

Heart Surgery

Your follow-up care

This handout explains follow-up care after having heart surgery at University of Washington Medical Center (UWMC).



*Scan with your
phone camera for
a digital copy of
this handout.*

Your Cardiac Surgery

Patient: _____

Surgery: _____

Surgery date: _____

Surgeon: _____

Your Follow-up Visit

Follow-up visit: _____

Day and Date

Time



Talk with your heart doctor if you have any questions or concerns about your recovery after heart surgery.

When to Call

For **urgent concerns or symptoms** after hours and on weekends and holidays, call 206.598.6190 and ask to page the Cardiac Surgery provider on call.

Weekdays from 8 a.m. to 4:30 p.m., call your Cardiac Surgery clinic nurse at 206.598.8060 if you have any of these symptoms:

- Fever higher than 101°F (38.5°C)
- More redness, swelling, or tenderness around your incision
- An opening in your incision or drainage from the site
- Blood pressure higher than 140/90, or lower than 90/60 (or as your provider has advised)
- Resting heart rate less than 60 beats a minute, or more than 100 beats a minute (or as your provider has advised)
- Breathing changes or problems breathing
- New *palpitations* (irregular heartbeat) or skipped beats
- Return of chest pain or other symptoms you had before surgery
- Weight gain of 3 pounds or more within 5 days, or steady weight gain
- Increased swelling in your feet or ankles
- Feeling sick to your stomach, feeling nauseated, or vomiting
- Trouble taking your medicine

Self-care

- Shower and gently wash your incision with soap and water every day. Pat dry.
- Keep track of your weight, temperature, heart rate, blood pressure, and how your incision looks. Write these numbers on the “Daily Record” chart on pages 6 and 7.
- Walk 4 times a day. Use the “Exercise Log” on pages 8 and 9 to track your daily activity.
- Call the Cardiac Surgery Team if you feel “popping” or “clicking” in your chest.

Follow-up Visits at the Heart Institute at UWMC

The Cardiac Surgery Team will monitor your heart care during the first 30 days after surgery. This team includes your surgeon, advanced practice providers (APPs), and nurses.

You will need to see your surgeon or APP about 1 to 2 weeks after surgery. This visit will be at the Heart Institute at UWMC, 1959 N.E. Pacific St., Seattle, WA 98195. At this visit, your surgeon or APP will check your healing and progress. This visit is usually scheduled before you leave the hospital.

If you do not have a follow-up appointment or need to reschedule: Call your Cardiac Surgery clinic nurse at 206.598.8060 weekdays from 8 a.m. to 4:30 p.m..

What to Bring

Bring these items to your follow-up visit:

- Bottles of all the medicines you are currently taking.
- Your “Daily Record” and “Exercise Log” from this handout.
- A list of questions you want to ask your Cardiac Surgery Team.

Regular Follow-up

After your follow-up visit, you may not need to see the Cardiac Surgery Team again. But please call us if you have any questions or concerns during the first 30 days after your surgery.

About 30 days after your surgery, your *cardiologist* (heart doctor) or primary care provider (PCP) will start to manage your medicines and take over your long-term care.

It is important to have regular visits with your cardiologist after heart surgery. You will need to see a cardiologist for:

- After-surgery checkup
- Reducing your risk of heart problems
- Continuing care for issues such as high blood pressure or heart failure

If you do not have a cardiologist: Ask your Cardiac Surgery Care Team, PCP, or insurance company to help you find a cardiologist in your area.

Your Diet After Heart Surgery

It is common to have a lower appetite after heart surgery. But it is important to eat nutritious foods to help your body heal. Follow this recovery diet for best healing:

- **Eat plenty of protein.** Protein helps with wound healing. Foods high in protein include fish, chicken, beans, legumes, cheese, milk, yogurt, and eggs. You can also drink a protein drink like Boost or Ensure, or make protein shakes with fruit, milk, and protein powder.
- **Eat lots of fiber and drink fluids** to prevent constipation. Foods with fiber include fruits, vegetables, and whole grains.
- **Eat a diet that is low in saturated fat, cholesterol, and trans fats.** Cook with olive, canola, vegetable, or *grapeseed* oil. Avoid processed foods.
- **Avoid added sugars.** Avoid soda, candy, and pastries. Limit breads, rice, and potatoes. Extra sugar in the body is turned into fat. This causes weight gain, slows healing, and causes problems with your cholesterol.
- If you are on a special diet, follow your doctor’s instructions.

If You Have Diabetes or High Blood Sugar

- Eat the diet that is advised by the American Diabetes Association (ADA), unless your doctor tells you otherwise.
- Record your blood sugar levels before meals and at bedtime.
- Keep your blood sugar levels as close to normal as you can.

Activity Guidelines

After your surgery:

- Do **not** drive for **4 weeks**.
- For 12 weeks, follow “Keep Your Move in the Tube” guidelines below.

“Keep Your Move in the Tube”

During surgery, your breastbone (sternum) is divided down the middle and then wired back together with permanent stainless steel/titanium wires or cables. It will take about 3 months for this bone to heal. To help your recovery, remember to keep your movements “in the tube.”

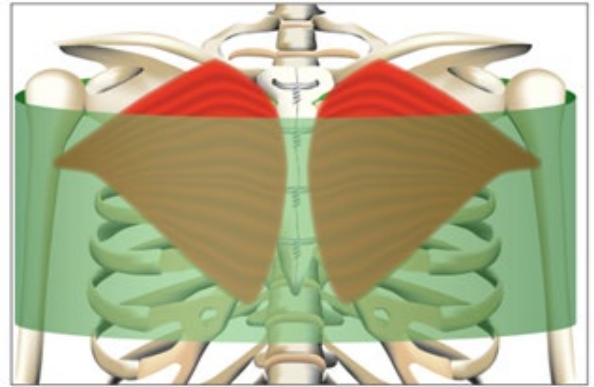
“Keep Your Move in the Tube” is a phrase to help you remember how to use your arms and reduce stress on your *sternum* (breastbone) while it heals after surgery.

The goal is to **keep your upper arms close to your body** with load-bearing movements. You can move your arms outside the tube with non-load-bearing movements. Your therapists will help you modify activities specific to you.

- For all load-bearing movements such as lifting, pushing, or pulling, keep your upper arms close to your chest (in the tube) and use both arms.
- When performing tasks that do not involve lifting, pushing, or pulling, you can move your arms freely. Move slowly and listen to your body. Pain is a signal to stop or change the activity.
- There are no weight restrictions, but you should ease slowly into activities. Pain is a signal to stop or change the activity. We do not expect a sudden, sharp increase in pain. We do expect soreness.

Sexual Activity

You may resume sexual activity when you feel ready. Make sure you follow all the instructions in this handout. Keep your incision clean and safe.



The “tube” is the area around your upper arms, sternum, and the attached muscles.

If You Use Nicotine Products

Nicotine reduces blood flow to your tissues. This makes it hard for your wound to heal.

If you smoke, vape, or use tobacco of any kind, **we strongly advise you to quit**. If you need help, talk with your PCP or someone on your healthcare team at UWMC.

Managing Pain After Surgery

It is very important to manage your pain while you recover. You need to be able to move around, walk, and breathe deeply to prevent problems like pneumonia or blood clots.

When you go home, we will give you medicine to help with pain while you recover. Your prescriptions might include pain relievers such as Tylenol, as well as opioids such as oxycodone.

If needed, we may also prescribe medicines to relax your muscles or to help nerve pain. We will give you an updated medicine list to follow when you are home.

Talk with your cardiac surgery team **before** you take any other medicine, even ibuprofen or other over-the-counter medicines. Your provider will tell you if it is safe to take these.

There are other ways to help your pain besides taking medicine. Try heat therapy, gentle stretching, walking, meditation, and listening to calming music. Ask for our handouts “Managing Pain: Non-medicine options” and “Managing Pain After Heart Surgery.”

Opioids

If you get a prescription for opioid pain relievers (such as oxycodone), take them **only** as needed. You do not need to take opioids if other options such as Tylenol, heat, or ice help your pain.

We will explain how to *taper* (slowly stop) your opioids. You will start to taper 1 to 2 weeks after surgery. Most patients are no longer taking opioids by the time they see their surgeon at their 2-week follow-up visit. Opioid prescriptions are not usually refilled once you run out.

If you are having problems managing your pain after surgery, please talk with the Cardiac Surgery clinic nurse.



We strongly advise you to quit smoking, vaping, or using any products that contain nicotine.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Weekdays 8 a.m. to 4:30 p.m.:
Call your Cardiac Surgery Clinic nurse at 206.598.8060.

For urgent concerns on weekends, holidays, and after hours: Call 206.598.6190 and ask to page the Cardiac Surgery provider on call.

For non-urgent questions:
Please contact your care team through MyChart.

Daily Record

Use this chart to record your weight, temperature, resting heart rate, blood pressure, and how your incision looks. Be sure to:

- Weigh yourself at the same time (first thing in the morning) and use the same scale every day.
- Check your blood pressure and heart rate **2 to 4 hours after** you take your heart and blood pressure medicine.

Date	Weight	Temperature	Heart Rate at Rest	Blood Pressure	How Your Incision Looks

Daily Record

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Date	Weight	Temperature	Heart Rate at Rest	Blood Pressure	How Your Incision Looks

Exercise Log

Date	Type of Exercise	How Long You Exercised	Your Pace <i>slow, moderate, difficult</i>	Resting Heart Rate	Heart Rate After Exercise

Exercise Log

Date	Type of Exercise	How Long You Exercised	Your Pace <i>slow, moderate, difficult</i>	Resting Heart Rate	Heart Rate After Exercise

Pain Log

Date and Time	Describe Your Pain <i>Where is it? What does it feel like?</i>	Pain Level <i>From 1 to 10, with 10 being the worst pain</i>	Pain Triggers <i>Such as activity, deep breathing, sleep</i>	Pain Medicine Taken	Pain Level 1 Hour After Taking Medicine	Other Pain Relief <i>Such as heat, ice, stretching</i>