From the Heart:
Your Heart Surgery at Peter Munk Cardiac Centre
About this booklet

Welcome to the Peter Munk Cardiac Centre at Toronto General Hospital.

This booklet was created by a team of health care professionals who provide care as you and your family or caregivers prepare for your heart surgery.

This booklet has general information about your surgery, your hospital stay and your recovery after surgery.

You can use it to:

• learn more about what to expect
• keep track of your questions
• communicate with your health care team and caregivers
• find resources to meet your needs

Your health care team will give you more detailed information about your heart surgery.
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Introduction

We think of your upcoming heart surgery as a 3-part journey:

**Part 1  Getting ready for my surgery**
This picture shows that you are in the getting ready part of your journey.

**Part 2  Having my surgery**
This picture shows you that you are in the having surgery part of your journey.

**Part 3  Recovering after my surgery**
This picture shows you that you are in the recovering from surgery part of your journey.

In each section you will find:

**Frequently asked questions:** these are some of the questions that patients, family members and caregivers ask us most often.

**Notes or questions:** keep track of your notes or questions by writing them down here.
Part 1: Getting ready for your surgery

We help you get ready for your heart surgery.

You either:

- Come to the hospital for a Pre-Admission Clinic appointment, and then return to the hospital on your scheduled surgery date.

  OR

- Are admitted to the hospital and get ready for your surgery as a patient on our surgery unit.

Your surgeon’s office will tell you which way you will get ready for surgery.
What to expect at your Pre-Admission Clinic visit

Read pages 5 to 7 only if you have an appointment in the Pre-Admission Clinic before your heart surgery.

If you do not have a Pre-Admission Clinic appointment, skip pages 5 to 7 and go to page 8.

You can find the Pre-Admission Clinic here:
Toronto General Hospital
Eaton Building – Room 400, Level Ground (beside Admitting – take the Eaton Elevators)
585 University Avenue, Toronto ON

If you are scheduled to visit the Pre-Admission Clinic, your surgeon’s office will call you with an appointment date and time.

For your Pre-Admission Clinic appointment, please bring:

- provincial health card (OHIP card)
- any medicines you are taking in their original bottles
- any other medical insurance information you need for your hospital stay
- if possible, please bring someone with you to your appointment to help you remember the information or help you ask any questions
- a copy of your power of attorney for personal care and/or advanced directives
Who is part of the team?

During your appointment, you see a few members of our health care team, including:

- the pre-admission nurse
- an anesthetist
- a nurse practitioner or doctor

To get to know you better and to prepare for your surgery, your health care team asks you questions about:

- your medical history
- everyday activities you do
- what you normally eat
- who we should call in case of emergency
- Power of Attorney for Personal Care or your Substitute Decision Maker or living will, if you have one

You receive an information sheet and watch a video to help you prepare for surgery.

You also have to do:

- blood tests
- pre-admission screening swabs (MRSA and VRE)
- a chest x-ray
- an electrocardiogram (ECG)

After these tests you may also have to do other tests. Your health care team will let you know.

How long is my appointment?

Your appointment lasts about 4 to 5 hours. If you are scheduled for more tests, you will be here longer.

To cancel your Pre-Admission Clinic appointment, please call 416 340 3529.
Research at UHN

Finding new and better ways to care for patients with heart problems is important to us.

At the Peter Munk Cardiac Centre, we often have research projects happening. You may also be seen by a research coordinator or assistant to talk about taking part in a research project. Taking part in research is your choice. If you choose not to take part, it will not affect your care.

We want to give you the best care possible. Ask us if you have any questions. Please tell us what is important to you and if you have any concerns.

Write any notes or questions here:

________________________________________________________________________
________________________________________________________________________
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What to expect if you are admitted to our Inpatient Unit

Read this page only if you are being admitted to the hospital **1 day before** your surgery for special medical tests.

Your surgeon’s office will let you know if you need to be admitted to hospital 1 day before your surgery.

If you are being admitted 1 day before your surgery, please check in early in the afternoon here:
- Admitting and Registration
- Toronto General Hospital
- Eaton Building – Room 400, Level G (Ground)

For your hospital admission, please bring:

- provincial health card (OHIP card)
- any medicines you are taking **in their original bottles**
- any other medical insurance information you need for your hospital stay
- a copy of your power of attorney for personal care and/or advanced directives

You need to do a few tests before your surgery. After you check in, a porter or heart surgery volunteer takes you to do these tests:
- blood tests
- pre-admission screening swabs (MRSA and VRE)
- a chest x-ray
- an electrocardiogram (ECG)

**Please note:** We can do these tests whether you have an empty stomach or not. Please have breakfast before you come to the hospital.

After your tests, the volunteer takes you and your family to the cardiac surgery ward located at:
- Peter Munk Cardiac Centre – 4-A/B West

Here you and your family meet the cardiovascular surgery team who care for heart surgery patients and their families.
Advance Care Planning

After your surgery you will be unconscious for a period of time. While you are unconscious we need to know who you trust to make treatment decisions for you. If you have a completed Power of Attorney for Personal Care, Advance Directive or Living Will please bring a copy of it with you to your pre-admission visit or when you are admitted to hospital. We will make sure this information gets on your chart.

Information on how to complete and discuss a Power of Attorney for Personal Care, Advance Directive or Living Will was included in your pre-admission package. Please try and complete them before surgery.

It is always better to be prepared. Knowing what you want makes it easier for someone else to make decisions on your behalf.

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1. Power of Attorney for Personal Care
   This document tells us who you trust to make decisions on your behalf if you are incapable of doing so.

   If you don’t have a Power of Attorney, you can get more information at: www.attorneygeneral.jus.gov.on.ca/english/family/pgt/poakit.asp

2. Advance Directive or Living Wills
   You can use these documents to tell us about values and preferences that you would want known if you were not able to make treatment decisions yourself. If you have one of these documents, please bring a copy and give it to the nurse for our records.

   - You can get more information at www.advancecareplanning.ca
     Or ask your Nurse for an “Advance Care Planning Workbook” to help you in this process.
Who is part of the team?

Nurses
• specialize in caring for heart surgery patients

Medical residents, clinical associates, nurse practitioners and nurse clinicians
• work closely with your surgeon

Anesthetist
• specialize in giving all types of anesthetic

Respiratory therapist
• specialize in caring for people with heart and lung problems

To get to know you better and to prepare for your surgery, your health care team asks you questions about:

• your medical history
• everyday activities you do
• what you normally eat
• who we should call in case of emergency
• Power of Attorney for Personal Care or your Substitute Decision Maker or living will, if you have one

Other things we do to help you get ready for surgery include:

• Give you an enema the evening before surgery
• Not have you eat, drink or suck on candy after midnight the night before your surgery
• Clip the hair on your chest, groin and legs (if you are having bypass surgery)

We want to give you the best care possible. Ask us if you have any questions.
Please tell us what is important to you and if you have any concerns.
Frequently asked questions:

These are some of the questions that patients, family members and caregivers ask us most often.

How do I find out about my date for surgery?

- Your surgeon’s office will call you with your surgery date.
- Your surgeon’s office may also give you an appointment for an assessment in the Pre-Admission Clinic before your surgery. After your Pre-Admission Clinic visit your surgeon’s office will call you with your surgery date.

What activities can I do while I am waiting for surgery?

- Stay as active as possible within the limits of your heart symptoms. Unless your doctor tells you otherwise, do as much as you can without making your symptoms worse.
- Call your family doctor or cardiologist if you have questions about doing specific sports such as golf, tennis or swimming.
- Keep going to your cardiac rehabilitation program if you are in one.

What about my medicines?

- Keep taking your medicines. Do not stop taking any of them unless your doctor tells you to stop. If you have any questions about your medicines, talk to your family doctor or cardiologist.
- Make sure you know when to stop taking certain medicines. For example, your surgeon’s office will tell you when to stop taking Aspirin or blood-thinners (such as Coumadin® or Plavix®) before your surgery.
- Bring all of the medicines you are taking in their original bottles when you come for surgery or other appointments.
What about smoking?

Smoking harms your body. Smokers often have more heart and breathing problems after surgery. If you quit smoking before your surgery your chance of recovery from your surgery may be faster.

It is hard to quit smoking when you are anxious or under stress. **But it is important to stop.** Talk to your family doctor or call the Heart and Stroke Foundation about programs to help you stop smoking.

What do I need to bring to the hospital for my surgery?

<table>
<thead>
<tr>
<th>When you come to the hospital for your surgery, please bring your:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ provincial health card (OHIP card)</td>
</tr>
<tr>
<td>☐ all of the medicine you take <strong>in their original bottles</strong></td>
</tr>
<tr>
<td>☐ if possible, please bring someone with you to your appointment to help you remember the information or help you ask or answer any questions.</td>
</tr>
<tr>
<td>☐ let us know if you need professional interpretation services</td>
</tr>
<tr>
<td>Interpretation can be arranged ahead of time and is free UHN patients.</td>
</tr>
<tr>
<td>Phone interpreters may be accessed on demand at any time, 24/7.</td>
</tr>
<tr>
<td>☐ Please pack lightly. Bring only the clothes and toiletries you need such as:</td>
</tr>
<tr>
<td>• a robe that opens in the front</td>
</tr>
<tr>
<td>• running shoes or shoes with good support</td>
</tr>
<tr>
<td>• toothbrush, toothpaste, brush, shampoo, soap, deodorant, shaving gel and razor</td>
</tr>
<tr>
<td>• containers for dentures, glasses or hearing aid to store them when you are not wearing them</td>
</tr>
<tr>
<td>• loose fitting clothes to wear home when you are discharged</td>
</tr>
<tr>
<td>• for women: please bring a loose, comfortable bra</td>
</tr>
</tbody>
</table>

Please leave your valuables at home such as rings, watch and wallet. You may want to bring a credit card to cover charges for telephone and TV rental.
What if I feel fear and anxiety?

It is normal to be scared and anxious about your surgery.

You might feel less anxious if you share your feelings with your family or a close friend. Talking to other heart surgery patients can help too. But remember, different people have different experiences.

Ways to help you lower your fear and anxiety:

- Don’t let your imagination about what might happen take control of your thoughts. Remember what your surgeon, cardiologist or your family doctor told you.

- If you have questions about your surgery, talk to your family doctor. Your family doctor will know where to get you answers.

- Distract yourself by doing an activity that you enjoy. For example, listen to some of your favourite music, go for a walk or call a friend.
Part 2: Having my surgery

The Pre-Admission nurse phones you the day before your surgery to confirm the time of your surgery. Our nurse will call between 11:30 am and 2:30 pm on weekdays. If your surgery is on a Monday, the nurse will call you on Friday between 11:30 am and 2:30 pm.

Then you go to the hospital’s Surgery Admission Unit (SAU) on the morning of your surgery.

Because you went to our Pre-Admission Clinic, you need to prepare at home before your surgery.

**On the night before your surgery:**
- Do not eat, drink or suck on candy after midnight.

**On the day of your surgery, please go to:**
- Surgical Admission Unit (SAU)
- Peter Munk Cardiac Centre – 2nd floor (room 310)
- You can take the Eaton or Munk Elevators to get there.

When you arrive at the SAU, a team of surgical nurses help you get changed and ready for your surgery. You wait in an area called the Holding Area until you are ready for your surgery. When it is your time for surgery, you go to the operating room.
I was admitted to the Cardiovascular Surgery Unit 1 day before my surgery.

Then you go from your room to the Holding Area.

Before you go to the Holding Area, your family can visit you in your room. Ask your family members to come 2 or 2 ½ hours before the surgery time.

Only 2 family members may go with you to the Holding Area until your surgery time.

When it is your time for surgery, you go to the operating room.

Do you need an interpreter?

Please tell us if you need professional interpretation services. Interpretation can be arranged ahead of time and is free UHN patients. Phone interpreters may be accessed on demand at any time, 24/7.
Frequently asked questions:

These are some of the questions that patients and families ask us most often.

**How long will my heart surgery take?**

Heart surgery usually takes about 3 or 4 hours. This depends on the type of surgery you have. There are many reasons why your surgery may take longer. **A surgery that lasts longer than 4 hours does not mean there are any problems.**

**How long will I be asleep?**

You will be asleep during your entire surgery and for a few hours after your surgery is over. We give you the same medicine in the Intensive Care Unit as you had during your surgery and until we are ready to wake you up.

Many people do not remember much from the day of their surgery. This is normal.

**Will I have a breathing tube?**

Yes, the anesthetist puts a breathing tube in the airway during the surgery. You are not awake when the tube is placed in the airway. It stays there until you are awake enough to have the tube removed.

**What kinds of incisions will I have?**

Your surgeon makes an incision (cut) in the middle of your chest. This cut goes from below your neck to the end of your breastbone (sternum).

After your operation, your surgeon wires your breastbone back together with stainless steel wires. These wires stay in. New bone grows around them as your bone heals.

If you are having bypass surgery, you will have another incision. You will either have an incision in your leg or your arm.

- If you have a leg incision, we used your leg vein.
- If you have an arm incision, we used your radial artery.
Will I have any pain?

Everyone feels pain and discomfort differently after surgery. We give you pain medicine to help you feel as comfortable as possible.

You may feel pain in and around your incisions. You may also feel stiffness and aching in other areas including your back, arms, neck and shoulders.

Please ask your nurse for pain medicine. If you take it regularly, you will feel more comfortable and it will be easier for you to walk, do your breathing and coughing exercises and other activities. It helps you recover.

How can I help to manage my pain?

- Ask one of your health care team about the type of pain you can expect.
- Ask for pain medicine. Don’t wait for the pain to get worse.
- Let your nurse know whether or not the medicine that you are getting is helping your pain.
- Use the pain scale on page 24 of this booklet to help your health care team understand how much pain or discomfort you are having. Using the scale also tells us how well the pain medicine is working for you.

Will I need a blood transfusion during or after my surgery?

Most patients who have heart surgery do not need a blood transfusion. In case you do need one, some heart surgery patients can donate their own blood before surgery. Please call your surgeon’s office if you want to talk more about blood transfusions.

Where should my family or caregiver(s) wait during surgery?

There is a surgical waiting room on the 3rd floor of the Peter Munk Cardiac Centre for family, friends and caregivers to wait during your surgery. A volunteer helps to connect them with the surgeon once the surgery is over.

After they talk with the surgeon, the volunteers bring them to the 2nd floor waiting area. Family, friends and caregivers can wait there until you are ready to see visitors in the Intensive Care Unit.
Part 3: Recovering after your surgery

After your surgery is over, we take you to the **Cardiovascular Intensive Care Unit (CVICU)**. This unit has special equipment and specially trained nurses and doctors to take the best care of you at this time.

You stay in the CVICU usually between 12 and 24 hours, but sometimes longer.

You can find CVICU here:
- Toronto General Hospital
- Peter Munk Cardiac Centre
- Eaton Building – 2nd floor (Room 539)

The CVICU is a very busy unit with many patients and visitors. You see a lot of equipment and people and hear many sounds, which may be intimidating when you first arrive.

When you arrive to visit your family member, please go to the CVICU waiting room first:
- Peter Munk Cardiac Centre
- Eaton Building – 2nd floor
  - The cardiac volunteer then contacts the nurse taking care of your family member and makes sure they are ready to see visitors.
To help you feel more comfortable on the unit, here is some information about the equipment you will see there.

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Why we use this equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart monitor</td>
<td>• We use a machine to watch your heart rate.</td>
</tr>
<tr>
<td></td>
<td>• We put electrodes (small round sticky pads) on your chest. We attach wires to the electrodes and connect the wires to the heart monitor.</td>
</tr>
<tr>
<td></td>
<td>• This does not hurt but when you move around, but alarms may go off. Your nurse will look after these alarms.</td>
</tr>
<tr>
<td>Breathing Tube (ET tube)</td>
<td>• We put a breathing tube through your mouth and into your airway.</td>
</tr>
<tr>
<td></td>
<td>• The breathing tube is connected to a breathing machine called a ventilator. The ventilator breathes for you during surgery and part of the time that you are in the CVICU.</td>
</tr>
<tr>
<td></td>
<td>• This breathing tube is needed because the anesthetic medicine from your surgery makes you too sleepy to breathe on your own.</td>
</tr>
<tr>
<td></td>
<td>• You may feel the tube in your throat. Try to relax and let the ventilator breathe for you.</td>
</tr>
<tr>
<td></td>
<td>• While the tube is in your mouth, you won’t be able to speak. A nurse is with you and you can nod yes or no to communicate.</td>
</tr>
<tr>
<td></td>
<td>• When the tube comes out (usually 2 to 4 hours after surgery), we give you oxygen through a mask or prongs in your nose. You can talk, but your throat may be a little sore. Your voice might be hoarse for a short time.</td>
</tr>
<tr>
<td>Oximeter</td>
<td>• This is a machine that helps us check the oxygen in your blood.</td>
</tr>
<tr>
<td></td>
<td>• We put a probe on your finger. The probe is a piece of tape like a Band-Aid, with a light on it.</td>
</tr>
<tr>
<td></td>
<td>• It does not hurt when you have it on.</td>
</tr>
<tr>
<td>Chest drainage tubes</td>
<td>• Your surgeon places 2 or more chest tubes near your chest incision (cut) to remove fluid, blood and air that build up in your chest after surgery.</td>
</tr>
<tr>
<td></td>
<td>• The tubes are connected to containers that measure how much fluid is coming out.</td>
</tr>
<tr>
<td></td>
<td>• We take the tubes out of your chest once we see that you no longer need them. This usually happens the day after your surgery.</td>
</tr>
<tr>
<td>Equipment</td>
<td>Why we use this equipment</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Arterial line                 | • This line goes into an artery in your wrist during surgery. It looks like an IV but we use it to check your blood pressure and to get blood samples.  
                                  • We take it out before you leave the CVICU.                                                                                                        |
| Intravenous lines            | • You have at least one IV in your arm and another one in the side of your neck.  
                                  • We use the IV to give you fluids and medicine from the time you are asleep during surgery until you are drinking well after surgery.  
                                  • The IV in your neck lets us check the pressures inside your heart.  
                                  • We usually remove these lines in your neck the day after your surgery. The IV in your arm stays in for about 2 days.  
                                  • Then we disconnect the tubing and attach a stopper. It stays in as long as you are on the heart monitor. |
| Bladder catheter             | • We put a small tube into your bladder to collect and measure your urine (pee). You might feel the urge to urinate when the catheter is in.  
                                  • We take this catheter out when you are strong enough to get out of bed and use the bathroom. This usually happens 2 days after your surgery.  
                                  • After the catheter comes out, you might feel some burning when you first urinate. If this continues, tell your nurse or doctor. |
| Temporary pacemaker wires    | • At the end of your heart surgery, the surgeon attaches thin pacemaker wires to your heart. The other ends of these wires come out your chest just below your chest incision.  
                                  • These wires can be connected to a temporary pacemaker. Your surgeon uses these wires if your heart beats slowly after surgery.  
                                  • Your doctor or nurse practitioner can easily take these wires out. This usually happens 3 days after your surgery. |
Important things to remember about the monitoring lines

- It might feel like a lot of monitoring lines, but every surgery patient has them.
- When you leave the CVICU, most of these lines will be out.
- Usually, you have an IV in your hand or arm, an oxygen mask or nasal prongs and the bladder catheter. These stay on you for 1 or 2 more days.
- All of the tubes and drains we use are inserted while you are asleep in the operating room. The IV lines and arterial line are inserted in holding area.
- Each piece of equipment will be in for a different amount of time.

Moving to the Cardiovascular Surgery Unit: One step closer to home

When you are ready to leave the CVICU (usually the day after surgery), you move to the Cardiovascular Surgery Unit where you spend the rest of your hospital stay.

Here we check how you’re doing and we help you get ready to go home.

Your health care team helps you learn how to:
- check your fluids
- know what to drink and eat
- care for your incisions
- regulate your sleep cycle
- manage your pain
- do exercises after surgery

Please read more below about how to take care of yourself after surgery so you have a better idea about what to expect.
Checking your fluids

Retaining water (also called fluid retention) is common after heart surgery. If you retain water, you will gain weight. This does not last.

- We weigh you every morning to check your overall fluid balance.
- To help control fluid retention, please do not drink more than 6 to 8 cups (1500 to 2000 millilitres) of liquid a day. Your doctor or nurse practitioner will let you know how much fluid to have every day.
- All heart surgery patients get “water pills” (diuretic medicine) after surgery to help get rid of the extra fluid.
- Diuretic pills can make you feel thirsty, so you may feel like you want to drink more. It is important to have only 6 to 8 cups a day. To help quench your thirst, ask your family or caregiver to bring some candy to suck on. You can also try sucking on ice chips without water.

Knowing what to eat and drink

- You start to have clear fluids and move to eating solid food in the first 1 or 2 days after surgery.
- We will serve you a Healthy Heart diet with low fat and no added salt once you are able to tolerate solid foods.
- After surgery, you may notice that your appetite is low. This is normal. Your appetite improves as you start to feel better.
- As you get better after surgery, you need more energy to heal. Eating healthy snacks such as yogurt, cheese, crackers, fruit and vegetables will help you recover.

If you or your family has any questions about healthy eating, ask your nurse about meeting with a dietitian or attending our nutrition class.

Caring for your incisions

After surgery you have an incision (cut) in the centre of your chest. If you had bypass surgery, you also have an incision on your leg or arm.

- Nurses check your incisions every day.
- We take the dressings off 2 days after your surgery. After your dressing is removed, we clean your incisions once a day with a disinfectant.
## What to do

<table>
<thead>
<tr>
<th><strong>Please do not</strong></th>
<th><strong>You can</strong></th>
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</thead>
<tbody>
<tr>
<td>• Touch your incisions with your hands.</td>
<td></td>
</tr>
<tr>
<td>• Remove any scabs or paper strips from your incisions.</td>
<td></td>
</tr>
<tr>
<td>• Put on any lotions, powders or antibiotic creams on your incisions.</td>
<td></td>
</tr>
<tr>
<td>• Lift more than 10 pounds (or 5 kilograms) for 6 weeks after your surgery.</td>
<td></td>
</tr>
<tr>
<td>• Use your arms to push or pull your own body weight.</td>
<td></td>
</tr>
<tr>
<td>• <strong>Do not take tub baths until your incisions are completely healed.</strong></td>
<td></td>
</tr>
<tr>
<td>• If you are itchy around your incisions, put a cool cloth over the area to ease the feeling.</td>
<td></td>
</tr>
<tr>
<td>• For the first 5 or 6 weeks after your surgery, you can only take showers. You can usually shower 3 to 5 days after your surgery. When you shower, clean your incisions gently with soap and water. Pat the incisions dry with a towel.</td>
<td></td>
</tr>
<tr>
<td>• You can clean your incision with regular soap when you go home.</td>
<td></td>
</tr>
</tbody>
</table>

### Before you go home

**We teach you how to care for your incisions.**

- If you have stitches or staples, we will let you know if we are going to take them out or leave them in.
- Sometimes we send patients home with their leg staples still in place. Your family doctor can remove them 10 to 14 days after your surgery.

---

You might notice some redness, swelling and oozing around your incisions. Later you might notice bruising too. These changes are normal and get better in time.

### Getting enough rest and sleep helps you recover

It is important to retrain your body to sleep at night because after surgery you may notice changes in your sleep patterns.

- Use the day to do your activities and exercises, but remember that you may need to rest in the day too.
- Sometimes it can be hard to sleep in the hospital. There are ways that we can help you to reset your sleep. Tell your nurse practitioner, nurse or doctor if you are having trouble sleeping at night or you are having strange dreams.
It is common to have changes in your sleep patterns for a short time after surgery. When you return home your sleep patterns should also return to normal.

Managing your pain

- You may feel discomfort in and around your incisions. You may also feel stiffness and aching in other areas including your back, arms, neck and shoulders. This is normal.
- Please ask your nurse for pain medicine. If you take it regularly, you will feel more comfortable and it will be easier for you to walk, do your breathing and coughing exercises, and other activities. It helps your recovery.

Everyone feels pain differently after surgery. We give you pain medicine to help you feel as comfortable as possible.

How you can help to manage your pain:

- Ask one of your health care team about the type of pain or discomfort you can expect.
- Ask for pain medicine. Don’t wait for the pain to get worse.
- Let your nurse know whether or not the medicine that you are getting is helping your pain.
- Use a pain scale like the one below to help your health care team understand how much pain or discomfort you are having. Using the scale also tells us how well the pain medicine is working for you.

To use the scale:

Pick a number that tells how much pain or discomfort you are having.

- For no pain or discomfort pick 0.
- For the worst pain possible pick 10.
Exercising after surgery: what are the benefits of early activity?

One of the most important things that you can do to avoid problems after surgery is to get moving early. This means sitting, standing and walking.

It is normal to feel tired and weak when you are recovering from surgery. Some days you will feel better than others.

- Once you are awake and the breathing tube is removed, your nurse helps you to sit on the side of the bed.
- The day after surgery we will help you to sit in a chair.
- Then we help you to stand at the side of the bed and take a few steps.
- One or two days after surgery, your nurse, physiotherapy assistant or physiotherapist will help you to begin walking in the hall using a walker.
- Be careful not to use your arms to push or pull more than 10 pounds (5 kilograms).
- We help you to be active for longer periods of time every day.
- Moving around after surgery is hard, but the more you try at the beginning the more improvement you will see by the end.
- Our physiotherapy team will assess you and give you a few exercises to do on your own and with the help of family members or caregivers.
Here are the exercises that we ask you to do after surgery:

<table>
<thead>
<tr>
<th>Exercise</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breathing with Incentive Spirometer</strong></td>
<td>• Breathe in deeply to move the ball to the top.</td>
</tr>
<tr>
<td></td>
<td>• Keep the ball at the top for 3 seconds.</td>
</tr>
<tr>
<td></td>
<td>• Breathe out.</td>
</tr>
<tr>
<td></td>
<td><strong>Do this 10 times</strong></td>
</tr>
<tr>
<td><strong>Deep Breathing Exercises</strong></td>
<td>• Relax your shoulders and put your hand on your stomach.</td>
</tr>
<tr>
<td></td>
<td>• Breathe in while pushing out your stomach.</td>
</tr>
<tr>
<td></td>
<td>• Feel your chest expanding.</td>
</tr>
<tr>
<td></td>
<td>• Hold your breath for 3 seconds.</td>
</tr>
<tr>
<td></td>
<td>• Breathe out slowly.</td>
</tr>
<tr>
<td></td>
<td><strong>Do this 10 times</strong></td>
</tr>
<tr>
<td><strong>Splinted Cough</strong></td>
<td>• Place a pillow tightly against your incision.</td>
</tr>
<tr>
<td></td>
<td>• Cough twice in a row and rest in between.</td>
</tr>
<tr>
<td></td>
<td><strong>Do this 3 times</strong></td>
</tr>
<tr>
<td><strong>Ankle Pumping</strong></td>
<td>• Lying on your back or sitting in a chair, bend your feet up and down.</td>
</tr>
<tr>
<td></td>
<td><strong>Do this 10 times</strong></td>
</tr>
<tr>
<td><strong>Leg Slides</strong></td>
<td>• Lying on your back, slide legs up and down bending your knees.</td>
</tr>
<tr>
<td></td>
<td><strong>Do this 5 to 10 times</strong></td>
</tr>
<tr>
<td></td>
<td>Follow these helpful hints at home or in the hospital to be more comfortable:</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>Increase your time out of bed (such as sitting in a chair or walking) every day, as you are able.</td>
</tr>
<tr>
<td></td>
<td>Take short walks often throughout the day.</td>
</tr>
<tr>
<td></td>
<td>Pace yourself and space your activities out so that you don’t get too tired.</td>
</tr>
<tr>
<td></td>
<td>Rest between activities.</td>
</tr>
<tr>
<td></td>
<td>Use good posture with movement and transitions.</td>
</tr>
<tr>
<td></td>
<td>Do not cross your legs while you sit or lie in bed.</td>
</tr>
<tr>
<td></td>
<td>Change your position in bed often – at least every 2 hours. Turn from lying on your back to your side. This helps your blood flow and breathing.</td>
</tr>
<tr>
<td></td>
<td>Sit in a firm chair. If the armrests are not a comfortable height, put pillows under your arms to prevent pulling on your shoulders</td>
</tr>
<tr>
<td></td>
<td>Put your feet up when you sit. If you sit for a long time with your feet on the floor you may have more swelling of your lower leg and feet.</td>
</tr>
</tbody>
</table>
Getting ready to go home:

Going home from the hospital is called discharge. Before you go home we help you prepare by giving you a booklet called “Homeward Bound”. It has information about your recovery at home. Try to read it so you can prepare.

When can I expect to go home?

- You go home from the hospital usually 4 to 6 days after your heart surgery. But everyone recovers from surgery differently. Each day, your health care team will review how you’re doing and plan a date for your return home.

Before you leave the hospital, you will be able to:
- shower on your own
- take short walks often
- climb stairs

You get written instructions about:
- recovery from your surgery
- medicines
- follow-up appointments

Education classes

- If they are available, your family members or caregivers can join information classes during your hospital stay. Please talk to your nurse or team about this. These may be physiotherapy classes, nutrition classes and medicine classes.
- Check the schedule of classes posted in each patient room. They are held in the education room on 4 West (next to the Atrium).

On the day you go home

- A family member or friend must pick you up before 11:00 am.
- On rare occasions, your medical condition may mean you need to have services after you go home. If so, your healthcare team can arrange this care through Community Care Access Centres (CCAC) before you leave the hospital.
You will need help at home after surgery.

- Please make sure that a family member or friend can help you for the first few days that you are home.
- This person needs to be able to help you with things like:
  - cooking
  - cleaning
  - grocery shopping
  - getting to your medical appointments
- If you need homemaking services, we will give you information about where you can get these services and how much they cost.

**Remember:**
Patients usually do not need nursing care after they leave the hospital. If you do we will arrange it for you before you leave the hospital.

Write any notes or questions here:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Peter Munk Cardiac Visiting Volunteer Program

What is it?

Heart surgery is a very stressful and sometimes scary time for patients and their families. That is why we started The Peter Munk Cardiac Visiting Volunteer Program. The Program brings together current heart surgery patients with past patients.

Our past patients are volunteers who have all recovered from open heart surgery. They visit and talk with heart surgery patients and their families in the hospital. They try to see every patient at least once before and after surgery.

The Program and our volunteers can help to reduce your anxiety by:

• explaining what to expect during recovery
• giving you and your family emotional support
• explaining how heart rehabilitation helps you live healthy
• answering any questions you may have

Your feelings and emotions after heart surgery

After heart surgery your will have good and bad days. Because it takes time to recover, it’s better to measure your progress by week instead of by day.

Here is what some patients tell us they feel after heart surgery:

• On days when you feel good, your mood will probably be good too.
• On days when you feel tired and achy, you and your family may find that you are sad or irritable.
• You cannot concentrate for long periods of time and lose all sense of time.
• Often family members are overprotective of the person who has had surgery. This can lead to disagreements. It is important to talk about how you are feeling.

These feelings are common after surgery. They happen because you feel weak and tired after surgery. Things get better as you continue to recover.

We can help! Your health care team and our volunteers can help you after your surgery.
Information for families and caregivers

We know that having heart surgery can be stressful for everyone. Supporting your loved one is important for their health and recovery. Remember, it is important to look after yourself too.

Visiting hours

11:00 am to 9:00 pm

- Please only 2 visitors at a time. Patients need rest to recover.
- Children under 12 must be with an adult at all times.
- For very ill patients, family can visit at any time.
- Please do not visit if you are sick or have a fever (38 °C or 100 °F).

Questions about visiting hours?

Phone: 416 340 4800

Visiting on the day of surgery?

- If you prefer to wait at home, please let the nurses on the ward know where the surgeon can call you after the operation.
- Please read pages 17 and 18 for more information.

What happens after the surgery?

- You can visit your family member in the CVICU about 45 to 60 minutes after they arrive from the operating room. A volunteer will take you to the CVICU.
- After your first visit, please check in at the CVICU waiting room each time. The CVICU waiting room is on the 2nd floor of the Eaton Wing.
- When you get to the CVICU waiting room, talk to the volunteer on duty to see if it is ok to visit. If there is no volunteer on duty, use the intercom on the wall of the waiting room to check. If the doctors and nurses are caring for the patients in the room, we may ask you to wait.
- Some family members find their first visit to the CVICU upsetting. When you see your loved one right after surgery, expect to see many tubes and machines. Your loved one will be asleep, and look pale and puffy. This is normal. A nurse will be there with you to explain what is happening.
How do I find out how my family member is doing after surgery?

Please have 1 family member (called a spokesperson) call the unit to get any updates. This spokesperson can then call other family members with the information. Having 1 person do this helps the nurses spend more time giving care to your family member.

If the nurses cannot help you or answer your questions, they know who can. They can connect you with the right person.

Please do not call during these times:

- 7:15 am to 8:00 am
- 3:15 pm to 3:45 pm
- 7:15 pm to 7:45 pm
- 11:15 pm to 11:45 pm

This is when nursing staff report to each other during our shift changes.

Cardiac Surgery Telephone Numbers:

Cardiac Surgery Ward 4 West

①Phone: 416 340-4208
416 340-3448
416 340-3455

Cardiovascular Intensive Care Unit (CVICU)

①Phone: 416 340-3550

How can I help my family member get better?

We know that support from family members help patients to recover from surgery. We encourage family members to take part in their love one’s care.

But it is also important to let patients to do as much as possible for themselves. This helps them to be more independent. Learning how to do activities well while in the hospital helps patients when they go back home.
Caring for yourself

- Too often family members focus on the patient and forget about their own needs. **Be sure to remember to look after yourself too.**
- Travelling to and from the hospital can be tiring. Plan your trips ahead of time, and only stay long enough to visit.
- You can join any of the education classes for patients too. The list is posted in each patient room.

Staying overnight in Toronto

The Eaton Chelsea Hotel is 2 blocks from Toronto General Hospital and has a lower rate for patients and family members of UHN.

The rates may change and depend on what rooms are available.

Please call the Discharge Resource Specialist at 416 340 5969 to ask about a room at this rate. You need to give:
- the names of the guests staying in the room
- a contact phone number
- the check-in and check-out dates

Here are some other hotels that are also within walking distance to the hospital.

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days Hotel &amp; Conference Centre</td>
<td>30 Carlton Street</td>
<td>416 977 6655</td>
</tr>
<tr>
<td>Eaton Chelsea Inn</td>
<td>33 Gerrard Street West</td>
<td>416 595 1975</td>
</tr>
<tr>
<td>Best Western Primrose Hotel</td>
<td>111 Carlton Street</td>
<td>416 977 8000</td>
</tr>
<tr>
<td>Bond Place Hotel</td>
<td>65 Dundas Street East</td>
<td>416 362 6061</td>
</tr>
<tr>
<td>Courtyard by Marriott Hotel</td>
<td>475 Yonge Street</td>
<td>416 924 0611</td>
</tr>
</tbody>
</table>
Please note: Some hotels have special rates for University Health Network patients and families. Please ask when you book a room.

To get a complete list of nearby places to stay check the UHN website:
- Go to www.uhn.ca
- Select “PATIENTS & FAMILIES”
- Select “Visiting patients” under “QUICK LINKS”
- Select “Places to Stay” and then “Accommodations and Places to Stay”

Frequently asked questions:

These are some of the questions that patients, family members and caregivers ask us most often about their hospital stay.

What about parking and access to the hospital?

For the most up-to-date information about parking:

Phone: 416 595 7136

Check the UHN website:
- Go to www.uhn.ca
- Select “PATIENTS & FAMILIES”
- Select “Getting to UHN” under “QUICK LINKS”

Picking up or dropping off

You can drop off people at the U-shaped driveways at the University Avenue entrance or the Elizabeth Street entrance.

Are there places near the hospital for my loved ones to stay?

Yes, there are hotels within walking distance of the Toronto General Hospital that have a special discounted rate for out-of-town family members and visitors. Please see page 33.
Or to get a complete list of nearby places to stay check the UHN website:
• Go to www.uhn.ca
• Select “PATIENTS & FAMILIES”
• Select “Visiting patients” under “QUICK LINKS”
• Select “Places to Stay” and then “Accommodations and Places to Stay”

**Need more information?**

Visit our Patient and Family Library for more information about the heart.

You can find The Peter and Melanie Munk Patient and Family Learning Centre and Library at:

Norman Urquhart (NU) Building – Level 1
Toronto General Hospital
✉ Email: tgpen@uhn.ca
📞 Phone: 416 340 4800 extension 5951

In the library you can find resources about:
• health promotion and prevention
• heart disease
• other healthy living information to help you and your family for your upcoming heart surgery

Reviewed by the Patient and Family Education Program