



UNIVERSITY OF OTTAWA  
HEART INSTITUTE  
INSTITUT DE CARDIOLOGIE  
DE L'UNIVERSITÉ D'OTTAWA

# WAITING FOR CARDIAC SURGERY

A Guide for Patients and Families



# PLEASE BRING THIS BOOK WITH YOU TO THE HEART INSTITUTE

**Patient Name** \_\_\_\_\_

If you have any change in your symptoms or other concerns while you are waiting for surgery, call the Regional Cardiac Care Coordinator at 613-696-7062 between 8:00 a.m. and 4:00 p.m. After-hours and after your surgery, please call the 24-hour number below.

**Surgical Nursing Coordinator: 613-969-7000, press 0, ask to  
page the Nurse Coordinator (24-hour number)**

The coordinator is available before, during and after your stay at the Heart Institute in the event you have questions or concerns.

## Please complete the following information:

**Contact Person**  
(relative, friend)

Name \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_

Phone Number (Cell) \_\_\_\_\_

**Surgeon**

Name \_\_\_\_\_

Office Number \_\_\_\_\_

**Family Doctor**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**Pharmacy**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**Cardiologist**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

# Patient Responsibility Checklist

The following checklist will help you prepare for your admission:

- Identify one family member or support individual to act as your contact person while you are at the Heart Institute. This person will be contacted after surgery at pre-arranged times and in the event of an emergency. All family members should know who the contact person is and to call that person for progress information.
- Arrange for a ride home from the hospital. You will not be able to drive for four to six weeks after surgery.
- Arrange for someone to stay with you for the first one to two weeks when discharged home after surgery. If you need assistance to arrange convalescent care, please contact the surgical social worker at 613-696-7000 (press 0, ask to page the Nurse Coordinator) as soon as possible.
- You will be instructed which medications to take the morning of your surgery. You may take them with a small sip of water.
- Do not bring any valuables (including jewelry). The Heart Institute is not responsible for loss or damage of such items.
- Bring all your medications in the original bottles dispensed by the pharmacy. Complete the medication information on p. 23.
- You will not need any personal belongings until you arrive on the ward after your Cardiac Surgery Intensive Care Unit (CSICU) stay. Your family can bring them in then.
- Remove nail polish and do not apply makeup.
- Do not use any fragranced skin products.

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For more information about customizing this guide for the particular needs of your institution, please contact the Department of Communications at 613-696-7000 x 19058 or [communications@ottawaheart.ca](mailto:communications@ottawaheart.ca).

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## Overview

The purpose of this guide is to help you prepare for admission to the University of Ottawa Heart Institute.

This information is for you to read once you have been placed on the surgery waiting list.

### Key Messages

- If your condition changes, notify the Regional Cardiac Care Coordinator at the Heart Institute at **613-696-7062**.
- Make a detailed list of all your medications, see p.23.
- Do not change, stop, or add any new medications without first discussing it with your family doctor or specialist.
- Start planning now for your recovery at home.

## What You Should Do While Waiting for Surgery

Waiting for surgery can be a difficult time. It is normal to worry and feel stressed. Talk to other people who have had heart surgery and share your concerns with them. Recognize if you need more help and talk to your doctor.

### IMPORTANT

**Please bring this Surgery Guide to your doctor appointments.**

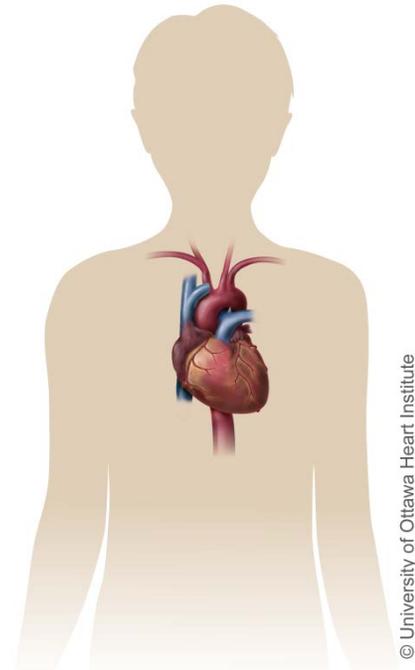
# Learn About Your Heart Surgery

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## About the Heart

### The Heart

The Heart is a fist-sized muscle that is located in the centre of the chest, between your lungs. It works as a pump to move blood throughout your circulatory system. Blood delivers oxygen and nutrients to, and removes waste from, all the cells in your body.

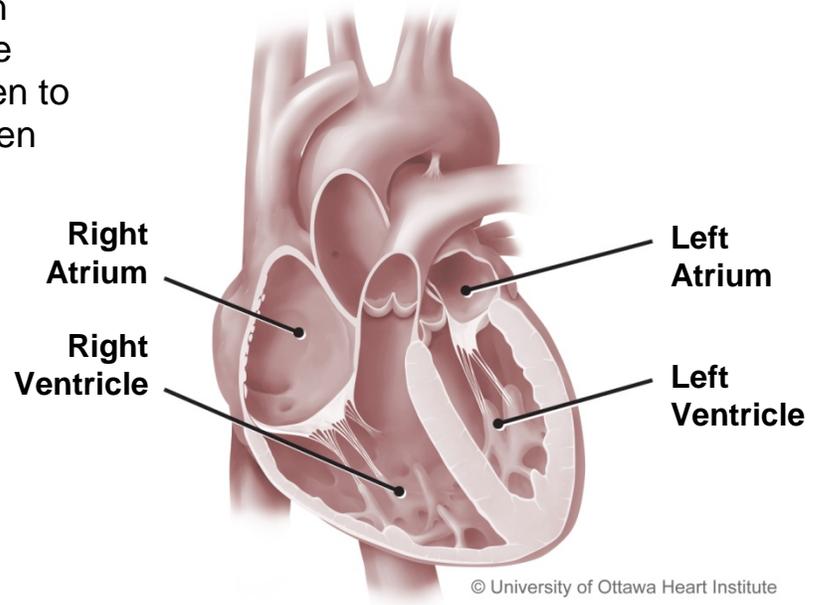


© University of Ottawa Heart Institute

### Heart Valves

The heart contains four chambers and four one-way valves. The two top chambers are called the atria. The two bottom chambers are called ventricles.

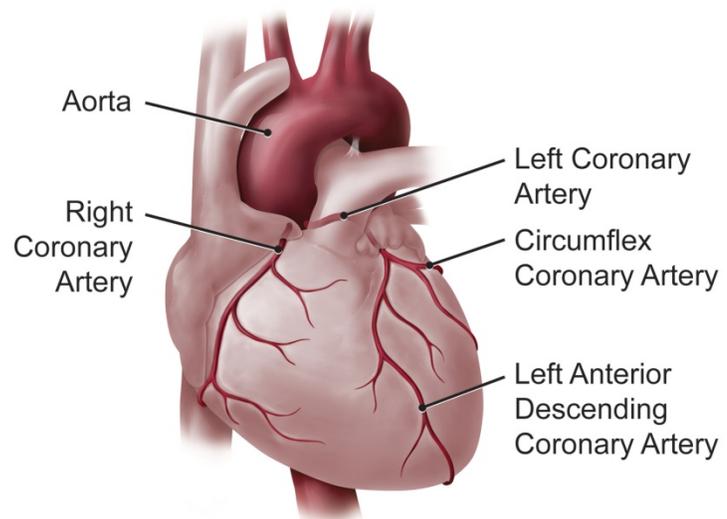
The four one-way valves keep blood flowing in one direction through each chamber as the heart pumps. The valves open to let blood flow through and then close to prevent blood from flowing back.



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## The Coronary Arteries

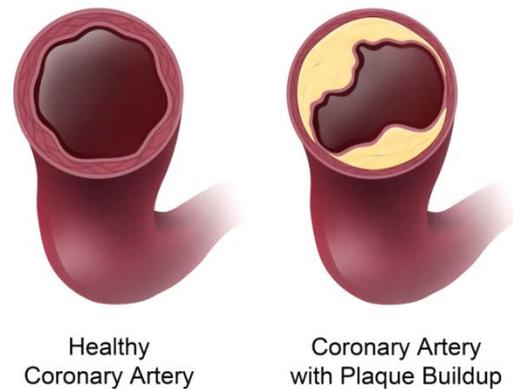
Coronary arteries supply oxygen and nutrient-rich blood to the heart muscle itself. There is a right and left coronary artery. The left coronary artery divides further into the left anterior descending and the circumflex artery.



© University of Ottawa Heart Institute

## Coronary Artery Disease

Coronary artery disease occurs when the coronary arteries that supply blood to the heart muscle become narrowed with deposits of fat and cholesterol. This can either decrease or completely stop the blood supply to part of the heart. The result can be angina or a heart attack.



## Coronary Artery Bypass Graft Surgery

A test called an angiogram is used to determine the need for this surgery. Bypass surgery improves blood flow to the heart. It is called “bypass” because arteries or veins are taken from another part of your body and used to create new routes around (bypassing) narrowed and blocked arteries. In most situations, more than one artery or vein will be used.

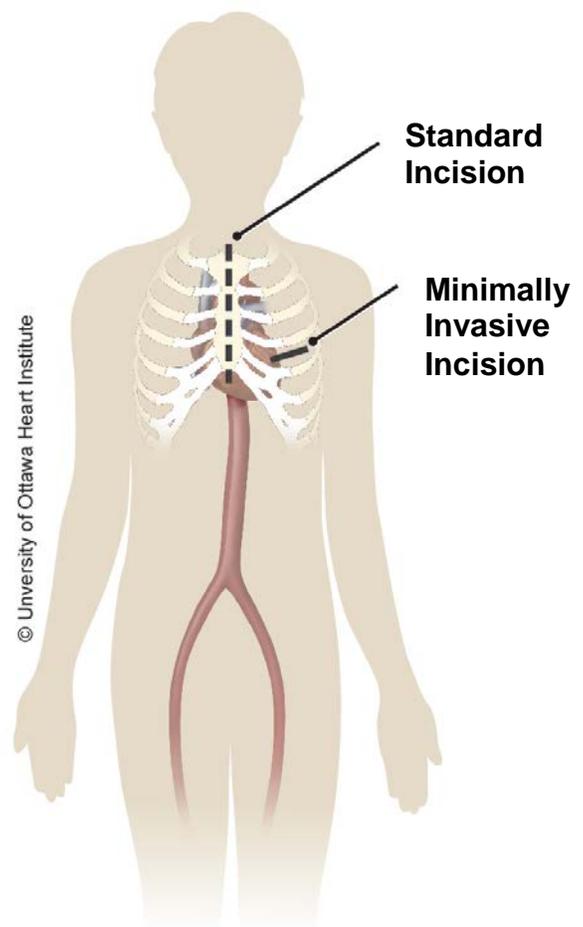
The bypass may be done with:

- An artery from your chest wall (internal thoracic/mammary artery)
- Part of a vein from your leg (saphenous vein)
- An artery from your arm (radial artery)

After the bypass is done, blood can flow through the new artery and around the blocked coronary artery to deliver oxygen and nutrients to your heart muscle. This may eliminate or reduce your chest pain (angina) episodes, increase your ability to be physically active, help to improve your quality of life and in some patients, prolong life. Your surgeon will decide on the exact number of coronary arteries to be bypassed during your operation.

## Bypass Surgical Incision

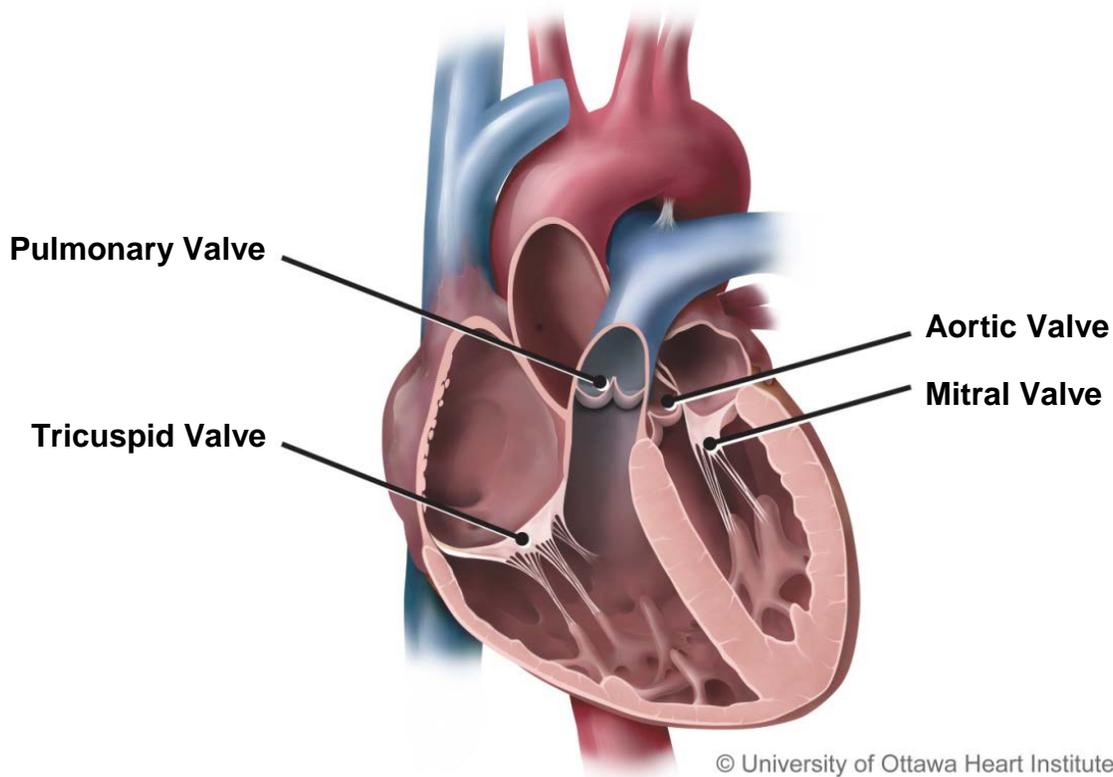
An incision is made through the patient's chest and breastbone to allow access to the heart. Some patients may undergo minimally invasive coronary bypass surgery via a smaller incision between the ribs. This surgery is called single/multi-vessel small thoracotomy (MVST). You may have small incisions in your leg if veins are used for bypass and/or an incision in your arm if a radial artery is taken for a bypass.



## Heart Valve Surgery

The main job of heart valves is to make sure blood flows in the right direction as it is pumped through the heart. Each valve has either two or three leaflets that open and close with the flow of blood. When you have a valve problem, the blood flow becomes disrupted and your heart can get enlarged, leading to problems with heart failure. Problems with heart valves include not opening properly (stenosis) because it has become thickened and stiff or not closing properly (regurgitation or insufficiency) because it is weak or torn.

The heart valves that most often require surgery are the mitral valve, aortic valve and the tricuspid valve.



Heart valves may develop problems when:

- They are not formed normally at birth
- They become damaged or scarred from diseases such as rheumatic fever or other bacterial infections
- They become weakened or hardened through the normal wear and tear of age

Heart valve surgery is required when:

- The valve cannot maintain the regular flow of blood through the heart
- The heart begins to enlarge and not work properly
- Symptoms of shortness of breath, dizziness, and fatigue increase

Heart valve surgery may involve:

- Repairing the valve leaflets to allow the valve to open and close properly
- Inserting a supporting ring to support the valve leaflets
- Removing the valve and replacing it with a tissue or a mechanical valve

## **Tissue Valves**

Tissue valves are chemically treated or engineered animal valves that are very similar to natural heart valves. They usually do not require you to be on blood thinner medication for the long-term. However, they are not as durable as a mechanical valve and may deteriorate over time and need to be replaced.

## **Mechanical Valves**

Mechanical valves are made of durable metals, carbon, ceramics, and plastics. They are longer lasting than tissue valves but require that you take an anti-coagulant (blood thinner) medication for the rest of your life and frequent blood tests to check the effectiveness of this drug. Your surgeon will discuss options with you. In some cases, a repair may not be possible and the valve will need to be replaced.

## **Combined Valve and Bypass Surgery**

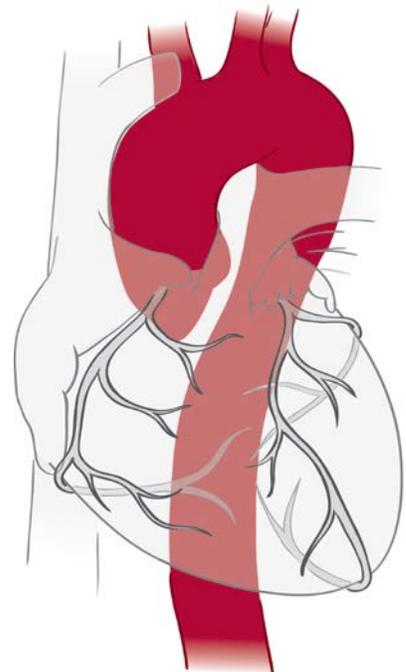
In some instances, a patient may need both valve surgery and coronary artery bypass surgery at the same time. Your physician will discuss this with you.

## **Aortic Surgery**

The aorta is the largest blood vessel in your body. Its main job is to pump blood from the heart to all of the organs. If the aorta becomes enlarged or dilated, surgery is performed to replace this enlarged section.

A tube or graft made of a polyester material replaces the aorta. Occasionally, the aortic valve is repaired or replaced during the same operation. Your surgeon will have discussed this with you before the surgery.

Continuous monitoring is very important for patients with aortic diseases. This will be arranged through the Aortic Clinic.



## **Pre-operative Preparation**

Preparation for aortic surgery is the same as for patients coming in for bypass or valve surgery.

## **The Surgical Incision**

An incision is made through the patient's breastbone to allow access to the heart.

# Preparing for Your Heart Surgery

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Look over the information in this guide and share it with your family. Make a list of questions to ask your doctor.

For more information on procedures, cardiac conditions and patient information visit [www.ottawaheart.ca/for-patients-family.htm](http://www.ottawaheart.ca/for-patients-family.htm).

## Start Making Healthy Lifestyle Choices

Healthy lifestyle changes don't have to wait until after your surgery. Here are a number of things you can do to prepare:

If you smoke, quit! It is one of the most important things you can do while waiting for surgery.	Call the Heart Institute Quit Smoking Program at 613-696-7069.
Follow a heart healthy eating plan.	Attend the Heart Institute nutrition workshops; call 613-696-7000 x 19641.
If you have high blood pressure, keep track of your blood pressure readings.	Take your blood pressure medication the way your doctor prescribed it.
If you have high cholesterol, make sure you take your cholesterol medication the way your doctor prescribed it.	Know your cholesterol levels.
If you have diabetes, take your diabetes medication the way your doctor prescribed it.	Keep track of your blood sugar.
Reduce stress as much as possible.	Think about where the worst sources of stress are in your life and start planning how to deal with them.

## What to Do If Your Symptoms Change

Notify your doctor or the Regional Cardiac Care Coordinator if you have more episodes of chest pain or problems with breathing.

The Regional Cardiac Care Coordinator:

- Is part of the surgical team at the Heart Institute
- Is the person you can call if you have changes to your condition
- Can be reached from **8:00 a.m. to 4:00 p.m. at 613-696-7062**
- Is covered during **off hours** by the Nursing Coordinator at **613-696-7000 (press 0, ask to page the Nurse Coordinator)**

### IMPORTANT

If your condition suddenly gets worse, **call 911** or go to the nearest emergency department.

## Preparations for Coming to the Hospital

Before you are admitted, make arrangements for:

- The items on the Patient Responsibility Checklist, at the beginning of this book.
- Someone to manage your personal affairs if you do not have a spouse or partner to do so. Arranging your Power of Attorney (POA) is recommended if you do not have a partner or spouse. More information can be found here:  
<http://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/poakit.asp>.
- Being off work. If you work outside of the home, arrange to be off work for about three months (for procedures that are minimally invasive, check with your surgeon). Confirm your sick leave benefits including employment insurance or social assistance while not working.

# Managing Your Medications

## IMPORTANT

**Do not** change, stop, or add any new medication without first discussing it with your doctor.

Take only the medications prescribed for you on discharge.

Keeping an updated list of your medications and following the steps below will help you improve communication with your health care team and reduce the risk of complications.

## Make a Detailed List of Your Current Medications

You can use the medication list provided with this guide (p. 23) to help you track your medications. You will need this list for your appointment at the Pre-Admission Unit and when you are admitted for your surgery.

List all of your medications on the form provided, including:

- Your prescription medications that you take regularly
- Your prescription medications that you take only as needed such as nitroglycerin, or pain medications
- Any herbal medication such as ginseng or ginkgo biloba
- Other medications such as vitamins, laxatives, aspirin or Tylenol®

Keep this form up to date. Ask your nurse, doctor, or pharmacist if you need help to complete each section. Keep it with you at all times and bring it to all of your appointments so that medical professionals are aware of the medications you are taking.

When you are discharged from the hospital, some of your medications may be changed. Your nurse will review your prescriptions with you. Make sure you understand all of the changes, be sure to ask questions if you don't understand.

When you fill your prescriptions, review the list with your pharmacist to make sure that nothing has been missed or repeated.

## Wait Times for Surgery

The Province of Ontario uses a Wait List Management Strategy to make sure people get their surgery at the right time.

Wait List Management includes:

- A system that keeps track of all waiting times for heart surgery in Ontario
- Information about your specific condition to make sure you get your surgery at the right time
- An opportunity to call the Regional Cardiac Care Coordinator between 8.00 a.m. and 4:00 p.m. at 613-696-7062 if you have questions about the wait time.
- A website to keep tabs on provincial waiting times:  
[www.health.gov.on.ca/transformation/wait\\_times/wt\\_understanding.html](http://www.health.gov.on.ca/transformation/wait_times/wt_understanding.html)

## Pre-Admission Unit (PAU)

Once you have a date for your surgery, you may be scheduled to visit the Pre-Admission Unit (PAU).

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

To get to the PAU, take the elevator up one floor from the Main Lobby of the Heart Institute and check in at the reception.

For your appointment, please bring:

- This guide
- Your most up to date list of your medications. A blank form is provided for you on p. 23.
- Your medication bottles, safely packed in a labelled bag or case
- Your provincial health insurance card and proof of any other health insurance
- Any documents or information from your doctor
- Your reading glasses

- A family member or friend who can help you by taking notes or asking questions
- Any walking aids that you regularly use. This will help with planning your care after surgery.
- If you speak a language other than English or French, please bring someone who can translate for you.

## **The Purpose of Your Appointment at the PAU**

At your appointment, you will have a physical exam and medical history taken by a nurse. You will also be assessed by the anaesthesia doctor.

This appointment will give you information about preparing for surgery and what to expect immediately after surgery. It will also help plan your discharge from the Heart Institute and your recovery at home. Come to the appointment with any questions or concerns that you may have.

## **At Your PAU Appointment**

Expect to be at the Heart Institute for about 2 ½ hours. You may have some of your blood and urine tests repeated and you may be referred to other health care professionals such as a social worker or physiotherapist, depending on your specific situation.

## **What to Bring On the Day of Your Admission**

### **When you are admitted, please bring the following:**

- Your updated Medications List **OR** your medication bottles safely packed in a labelled bag for review during your admission
- The contact information for your designated contact person with whom we can share your information
- Your provincial health insurance card and proof of any other health insurance

## **Prepare for your surgery by:**

- Removing any make-up, nail polish, or perfumed skin products
- Leaving all of your valuables at home

When you go to surgery, your family will be asked to take home all of your belongings, including the bag of medications you brought in with you.

Once you have been transferred out of the Cardiac Surgical Intensive Care Unit (CSICU), your family can bring in your housecoat, shoes, any walking aid and personal items that you usually use.

# What to Expect While in the Heart Institute

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## Key Messages

- Your family/designated contact person will be updated by the surgeon after your surgery is complete.
- After surgery, you will arrive at the Cardiac Surgery Intensive Care Unit (CSICU). As your condition improves, you will be moved into the nursing wards (H3 or H4).
- Visitors must check in with the volunteers at the front desk to visit in the CSICU.

Although every patient's situation is unique, the information below will give you a general idea of what you can expect throughout your admission and surgery at the Heart Institute.

Information for your family members/contact person is also included in this section so they know what to expect as well.

Some patients are admitted for surgery on the day of their operation because they have been assessed in the Pre-Admission Unit the week before. Other patients are admitted to the Heart Institute a day or two before the operation. No matter which way you arrive for surgery, the preparation is the same.

## The Evening Before Surgery

You may:

- Receive visits from your surgeon, a resident, the anesthesiologist and the nursing coordinator
- Have some additional diagnostic tests if not already completed
- Shower with an antiseptic soap
- Nothing to eat or drink after midnight
- Rinse your mouth with an antiseptic mouthwash

# On the Day of Your Surgery

## What You Can Expect

- Removal of hair on your chest, groin and legs with a clipper
- Another shower with an antiseptic soap
- Medicine to help you relax before you go to the operating room
- Rinse your mouth with an antiseptic mouthwash
- After you arrive in the operating room, two intravenous lines will be started. You will be asleep shortly after this.

## What Your Family/Contact Person Can Expect

Your family members/designated contact person can stay with you before you go to the operating room.

Once you leave to go to the operating room, your family/designated contact will be expected to remove all of your belongings from your room. You will stay in the intensive care unit at least over night.

During your operation, your family/contact person is welcome to wait in the Family Lounge on the main floor. Please check in with the volunteers at the front desk. Your family/designated contact will be responsible for keeping your other family members informed of your progress.

## Anesthesia

### Medications

Like all surgery involving general anesthesia, you will be instructed not to eat or drink anything after midnight before your surgery. The anesthesiologist will have reviewed your current medication and will inform you or your nurse as to which ones you should take with a small sip of water on the morning of surgery.

Before you go to the operating room, you will receive medicines to help you relax and make you feel sleepy.

When you arrive in the operating room, you will meet several nursing and technical support staff in addition to your anesthesiologist. If you have any concerns about pain, angina, difficulty breathing, nausea or anxiety, please share these concerns with your anesthesiologist.

## **Intravenous Anesthesia**

Before putting you to sleep, the anesthesiologist will insert several intravenous lines when you arrive in the operating room.

## **Breathing Tube and Machine**

After you are asleep, you will be connected to a breathing machine (ventilator) by a breathing tube placed in your mouth and down your trachea (windpipe). Your anesthesiologist will take great care in inserting the breathing tube in your mouth. However, you should be aware that in extremely rare occasions some minor chipping or grinding of upper teeth can occur. This is the reason why we ask about dental caps, dentures or loose teeth.

## **Blood Products**

The heart-lung machine has a tendency to damage the red blood cells, clotting cells and clotting proteins. If this happens, you may require blood products from Canadian Blood Services. The current risks of contracting AIDS, HIV and/or hepatitis are very small. These blood products are only given when it is necessary and felt that the benefits outweigh the risks. You will be told before you go home whether you received these blood products. The blood bank leaves a card on your chart for your records.

Should you have any further questions regarding anesthesia, please ask your nurse to contact the anesthesiologist to come and speak with you.

## After Your Surgery

After your operation, three pre-arranged contacts are made:

- The **surgeon** will meet with your designated contact person if he/she is waiting in the Family Lounge at the Heart Institute, or telephone him/her after surgery. Unless you have been told otherwise, the operation takes four to six hours. One hour after your contact person has spoken to the surgeon, he/she may go see you in the Cardiac Surgery Intensive Care Unit.
- The **nurse** will call your designated contact person between **9:00 p.m. and 10:30 p.m.** the evening of surgery to give a progress report and again the morning after your surgery between **9:00 a.m. and 10:30 a.m.** At this time, the nurse may be able to tell you about the plans for this day, e.g., whether you will stay in CSICU or be transferred to the ward.

## In the Cardiac Surgery Intensive Care Unit

After surgery you will be taken to the Cardiac Surgery Intensive Care Unit (CSICU). Typically patients stay in this unit overnight, some patients may need to stay longer.

While in the CSICU, you can expect to have:

- A breathing tube in your mouth which is connected to a breathing machine (ventilator). You will not be able to talk until this tube is removed. Once you are awake, able to follow directions and breathing well enough on your own, the tube will be removed. There will be a nurse with you one-on-one until this tube is removed.
- Special monitoring equipment and intravenous lines
- A tube in one of your nostrils which goes into the stomach to keep it empty
- A tube in your bladder to drain urine
- Drainage tubes below your incision
- Temporary pacemaker wires

Once the breathing tube is removed, you will:

- Receive oxygen by mask
- Start deep breathing and coughing exercises and leg exercises
- Gradually start drinking fluids starting with ice chips

Your nurse will continue to give you pain medicine regularly. Let the nurse know if you are uncomfortable.

## **For Visitors to the CSICU**

Visitors should check with the volunteers at the front desk in the Main Lobby (Ruskin St. entrance). The volunteers will call CSICU to arrange the visit. Your visitors must follow this process each time they wish to visit.

Your visitors may be asked to wait at times while care is being given to you. They may see you for short periods of time (two people at a time). No children please.

Before entering, visitors must use the hand washing gel. Any family members that are sick should stay at home. Heart surgery patients are more susceptible to infection.

There is **no visiting** between 6:45 and 7:45 a.m. and p.m. while the nurses are giving patient report at change of shift.

### **IMPORTANT**

**To protect your health, your family members cannot visit you if they have a cold, fever, diarrhea, cough, or any other signs of infection.**

## Recovery on the Nursing Ward

You will be transferred to the ward when you are awake and stable. This typically occurs the day after surgery. On the ward, you will begin to return to your normal physical activities. For a short period, you may receive oxygen by mask or nasal prong as needed.

During your recovery time we will concentrate on teaching you all the skills needed to help you prepare for recovery at home. Also, we will work with you on walking properly, deep breathing and coughing exercises. You will progress with your diet gradually. If you feel nauseated, let your nurse know. The monitoring equipment, drainage tubes and some intravenous tubes will be removed as you progress through your recovery.

You will notice a whiteboard on the wall in your room for each patient. This will have information about your nurse, your physician, and your progress. You and your family should feel free to read the board and ask questions if necessary. You may also add content to the board so you remember to ask questions.

It is important to take your pain medication regularly during this time so that you can be comfortable while doing recovery activities. Make sure you let the nurse know if you are uncomfortable.

Before your discharge, you and your family should attend a discharge class which will prepare you for going home. The class times for all Heart Institute education programs are posted in each room.

If you have any concerns about going home after your surgery, ask your nurse to refer you to a social worker. He/she can help you with:

- Home-based physiotherapy or nursing requirements
- Community resources information
- Coordinating any community care that you may need with your discharge
- Drug-related costs
- Any other concerns you may have related to going home

## For Visitors to the Nursing Wards (H3 and H4)

**Visiting Hours:** 10:00 a.m. to 1:00 p.m. and 2:00 p.m. to 8:00 p.m.

**Rest Period:** 1:00 p.m. to 2:00 p.m.  
*Please do not visit during the rest period.*

After surgery, patients are very tired and finding times to rest during the day can be quite difficult. The 1:00 to 2:00 rest time is very important to help in their recovery. **We ask that you not visit during this time.**

Only two visitors at a time at the bedside. Family who are ill should stay at home.

## Perioperative Physiotherapy

The primary role of physiotherapy is to help you regain your strength and return to your normal level of activity after your surgery. Exercise will help prevent common problems following general anesthetic and prolonged bed rest, including muscle weakness and joint stiffness. More serious medical issues include blood clots and lung infection.

Exercise will also promote a feeling of well-being and encourage you to add regular exercise to your daily life. It is necessary that you take an active role in your recovery.

### Deep Breathing Exercises

It is important to take deep breaths after surgery to get air into the bottom of the lungs. This will help prevent lung collapse and pneumonia.

Take a deep breath in through your nose until you cannot take in any more air. Purse your lips and slowly blow out through your mouth (like blowing out a candle). Your stomach should rise as you breathe in and fall as you breathe out. Do two deep breaths in a row, rest, and repeat for a total of ten deep breaths per hour.

## Coughing

Coughing helps to clear phlegm from your lungs and will help to prevent lung infections. It is common after surgery to have extra phlegm in your lungs, especially for the first few days.

When you cough, hold your pillow (“teddy”) firmly against your chest. Take a deep breath in and cough out. You should cough two to three times every hour that you are awake. Your “teddy” helps to support your incision and lessen the discomfort you may have with coughing.

## Bed Mobility

For the first few days, you will be helped out of bed. Because of the incision in your breastbone, you will need to learn a special way to get out of bed and up and down out of a chair. Until you are comfortable with this technique, your nurse or physiotherapist will practice this with you every time.

- Bend your hips/knees and hold onto your “teddy”. Roll onto your side.
- Let your legs fall over the side of the bed, and pull with your legs to help you come to a sitting position.



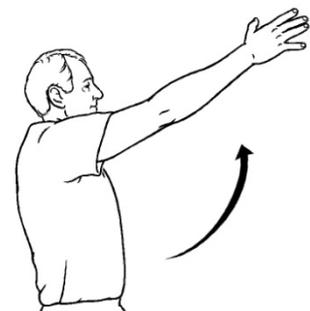
While in bed, it is important to change your position every one to two hours (for example, lying on your right and left side).

## Mobility Exercises

The following exercises help to prevent muscle and joint stiffness and increase your activity level. They also help with circulation, prevent blood clots and reduce swelling.

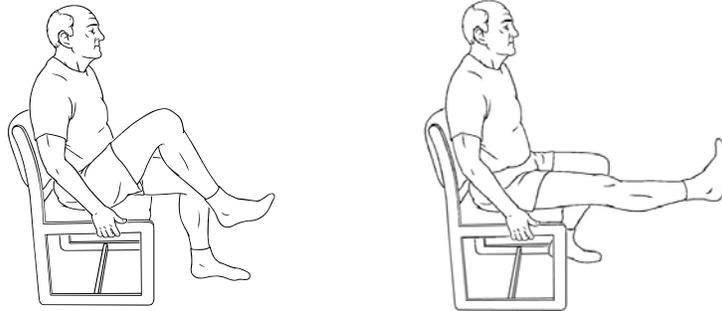
### Arm Exercises

With one arm straight, raise it up over your head while breathing in. Lower slowly while breathing out. Repeat five times then repeat with the other arm, three times a day.



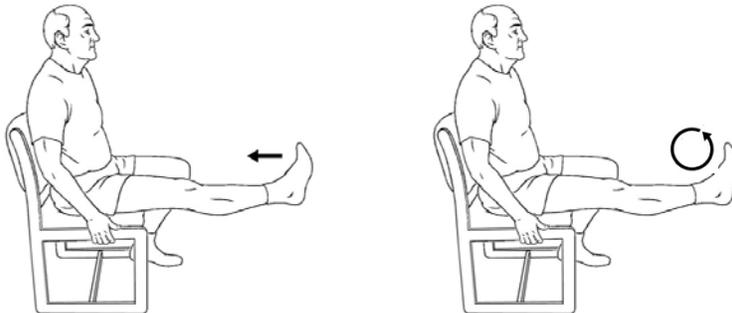
## Leg Exercises

Gently bring one knee up towards your chest as far as you can then return to starting position. Tighten the muscle in top of your thigh and straighten out your knee. Repeat five times with each leg, three times a day.



## Ankle Exercises

Point your toes down as far as you can, then bring your toes up towards you. Make circles with your ankles in both directions. Repeat these exercises 10 times every hour that you are awake.



## Activity

Your activity level will be gradually increased during your stay. The day after your surgery, if you are able, you will sit in a chair and begin walking in the hallway with assistance. Before you go home, you will be able to walk around the ward and climb stairs only if you are required to climb them to get into your house or up to your bed.

You will be given specific guidelines for exercise and activity at home as well as information about cardiac rehabilitation.



