



# Your Guide to Cardiac Surgery

Preparing for open heart surgery

## Our mission

As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.

## Our core values

Compassion, Dignity, Justice, Excellence, Integrity.

## Our vision

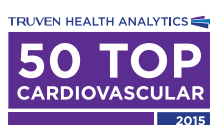
Health for a Better World

## Our promise

Know me, care for me, ease my way

Providence Little Company of Mary Medical Center Torrance has a reputation for clinical excellence, use of advanced technology and a distinct focus on the personal nature of caring for our patients.





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# Welcome

**Thank you for choosing Providence Little Company of Mary Medical Center Torrance for your cardiac care. We hope you find this patient guide useful for planning your visits with us.**

We understand the thought of having surgery can be stressful. We created this booklet to help you and your family prepare for your upcoming cardiac surgery. It will guide you through the various stages of your time with us here and will give you an idea of what to expect from your procedure, recovery, and follow-up care.

Please take a moment to review this information carefully. We wish you the best experience possible during your procedure, a smooth recovery, and a healthy future.

## About us

Providence Little Company of Mary Medical Center Torrance is a premier hospital for cardiac surgery. The partnership between Providence Little Company of Mary and Keck School of Medicine of USC offers our South Bay residents academic-based, complex cardiovascular procedures close to home. Our team of highly qualified cardiovascular physicians, nurses, and skilled technicians will be there to help diagnose and determine the best course of treatment to help you heal quickly and get back to enjoying life.





# Your team

Meet your cardiothoracic surgeons and physician assistant.



## Matthew Powers, MD

Assistant Professor of Clinical Surgery,  
Division of Cardiothoracic Surgery, USC  
Cardiovascular Thoracic Institute, Keck  
School of Medicine of USC

Director of Cardiac Surgery,  
Providence Little Company of Mary  
Medical Center Torrance

### EDUCATION AND TRAINING

- New York-Presbyterian Hospital/  
Columbia University Residency,  
Cardiothoracic Surgery
- LAC+USC Department of Surgery  
Residency, General Surgery
- New York University School of  
Medicine, Doctor of Medicine



## J. Christian Cash, MD

Assistant Professor of Clinical Surgery,  
Division of Cardiothoracic Surgery, USC  
Cardiovascular Thoracic Institute, Keck  
School of Medicine of USC

### EDUCATION AND TRAINING

- LAC+USC Department of Surgery  
Residency, General Surgery and  
Cardiothoracic Surgery
- University of Arkansas College  
of Medicine Medical School,  
Doctor of Medicine



## Raymond C Lee, MD

Assistant Professor of Clinical Surgery,  
Division of Cardiothoracic Surgery, USC  
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Director of Cardiac Surgery,  
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### EDUCATION AND TRAINING

- New York-Presbyterian Hospital/  
Columbia University Fellowship,  
Thoracic Surgery
- LAC+USC Department of Surgery  
Residency, General Surgery
- Ohio State University Medical School,  
Doctor of Medicine



## Gerard Francisco, PA-C, MPH

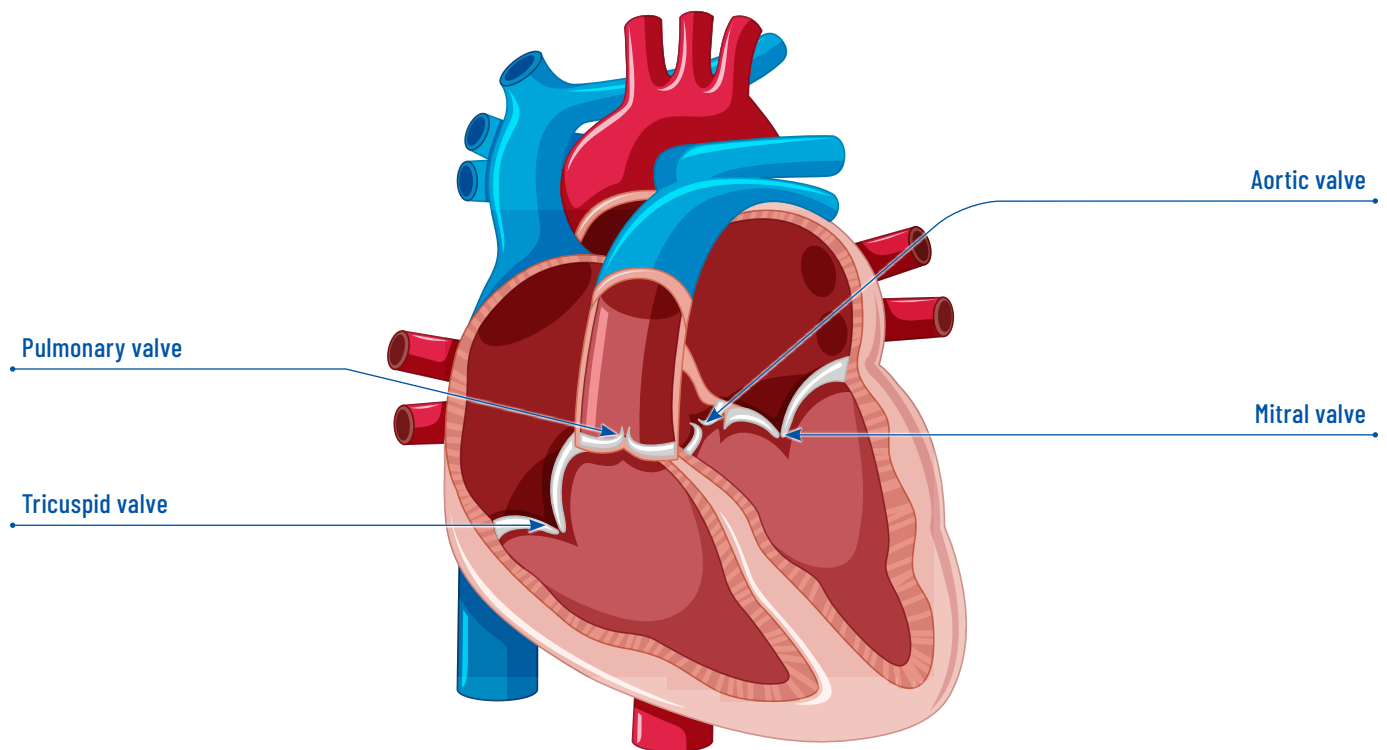
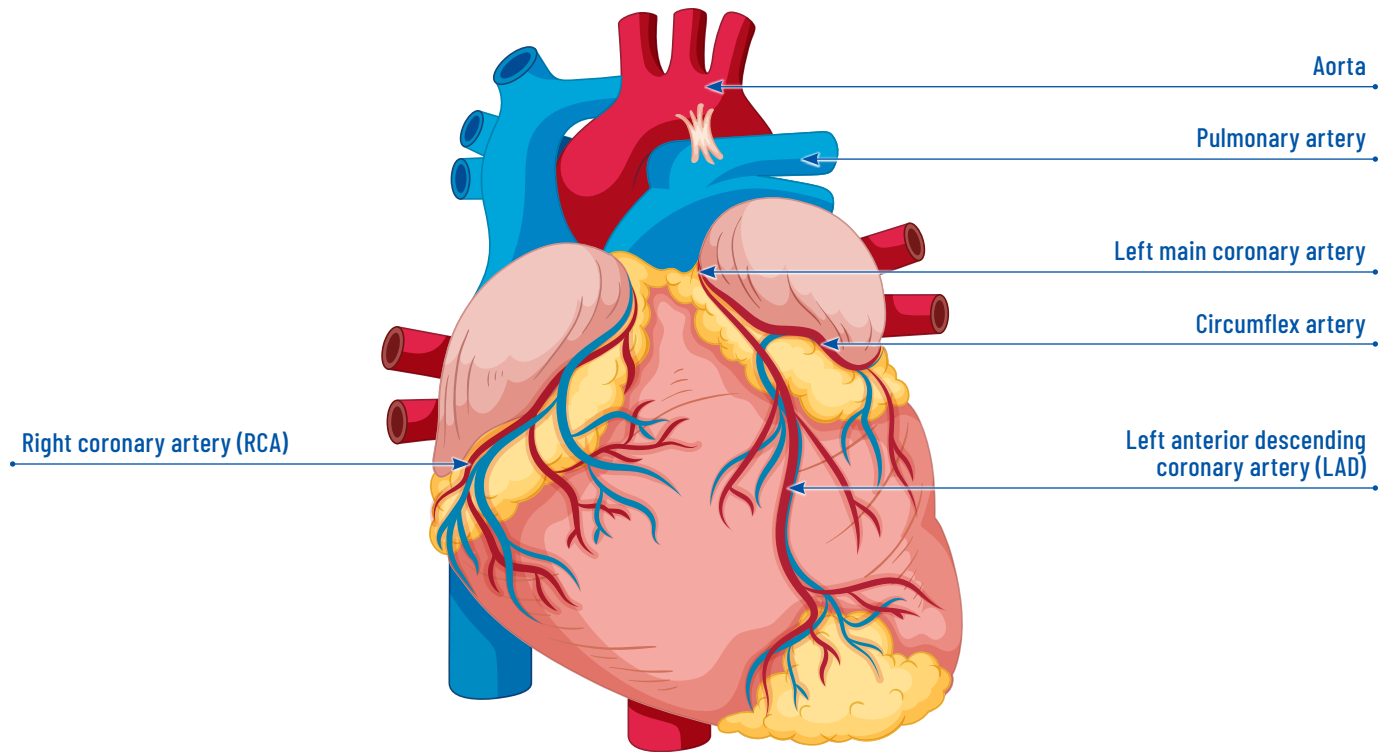
Physician Assistant

### EDUCATION

- Keck School of Medicine of USC, Physician  
Assistant Program, Master's of Physician  
Assistant Practice
- California State University,  
Long Beach, Master's of Public Health

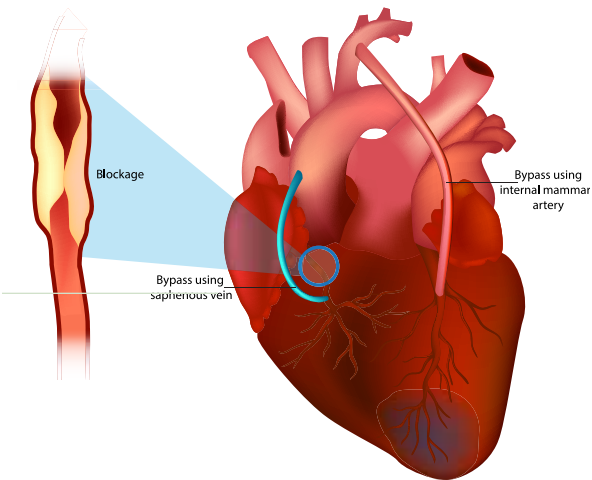
# Anatomy of the human heart

Your surgeon may draw your surgery on the picture below.

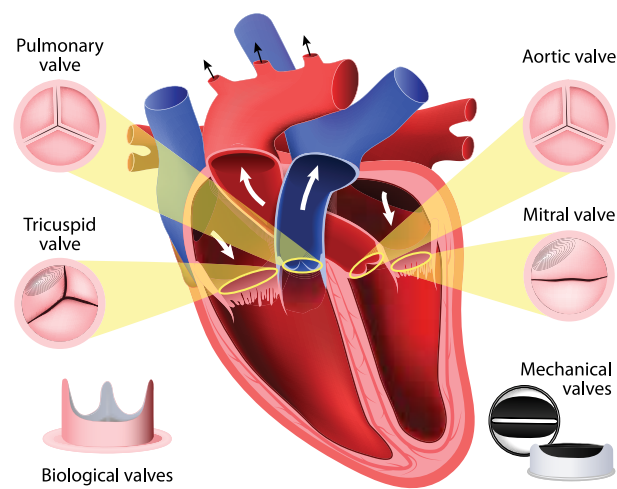


# Common procedures and surgeries

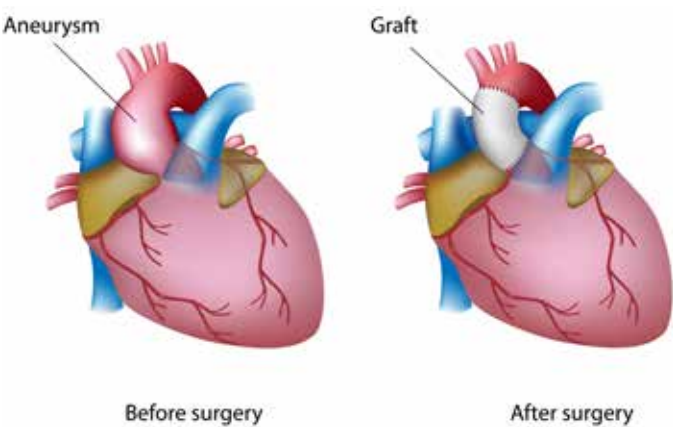
## CORONARY ARTERY BYPASS GRAFT (CABG)




## HEART VALVE SURGERY



## ASCENDING AORTIC ANEURYSM AND SURGICAL REPAIR





# What you can expect from your surgical experience

## Your first surgical consultation

Your surgeon will discuss your cardiac condition during your first consultation.

The cardiac surgery navigator and physician assistant will coordinate additional tests that may be necessary, such as: blood tests, EKGs, x-rays and pulmonary function tests. They will also instruct you on how to prepare for surgery.

## Your surgeon may discuss the following with you:

### Types of surgery that may benefit you

- Coronary Artery Bypass Graft Surgery, also called bypass surgery or CABG
- Heart Valve Surgery
- Aortic Aneurysm Repair
- Maze procedure for treatment of Atrial Fibrillation

### Your personal health risk factors

- High blood pressure
- High cholesterol
- Stroke
- Irregular heartbeat
- Diabetes
- Kidney disease
- Hemodialysis

### Your modifiable health risk factors

- Cigarette smoking
- Obesity
- Lack of activity
- Blood pressure
- Alcohol use



## The risks of surgery

Bleeding, infection, difficulties with anesthesia, heart attack during surgery, stroke, lung problems, kidney problems, and death are risks for any type of surgery. Your surgeon will discuss with you your individual risks.

## Preparing for your procedure

### Several weeks before

You will be asked to refrain from smoking cigarettes and other tobacco products. If you have a sedentary lifestyle, you'll be encouraged to increase your activity prior to your scheduled surgery. Walking prior to your surgery can improve your circulation and decrease your recovery time from your surgery.

### One week before procedure

#### Medication

You should **STOP** taking the following medications. These medications can put you at risk for bleeding during and after surgery:

- Fish oil
- NSAIDS
  - » Advil
  - » Aleve
  - » Celebrex
  - » Ibuprofen
  - » Motrin
  - » Naproxen
  - » Voltaren

If you take a daily blood thinner, you will be instructed on how many days to stop in advance.  
Ex: Effient, Plavix, Coumadin, Brilinta

Your care team will tell you which medication(s) are okay to take the morning of your surgery with small sips of water. **Please DO NOT STOP taking your medications unless instructed by your surgeon.**

#### Activity

Remain active. Walk as much as possible and try to exercise for 30 minutes, twice a day.

### The night before procedure

Do not eat or drink anything after midnight the night before surgery.

- Select a spokesperson from your family to relay information to all of your family and friends.
- If you have an Advance Directive, Living Will or Durable Power of Attorney, give a copy to the hospital staff or surgeon prior to surgery.
- Shower with antibacterial soap as instructed. After using the antibacterial scrub, do not use:
  - » Skin lotions
  - » Oils
  - » Powders
  - » Perfumes
  - » Deodorant

### Morning of surgery (at home)

Brush your teeth with small amount of water.

- Only take medications the morning of your surgery as instructed by your surgeon.
- Do not wear jewelry, hairspray, or barrettes/hair pins.
- Remove all make-up and nail polish.
- Shower with rest of antibacterial soap as instructed.



## Important information for family members

- Do not worry if surgery is taking longer than you expected. The surgeon will look for your family in the surgical waiting area.
- Once in the ICU, the nurse will notify you when visitors can see your loved one.
- Visitors are asked to stay in the surgical waiting area.
- Visitors are limited to no more than two (2) people at a time to ensure your loved one receives adequate rest once the surgery is done.

## Day of surgery

### Preprocedure (holding area)

You will arrive in the pre-operation holding area approximately one hour before your scheduled surgery. If you are already admitted to the hospital, the Operating Room (OR) team will bring you to the room. The anesthesiologist will meet you and go over your health history. Your nurse will give you medications ordered in preparation for your surgery. **You will be in the OR for approximately 4-7 hours.**

### Procedure room

Prior to your surgery, the anesthesiologist may place special lines in your wrist, neck, or groin to monitor your vital signs throughout surgery and to give you medications.

A **breathing tube** will be inserted in your airway through your mouth to help you breathe during surgery.

A **catheter** will be inserted into your bladder to monitor how much urine your body produces during surgery. This catheter will be removed after your surgery, at the discretion of the surgeon.

### During your surgery

Your surgeon will make an incision on your chest. Your sternum may be divided in order for your surgeon to access your heart. If you are having coronary artery bypass surgery, the cardiac physician assistant will be performing endoscopic harvesting procedure on your leg, or arm.

**Chest drains** will be inserted into your chest cavity to drain fluid and blood. The chest drains will be left in place for up to several days depending on the amount of fluid that drains.

A temporary pacemaker wire may be placed on the surface of your heart.

## After your surgery

After surgery, you will be transported to the Intensive Care Unit (ICU) where trained heart nurses will monitor and care for you.

The **breathing tube** may still be in place when you wake up. If it is, please remain calm. The breathing tube will be removed when you are able to breathe adequately on your own, usually within six hours upon ICU arrival.

Your diet will be advanced to a low fat/ cholesterol, low salt diet once you're able to tolerate ice chips and clear liquids without any nausea or vomiting.

Several hours after your surgery, you will be encouraged to sit at the edge of your bed and eventually assisted out of your bed to walk. Once stable in the ICU, you will transfer to Progressive Care Unit (PCU) for the rest of your recovery.

Chest x-rays and blood tests will be performed on a daily basis to monitor your recovery from surgery.

## During your hospital stay

### Incentive spirometry

It is important to use the spirometry every hour while you are awake to decrease your risk of developing pneumonia. Breathe in slowly and deeply.

### Activity

It is important that you get out of bed and walk around to help you recover from your surgery. **You will feel tired but it should not stop you from getting out of bed.** Physical therapy, occupational therapy, and your nurse will work with you on a daily basis. Moving around will help prevent developing pneumonia and blood clots.

In PCU, you will be expected to walk four (4) times a day and sit in the chair for all meals. **Getting out of bed and moving is the most important thing you can do for your recovery.**

### Pain management

After your surgery, you will have some pain.

You will receive pain medication initially by IV, then by mouth. Please let your care team know if your pain is not being properly controlled. We may be able to make changes to your medication in order to keep you comfortable.







# Going home after surgery

## What to expect

### Follow up appointments

A follow up appointment will be scheduled with the surgeon prior to you leaving the hospital. In addition, we also recommend that you follow up with your cardiologist and primary care physician within two weeks after discharge. You will have an outpatient chest x-ray ordered prior to your first follow up appointment with your surgeon.

### Caring for your incisions

- You should wash your incision and its surrounding area daily with warm water and mild soap, every day.
- Do not cover incisions or sutures in shower unless instructed by hospital heart team.
- Avoid soaking your incision in water such as in bathtub or swimming pool.
- Avoid rigorous scrubbing.
- Wear clothes that cover your incision when going outside to protect it from the sun's exposure.
- Avoid applying lotions, creams, oils, or powder to your incision unless prescribed by your surgeon.
- Call your surgeon if you experience any of the following:
  - » If your incision has tenderness, redness and irritation, swelling, or drainage.

### Medication

Your medications will be filled in our hospital outpatient pharmacy on the day of discharge. It is important to go home with all medications ordered to prevent missing any doses.

Take all medications as prescribed. Do not stop or take other medications without notifying your surgeon. Take your pain medications before starting any moderate activity. This will help make your breathing more comfortable. **Be aware your previous home medications may have changed.**

It will take about  
4-8 weeks to start  
feeling better  
from your surgery.

## Activity

- Continue to refrain from smoking and using other tobacco products.
- It is important to increase your physical activity gradually. Walk at your own pace.
- Wear comfortable, loose fitting clothing to prevent irritation of your incision.
- **It is important to continue to use your incentive spirometry at home.**
- Get adequate rest. It's normal to have general fatigue for few weeks once you are home.
- Avoid lifting or straining your chest. Do not lift, pull, or push anything greater than 5-10lbs.
- Check with your surgeon before returning to work or driving.
- **STOP ANY ACTIVITY IMMEDIATELY** if you feel short of breath, dizzy, notice irregular heartbeats, or have a chest pain. Call your surgeon immediately, if this continues.

## Diet

Your appetite may be decreased over first few weeks. It is important to eat small portions. You can begin changing your diet to heart healthy when your appetite returns to normal.

## Fluid restriction

After surgery, limiting your intake of fluids can help ease your heart's pumping burden and prevent you from developing congestive heart failure or CHF. We recommend to limit your fluid intake to no more than 1.5 liters per day for four weeks after your surgery. This is inclusive of all liquids such as soup, broth, water, soda, coffee, tea, jello, juice, melons (of any kind), and alcohol. Check with your surgeon before drinking any alcohol.

## Daily weight

Weigh yourself daily after you urinate and before eating breakfast each morning. Notify your surgeon if you gain two or more pounds in one



day. Follow the fluid limit recommended by your cardiac care team.

## Sexual activity

You can resume sexual activity when you feel comfortable. For many people it is about four to six weeks after you are discharged from the hospital, unless instructed differently by your doctor.

## Cardiac Rehabilitation Program

Approximately four to six weeks after surgery you will be contacted by our Cardiac Rehabilitation department to begin your outpatient exercise program. Cardiac rehabilitation is a medically supervised program designed to improve your cardiovascular health after surgery. This supervised program lasts approximately 12-16 weeks with two to three sessions per week. The sessions include monitored exercise, classes in nutrition, lifestyle changes, medication education, and heart disease information.

To contact our Cardiac Rehabilitation department, please call 310-303-7070.



# Frequently asked questions

## How long will I stay in the hospital?

Patients usually stay in the hospital 4-6 days. Some patients may stay longer depending on the type of surgery and recovery.

## Will I go home with chest drains after surgery?

One or more chest tubes will be placed during your surgery. The tubes are removed before you leave the hospital. Stitches from the tube will remain in your abdomen and removed during your follow up clinic appointment with your surgeon.

## Will I need assistance when I go home?

Patients who care for themselves before surgery will likely be able to do so after surgery; however, we always recommend to have somebody at home to help assist with activities of daily living, including meal prep and showering. A home health nurse will visit once home. Some patients benefit from staying at a short-term rehabilitation facility.

## Will there be limitations after my surgery?

The most important restriction is limiting upper body use to allow your sternum to heal. This means no pushing, pulling, or lifting objects over 5-10 pounds for 6 weeks. You are not allowed to drive for 4-6 weeks.

## When can I go back to a dentist?

**Valve Surgery Patients:** During first 6 months after valve surgery call your cardiologist for clearance BEFORE any dental procedure.

## When can I return to work?

Most patients return to work 6-8 weeks after surgery, depending on the type of work you do. Discuss with your surgeon what the best timing would be for you.

## For several days to weeks after your surgery, it is NORMAL to:

- **Have decreased appetite.**
  - » It may take several weeks for your appetite to return. We recommend that you eat small, frequent meals throughout the day or supplement your diet with Boost or Ensure until your appetite returns, however, this is counted in fluid restriction.
- **Have some leg swelling.**
  - » Elevate your leg on a stool or coffee table with a pillow under your foot when sitting. Try to elevate your leg above the level of your heart.
- **Have difficulty sleeping at night.**
  - » Increasing your activity during the day or taking a pain pill before going to bed can sometimes help.
- **Feel constipated.**
  - » Eating foods that are high in fiber can help facilitate bowel movement. Also, you will be prescribed medication upon discharge.
- **Have good days and bad days.**
  - » Don't feel discouraged. This will get better over time. Try to avoid doing many things all at one time.
- **Feel muscle pain and stiffness in your shoulder and back.**
  - » Stretch and take your medication to help relieve your discomfort.



“When every heart beat means the difference between life or death, you want the best care. From the bottom of my heart, I know the expertise of Little Company of Mary saved my life.”

To learn more about my story, go to [Providence.org/MyHospital](https://www.providence.org/MyHospital) or scan the QR code below using your smartphone or tablet.

## MY STORY



Open your smartphone's camera and aim it at the QR code. A link to the website will appear on your screen and all you have to do is tap it. Try it now!

## Notes/Questions

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# Contact Information

These are your contacts for general information and appointments. Please dial 9-1-1 for emergencies.

**Matthew Powers, MD**

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The Medical Centre  
4201 Torrance Blvd., Suite 520  
Torrance, CA 90503

Office: 310-543-1464

Fax: 310-316-6642

**Angie Nowell, BSN, RN**

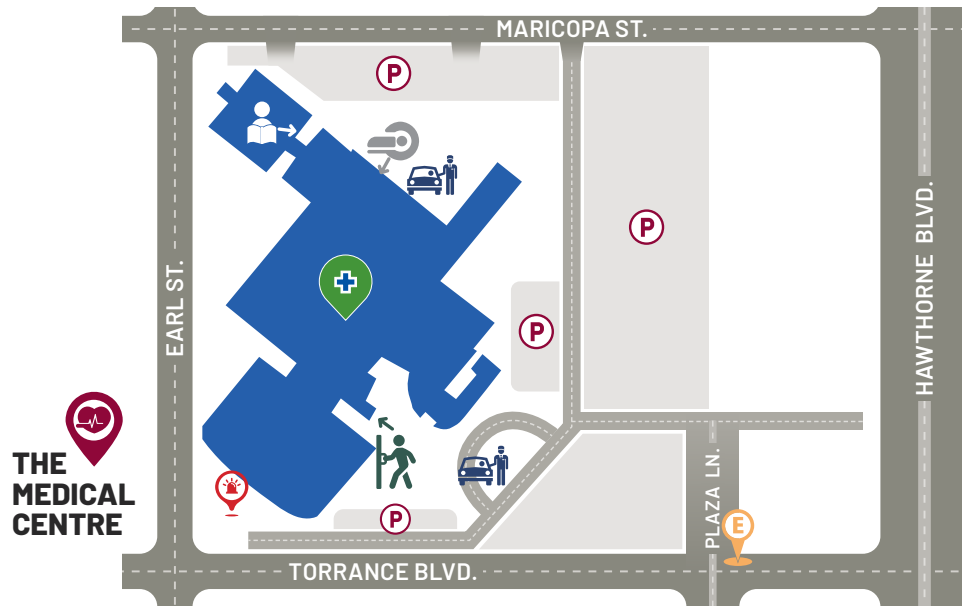
**Cardiac Surgery Coordinator:**

Providence Little Company of Mary  
Medical Center Torrance  
4101 Torrance Blvd.  
Torrance, CA 90503

Office: 310-303-5644

Fax: 310-303-6758

Angela.Nowell@Providence.org



## LEGEND

-  Providence Little Company of Mary Medical Center Torrance
-  The Medical Centre
-  Hospital Street Entrance
-  Main Hospital Entrance
-  Emergency Department Entrance
-  Valet Parking Lot (FREE)
-  Self Parking Lot (FREE)
-  Outpatient Diagnostics Center Entrance
-  Del E. Webb Center for Health Education (CHE) Entrance

[providence.org/torrance](https://providence.org/torrance)