

# HEART SURGERY

PREPARING FOR SURGERY



Lingard  
Private Hospital

# Welcome to Lingard Private Hospital

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Our friendly and experienced cardiac team will guide you and your loved ones through every step of your treatment.

They are here to support you, look after you, and respond to any queries you may have.



# Preparing for Heart Surgery

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## Preadmission Clinic

During the Preadmission Clinic, the following tests and procedures will be performed:

- ECG (electrocardiogram)
- Vital signs (BP, Pulse, Respiration rate, temperature, height, weight)
- Medical history
- Physical examination
- Assessing your risk for falls, blood clots, delirium, pressure injury and malnutrition
- Assessment of your home situation and plan for discharge from hospital.

Your surgeon will discuss the operation and any associated risks with you. Once you are satisfied with the proposed plan, the surgeon will have you to sign a consent form which also addresses the issue of blood transfusion should that need arise.

Your anaesthetist will discuss the type of anaesthetic to be used during surgery. They will also discuss post-operative pain relief measures. It is vital that you inform the anaesthetist of any prior reactions or sensitivities to previous anaesthetic agents. The anaesthetist will also discuss when to start fasting for surgery and what medications (if any) to cease prior to surgery.

Your physiotherapist will assess your lung function by means of spirometry. They will also provide education in regards to deep breathing and coughing exercises, which support the lungs returning to normal function post-operatively. The physiotherapist will also assess your mobility for any issues which might impact your recovery phase.



# What you can do to prepare for surgery

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## Stop smoking

Smoking is widely known to directly impact post-operative recovery. Both your GP and local pharmacist can support you by offering nicotine replacement therapy as well as support groups such as the Quit Line (131 848). Lingard Private encourages a no smoking policy.



## Diabetes regulation

Ensure that you adhere to a low sugar diet and administer your diabetic medications as prescribed to maintain stable blood sugar levels leading up to your surgery.



## Optimise pulmonary function

Use of the TriFlow (issued at pre-admission clinic) apparatus to improve deep breathing and coughing technique.

# Planning for your surgery

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- Bring your regular medications in their original boxes on admission to hospital
- Ensure that you have an identified/ allocated person for pick up from hospital on discharge
- Arrange to have someone at home with you for the first two weeks following discharge to provide assistance with shopping, house cleaning, laundry and cooking
- If you are currently employed, arrange enough leave from work (6 weeks)
- If required, please bring a set of comfortable wireless bras to wear after your operation.



# Day of surgery

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## Before your surgery

The night before and morning of your surgery, you will be asked to shower using an antibacterial sponge (MediSponge). Do not use talcum powder, deodorant or perfume afterwards. The staff will provide you with a hospital gown to put on after your shower.

You will also be provided a plastic container for your dentures, if required. Jewellery, nail polish, dentures and hearing aids are removed before you leave the ward for theatre. Your valuables are placed in storage on the ward until you return from the Intensive Care Unit (ICU). Your toiletry bag will go with you to ICU.

The duration of the surgery can be anywhere between 3-6 hours. This includes the time for the anaesthetist to insert intravenous lines and the tube for ventilation.

## After your surgery

You will spend the first 1-2 nights in ICU which provides specialised care and monitoring. You will have one nurse allocated to you. When you wake up, you will hear beeping noises from monitors, people talking, and you will have a tube in your mouth. Try to remain calm and breathe evenly, the nurse looking after you is there to support you. Once it is established that you are alert enough and all your vital signs are stable, the intensivist will decide when to remove the tube, allowing you to breathe independently. As the day progresses, the team will remove any other lines, drains and catheters depending on your clinical situation.

The first day after surgery, the staff will assist you out of bed to sit on the chair. This mobilisation decreases the risk of complications such as pneumonia and blood clots.

While in ICU, we ask that only 2 people visit at any one time due to limited space as well as allowing you, the patient, time to recover.

A member of the Intensive Care Team will call your next of kin with an update, at their earliest convenience, when you are out of surgery and in the ICU.



## The Ward

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Generally, by day 2, you will be discharged out of ICU to the Coronary Care Unit (CCU). If you have a urinary catheter, infusion or pacing wires; these will be removed on the ward at the discretion of the surgeon.

We ask that only 2 people visit at any one time due to limited space as well as allowing you the patient time to recover.

The following measures will also be addressed:

### Anti-embolism stockings

These improve circulation and prevent blood clots from forming in your legs. The stockings are put on immediately after surgery and kept in use for the first 6 weeks.

### Analgesia (Pain medication)

Pain following surgery is inevitable and is often associated with the wound site along the chest and leg. Often patients also experience muscle pain in the neck and shoulders. This is due to the chest wall being opened and manipulated during surgery as well as the limitation of sleeping on your back for the first 4 weeks following surgery. These normally settle within a few weeks. During the ICU stay, pain relief is administered via the drip. When discharged to the ward, these are switched to oral form and adjusted according to your pain level.



### Arrhythmia (Irregular heart beat)

This is a common occurrence following cardiac surgery. It is usually temporary and resolves with support of medication. Should the arrhythmia persist, the cardiologist will determine the appropriate treatment.

### Wounds

The wounds to your chest and leg will remain covered whilst in hospital. When you are discharged home, they are uncovered and may be cleaned in the shower with soap and water. Should you notice signs of infection (redness, swelling, hot to touch or increase in pain), please contact your GP.

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# The Ward

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## Constipation

This is quite common following surgery due to reduced mobility and changed eating patterns. During your hospital stay, aperients/ laxatives are administered to support a bowel motion. To assist, ensure that you are drinking enough fluids through the day (unless on a fluid restriction) and including sufficient fibre in your diet.

## Lung function

A physiotherapist will review your progress daily. The physiotherapist in conjunction with the nursing staff will use interventions such as early mobilisation, breathing and coughing techniques to ensure that your lung function is optimised.





## Discharge from hospital

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You should expect to be in hospital for 5-7 days. However, your actual discharge date is dependent on your recovery. Arrangements with family or friends regarding transport home should be made prior to admission to hospital. A towel placed in a pillowcase is recommended for the drive home. This "support" is placed in-between your chest and the seatbelt to reduce discomfort. Please note that a seatbelt must be worn at all times when in the car.

We recommend follow-up with the GP within the first week following discharge. This is to ensure that your recovery is going as planned.

The long term management of your health requires your active participation. It is important to balance rest and activity during the first 6 weeks following surgery. You may find that everyday tasks are more tiring than usual in the first few weeks, which is normal and therefore important that you take regular breaks and gradually increase your activities.



# Cardiac Rehabilitation

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The World Health Organization (WHO) and Australian Cardiovascular Health and Rehabilitation (ACRA) recommend that people participate in a cardiac rehabilitation program following cardiac surgery. The program includes supervised exercise programs with the physiotherapist and cardiac nurse, education sessions regarding heart disease, counselling and support during your recovery as well as support in making lifestyle adjustments where indicated.

You will be provided with further information about Lingard's Cardiac Rehabilitation Program on discharge. The coordinator will contact you between 2-4 weeks following surgery to plan a consultation.

For any enquiries regarding the cardiac rehabilitation program, please refer to the Lingard Hospital website or contact us on: 4918 0357 / 4929 8707.







In an emergency or life threatening situation you must go to your local Emergency Department for appropriate treatment.

Lingard  
Private Hospital healthcare™



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