



**AKADEMISKA
SJUKHUSET**

Before your heart surgery

Patient information



This information has been designed for patients who will be undergoing open heart surgery at Akademiska sjukhuset.



If you have questions, please contact:

Log in to www.1177.se

Preoperative Clinic

Cardiothoracic Surgery Ward 50D

Cardiothoracic Intensive Care Unit 50B

Surgical Planning

018 611 40 02

018 611 40 01

018 611 40 11

018 611 40 20



Turn the page for
more information!

Welcome to Thoraxkliniken

Thoraxkliniken consists of the Cardiothoracic Surgery Unit, the Cardiothoracic Intensive Care Unit (TIVA), and Cardiothoracic Surgery Ward 50D. We have many years of experience in heart and lung surgery. We want your days at the hospital to be as good as possible.

Admission appointment

You will be called in to the Preoperative Clinic at Cardiothoracic Surgery Ward 50D, which is located adjacent to Entrance 50 on Floor 2.. There you will meet various staff members, including ward physicians and anesthesiologists. This is usually an outpatient appointment, which means that you will go home the same day and come back the day before your scheduled surgery. In some cases, you may be admitted the day before the scheduled surgery. If this is the case, you will already have received this information from us.

Important! – If you are taking any blood-thinning medications, get in touch with the nurses in Surgical Planning. Phone numbers can be found on the first page of this document.

Things to keep in mind prior to your admission

Prior to admission, you must have taken a preoperative double shower the day before surgery; see the showering instructions on a separate page.

You are responsible for bringing your own medications, and it is up to you to remember to take them, up to and including the evening before your operation date. Bring the original packaging of your medications with you, not just a dosette box. If you use an inhaler, eye drops or insulin, bring them with you to the ward.

Feel free to bring your own toiletries, shaving implements, and slippers, but try to take as few valuables with you as possible. Please note that the hospital is not responsible for your valuables. You must leave your walker/wheelchair at home. You can borrow one from us during your stay. Pack comfortable clothes for the trip home.

The night before your operation

Regardless of where they are coming from, we do our best to plan things so that all our patients can stay in the ward the night before surgery.

If you live in Uppsala and the surrounding area, you may be able to sleep at home the night before surgery and then return to the Inpatient Ward the morning of the day of your operation.

The operation

Once you have been anesthetized, a tube will be inserted into your throat. It is connected to a ventilator, which in turn supports your breathing during surgery. You will get a urinary catheter, so we can monitor the amount of urine you excrete. After that, the surgical site will be washed and covered in sterile cloths, and the will be sternum sawn open. During surgery, a heart-lung machine will be used to oxygenate and pump blood around your body while your heart is stopped. At the end of the operation, two to three surgical drains will be inserted below the sternal incision. These will collect blood and exudate. You will be in the operating room for about 4 to 5 hours. Once the operation is complete, you will be transferred to the Intensive Care Unit. Once the procedure is finished, the surgeon will call your designated contact person and inform them of the outcome of the operation.

Choice of prosthetic valve

If you are coming to us for a heart valve replacement, there are two types of valve prostheses from which to choose: a biological valve prosthesis and a mechanical valve prosthesis. Among other things, the different prostheses differ in terms of durability and how long you will need to be treated with blood-thinning medications. You will receive more information about this choice from a ward physician during your admission, and you and your surgeon will then decide which prosthesis is best for you.



Biological valve prosthesis



Mechanical valve prosthesis

After the operation

Cardiothoracic Intensive Care Unit

You will be transferred to Intensive Care while you are still under anesthesia and your breathing is assisted by the ventilator. After an hour or so, you will be woken up and the tube in your throat that is connected to the ventilator will be removed. Instead, you will receive oxygen via an oxygen tube in your nose. To improve your breathing, you will need to blow into a PEP device at regular intervals. You will still be very tired, but over time you will start to feel increasingly awake. If you are in pain, you will receive regular pain-relieving injections until the pain becomes tolerable. After just a few hours, we will help you to sit upright on the edge of your bed.

There will always be staff in the room. They will constantly check that everything is stable in terms of ,e.g., your heart rate, blood pressure, pain and blood oxygen levels. You may also start drinking small amounts of water that same day. At night, it is important that you try to sleep. If you want to change the position in your bed, we will help you with that.

Usually, your designated contact person will call us a few hours after the operation. We will inform them of your condition. We will be happy to help you call any loved ones from our phone, as you are not allowed to use your mobile phone in Intensive Care. Relatives are not normally permitted to visit until you are back in the Inpatient Ward.

Once everything is stable, you can move back to the Inpatient Ward sometime in the morning the day after your operation. Before that, there is much to be done. You must be weighed, eat breakfast and take medication. Your doctor will assess which of your regular medications you need to take over the next few days. You will have received a lot of intravenous fluid the day of the operation and will therefore weigh more than you did before surgery. The fluid in your body must be excreted as urine. To assist this process, you will be given diuretic tablets for a few days. In this situation, it's a good idea to have a urinary catheter, so we can measure how much you urinate. We will also remove all surgical drains and drips. During the operation, a temporary pacemaker was connected to your heart. It is located outside the body and will be removed after a few days.

Cardiothoracic Surgery Ward 50D

After your stay in the Intensive Care Ward, you can move back to the Inpatient Ward. Every morning, the doctors and nurses meet and make rounds. During the day, there are doctors on the ward. On weekends, there is a doctor on call. The rounds are shorter, and the doctor does not always go around to all the patients.

We will keep track of how your heart beats with the help of a wireless heart monitor, a device you carry with you. One of the most common complications after heart surgery is something called atrial fibrillation, which means that the heart beats rapidly and irregularly. This happens in about 30 % of patients who have undergone heart surgery. It can go away on its own, but usually needs to be treated with medication.

Your wounds will be inspected every day, and we will keep a close eye out for signs of infection, such as redness, local heat increase, pain, or fluid seepage from the wound.

After the operation, certain follow-up examinations will be performed, including a chest X-ray. For patients who have had heart valve surgery, an ultrasound is also done after the operation, to check that the new valve is working properly.

Mobilization after your operation

In open heart surgery, the sternum is opened. It takes about 2-3 months for the bone to heal completely. Because of this, and to ensure the sternum can heal in peace, there are certain things you should keep in mind when mobilizing:

- Lift a maximum of 5 kg with both hands, or 2.5 kg/hand.
- Distribute the weight evenly between your arms.
- Avoid putting weight on your arms, and thus your sternum, e.g., when you get up from a chair.

Here's a helpful tip: Start practicing now how to get out of bed after surgery.

1. Lie flat on your back in bed. Bend your knees and push your buttocks into the bed. Roll over onto your side.
2. With your knees still bent, swing your legs over the edge of the bed. Brace yourself with your heels against the edge.
3. Look towards the pillow and gently support yourself with your elbow and hand (with your arms crossed). Sit up.

Heading home

How long you must stay in the hospital after your operation depends on how invasive your procedure was. If you are not from Uppsala and the surrounding area, you will stay for 3 to 4 days before you can move back to your local hospital. You will be transported there by ambulance, and we will take care of all communication with your local hospital. If you are from Uppsala, you will stay 5 to 7 days before you are discharged directly to your home. You will receive more information about what to keep in mind during a discharge conversation with a doctor and nurse.

Sick leave

The length of your postoperative sick leave will vary depending on your profession and how you feel, but usually lasts between 1 to 3 months. You should avoid heavy manual labor for the first few months and ease back into your various household chores.

Follow-up appointment

If you live in Uppsala and the surrounding area, you will be called in for a follow-up appointment at the Cardiac Clinic at Uppsala University Hospital, approximately three weeks after your surgery. If, on the other hand, you are not from Uppsala, follow-up will be arranged in your hometown.



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You will find information and services for your health on the website 1177.se. For health care advice call 1177, open 24 hours a day.



Contact Akademiska

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