (to avoid passive smoking).

Driving

Refrain from driving in the first 6 – 8 weeks after the surgery. Your weakness, pain and limitation in movement may slow your reaction time. And there is a concern that you may not be able to react as fast as needed if the need arises. With this there is also the need to be strict about wearing your seat belt.

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Lifting heavy loads

It is recommended not to lift loads heavier than 5 kilos for 3 months after the surgery in order to prevent exerting pressure on your breast bone. In addition, do not lift loads with both hands. Avoid activities such as lifting hand bags, grocery bags, picking up children. It is recommended not to push heavy doors or furniture.

Sex

There is some concern in regards to having sexual relations with some of the post - surgery patients. Mostly there are no contraindications to sexual relations after surgery, however, you can resume sexual activity when you are physically and emotionally ready. In the course of the first 6 to 8 weeks avoid positions that might exert pressure on your breast bone and your hands.

As sexual relations involve not only a physical side but also an emotional side – it is recommended to openly discuss the topic with your partner, and resume sexual activity gradually.

The medications you are taking may interfere with your level of sexual functioning. If you experience difficulties in your sexual performance it is recommended that you consult with your attending doctor.

Returning to work

The decision about your returning to work depends on the type of work that you do, your healing rate and your ability to perform the required work. You should go back to work gradually according to the recommendations of your attending doctor.

Returning to activity

In the course of your recovery every physical effort may cause fatigue. Even activity such as showering or dressing may be draining. Plan your activities so that you also include time for rest and increase your level of activity gradually. It is natural that you feel tired or weak initially.

Walking, contributes to improvement of your blood flow, muscle tonus, stamina and general feeling of well-being. It is recommended that you walk every day gradually increasing the distance you walk and your walking speed. There is no reason to avoid climbing stairs, however, this is a strenuous activity which requires more effort than walking, therefore, do it gradually. You can stop when you feel you need a rest, until you feel you can resume. Do not lean on the banister, use it for balance only.

Sleeping

Sleeping difficulties are common among heart surgery patients. It is recommended to take pain killers towards the night in order to prevent pain when lying down or shifting position. If sleeplessness persists, consult with your attending doctor.

Household chores

In the first few weeks after the surgery you can start with small chores such as dusting or setting the table. Activities such as vacuuming, hanging laundry, gardening and floor washing exert pressure on the breast bone and must be avoided in the recovery period.

Emotions

Bad mood and mood swings are very common after heart surgery. For the most part these emotions disappear after a few weeks.

There are a number of ways to improve your mood:



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- Daily showers
- Daily walking
- Keeping busy with hobbies or social activity
- Sharing your emotions with you close friends and family
- Uninterrupted sleep
- Participating in a heart rehabilitation support group

Important phone numbers:

Cardiac Intensive Care Unit	04 - 6652287
Cardiology Department	04 – 6652655 / 6
Cardiac array secretary	04 – 6652658
Cardiology fax	04 – 6652636
Department secretariat fax	04 - 6652654

We invite you and your family members to approach us with any question

The cardio – vascular array staff wishes you a speedy recovery!

Open Heart Surgery Information sheet towards discharge

This sheet summarizes for you some important information towards you discharge

Medication therapy:

It is important that you are strict about taking all the medication that were recommended to you in your discharge letter, unless the doctor has recommended that you changed your meds.

Recovery period

The recovery period changes from one person to another and may take between 6 and 8 weeks, at times, even longer

Following surgery some of the phenomena below are common:

- Bad mood
- Stress
- Physical weakness
- Loss of appetite
- Pain
- Sleeplessness

These emotions and phenomena are typical for the recovery period and you must remember that they are expected, normal and temporary.

Medical follow up

You must see your family doctor on the week after your discharge from the hospital and present to him your discharge letter and your recommendations for medication therapy.

In the course of the first three weeks after your discharge you must arrive to meet with a cardiologist.

14 days after your discharge you will be invited to remove your sutures in the Department.

6 weeks after your discharge you will be invited for an appointment with your surgeon for follow up. Bring with you: your discharge letter, last ECG and updated blood tests.

If you are re - hospitalized in the first few weeks after your discharge, please notify the Department about it.

Conditions in which you should see to a doctor / go to Urgent Care

- Irregularity in your heart rate
- Fever above 38.5OC
- Shortness of breath during rest
- Discharge, redness and / or significant swelling in the surgery incision
- Any reason or feeling that seem to you abnormal

Recommendations for continued care at home

The surgery incision wounds – the surgery incision wounds may cause pain or may itch. Some phenomena may appear: redness, swelling, lack of sensation, and other which will disappear gradually. If any of these is severe, contact the Department and come to a follow up visit.



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המערך הקרדיאוסקולארי

מנהל המערך: פרופ' עופר אמיר

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None exuding wounds do not need to be dressed. Avoid exposing the scar tissue to sunlight

Washing - Daily washing is very important. It is recommended to shower with lukewarm water. Wash the surgery wounds gently with water and ordinary soap and dry well afterwards with a dry towel. Avoid applying creams and ointments.

Avoid bathing in the sea or a swimming pool for the first 3 months after the surgery.

Compression Stockings - During the recovery period it is recommended you wear compression stockings if you have an incision wound in your leg. The stocking should be worn throughout the day and taken off at night.

Chest belt - The chest belt is important for stabilizing your breast bone in the recovery period since it keeps the chest area stable. Be meticulous about wearing it during the entire day and night for at least 6 weeks. The chest belt should be removed only during showers.

Pain - Pain from the surgery, in your chest and in your back may persist for a few months after the surgery. If you feel pain, you should take pain medication.

Nutrition – good nutrition and correct eating habits are important to your health. It is important to eat and drink in the first few days after your discharge even if your appetite is low. Healthy nutrition is important for strengthening your body and fast healing of your surgery incision wounds, for fast recovery and reducing the risk of unnecessary complications. Later on, it is important that you lose weight gradually. Excess weight required more effort from your heart. If you need help with losing weight you can consult a dietician with the HMO.

Returning to activity – walking is recommended after your surgery. Adjust the distance you walk to your physical ability. There is no reason to avoid climbing stairs, however, this is a strenuous activity which requires more effort than walking, therefore, do it gradually. You can stop when you feel you need a rest, until you feel you can resume. Do not lean on the banister, use it for balance only. You can go back to more rigorous activity in the gym after 6 – 8 weeks, depending on your physical condition. It is recommended to participate in heart rehabilitation program in Your HMO.

Returning to work - The decision about your returning to work depends on the type of work that you do, your healing rate and your ability to perform the required work. You should go back to work gradually according to the recommendations of your attending doctor.

Emotions

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There are a number of ways to improve your mood:

- Daily showers
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- Medication therapy

Important phone numbers:

Cardiology Department	04 – 6652655 / 6
Cardiac secretary	04 – 6652658
Appointments set up	04 - 6652291
Cardiology fax	04 – 6652636

The Department staff wishes you a speedy recovery