

Your Hospital Stay



The Intensive Care Unit (ICU)

After Your Surgery

After surgery, your cardiac surgeon will provide your family with an update. After this, there will be a delay before your family can come see you in the Intensive Care Unit (ICU). Your family can wait in the ICU family/visitors lounge during this time. Typically, the Unit Host will greet your family in the lounge.

After your surgery is completed, you will be brought to the Cardiovascular Intensive Care Unit (CV-ICU), an area designed for patients who have undergone open-heart surgery. During this time, the ICU nurse will receive important information about your care.

Once your nurse finishes settling you in, your family will be welcomed into the ICU to see you.

Visitation Policy

- In alignment with Michigan Medicine, the Cardiovascular Intensive Care unit welcomes the presence of loved ones.
- “Family” members are welcome at your bedside 24 hours/day. We want you to feel supported, not only by the care we provide, but by your loved one’s presence as well.
- Family, for purposes of visitation, is defined by you and is usually one or more individuals who play a significant role in your life. “Family” members may be related in any way—biologically, legally, or emotionally. Thus, a patient’s family member may include a person(s) who is not legally related to the individual.
- At times, we may ask your family members to step out of the room if procedures or other necessary patient interventions need to be done. Your family will be welcomed back as soon as possible.

We welcome
the presence
of loved ones.

Cardiac Surgery: Post-Operative Care Progression

ICU Status

OR

Move to ICU

- ☐ Off breathing tube
- ☐ Up in chair
- ☐ Incentive spirometer every hour while awake

- ☐ Decrease supplemental oxygen
- ☐ Up in chair 3x/day
- ☐ Walking 4x/day
- ☐ Incentive spirometer every hour while awake
- ☐ Start Eating

Your Care Team

Intensivists Staff

- Intensivists are doctors who care for you during your ICU stay and work closely with your surgeon to decide your plan of care.
- They meet several times a day to review your changing conditions and needs.
- Starting around 8:00 a.m., the ICU doctors and other team members begin making “rounds” to see how you are doing. This is a good time to discuss your medical care, progress and steps toward discharge. The doctors will also “round” on you in the afternoon beginning around 3:00 p.m.

Provider Team

- The Provider Team is made up of Nurse Practitioners, Physician Assistants, and Residents who coordinate your care with your surgeon.

We encourage you and your family to participate and ask questions.

Stepdown Care

- ☐ Transition to stepdown care
- ☐ Chest tubes out
- ☐ Foley out
- ☐ Decrease supplemental oxygen
- ☐ Up in chair 3x/day
- ☐ Walking 4x/day
- ☐ Incentive spirometer every hour while awake
- ☐ Eating

Steps to Discharge:

- ☐ Pacemaker wires out
- ☐ Bowel movement
- ☐ Off supplemental oxygen
- ☐ Up in chair 3x/day
- ☐ Walking 4x/day
- ☐ Incentive spirometer every hour while awake
- ☐ Eating

Discharge

Nursing Staff

Nurses who specialize in the care of cardiac surgery patients will care for you during your hospital stay.

- Nurse to Nurse bedside report is performed every shift.
 - During report, your outgoing nurse discusses with the oncoming nurse how you are doing. They will discuss the plan for the day or any test you are scheduled for during that shift. This helps us to provide consistent care.
 - We encourage patients and families to listen and participate.
 - Questions are welcomed and encouraged.

Care Management Team

- **Nurse Case Manager** (discharge planner): Our case managers help to ensure a smooth transition between your inpatient stay and home care needs. They will visit you during your stay and arrange any medical needs you may have after discharge. You and your family will be given their contact information.
- **Social Work:** If needed, a social worker will meet with you and your family to ensure that the proper support system is in place at home to assist in your recovery.

Your Care Team



A doctor “makes rounds” by visiting all of his/her patients at the bedside.

Patient Care Technicians (Tech)

- The Patient Care Staff will assist your nurse with your daily care.


Inpatient Diabetes Management Team

- The Inpatient Diabetes Management Team will monitor your blood sugar levels. They make recommendations to your Surgeon to help keep your blood sugar under control.

Dietician

- A dietitian is available to answer questions about your dietary needs and preferences. Information about specific diets is available in the hospital.

Recovering in the ICU

A patient is lying in a hospital bed in an intensive care unit (ICU). The bed is covered with a white sheet and has a white pillow. To the left of the bed, there is a medical monitor on a stand displaying various vital signs. Several tubes and wires are connected to the patient. In the background, other medical equipment and a wall-mounted clock are visible.

Keep in mind: You may not remember a lot of what happens while in the ICU.

This is normal!

An intensive care unit (ICU) can often be an overwhelming place, both for the patient and their families. The sights and sounds of the ICU can be intimidating. The following information is important for you to review with your family to help prepare them for what they will see and hear.

What will my family experience when they first come to visit?

When your family visits for the first time it can be quite a shock. You will have lots of tubes and drains attached to surrounding equipment. Your skin often looks pale and feels cool to the touch. Your face and hands may appear puffy or swollen. ***Sometimes*** soft wrist restraints are necessary for your safety until you are fully awake. These restraints are tied loosely to the bed to prevent you from accidentally pulling out your tubes. This is all normal after open heart surgery.

Delirium

What does delirium look like?

- Confusion, may not know familiar people's names
- Inattention
- Quiet and withdrawn
- Flat emotions
- Unusually tired
- Agitation or restless
- Personality changes
- Saying things that do not make sense

Who is at risk?

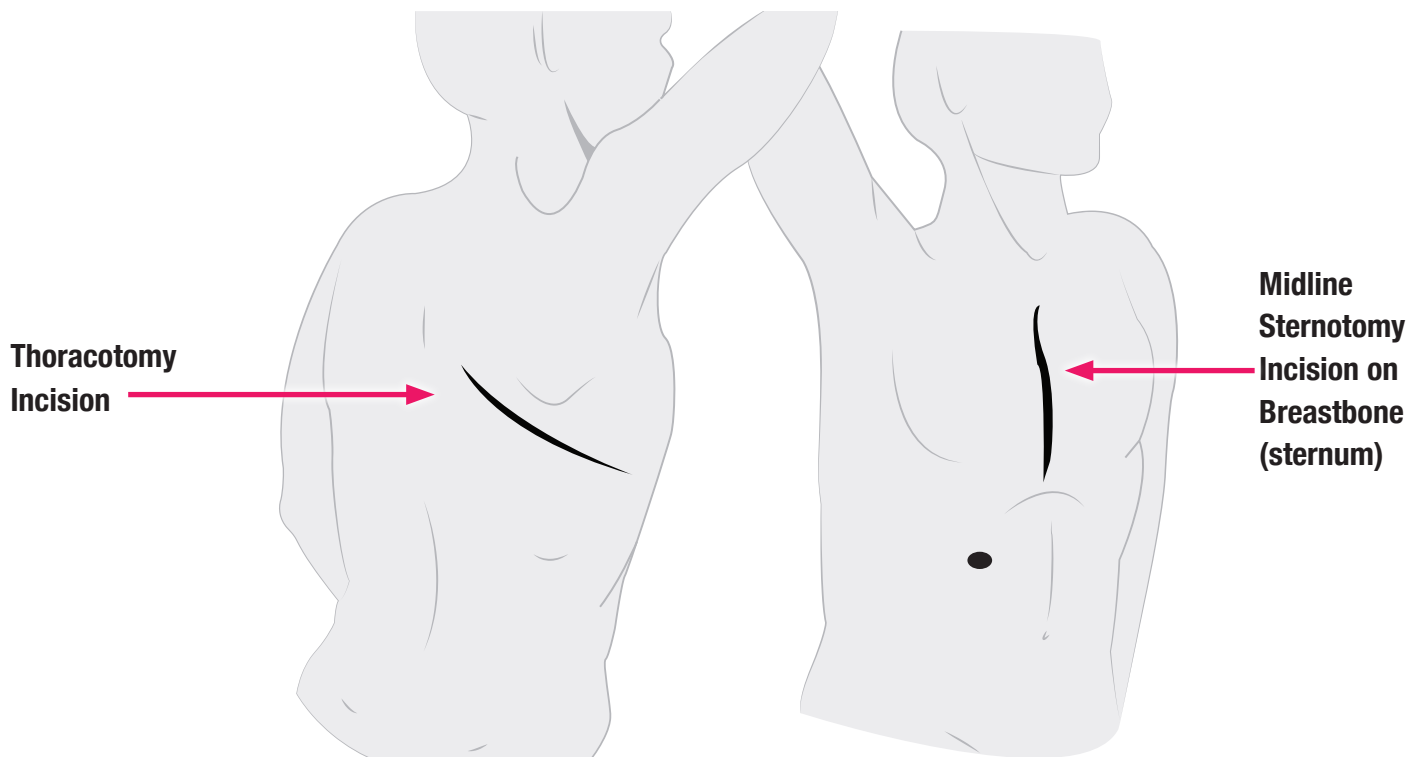
- Delirium affects ~82% of patients in the intensive care unit
- Anyone greater than 70 years old
- Recent surgery
- Anyone in the ICU
- People in pain
- Malnutrition
- Impaired vision or hearing

How to prevent it

- Be aware of the signs and symptoms and tell the nurse if you notice them
- Bring your glasses, hearing aids, and dentures
- Bring familiar objects from home such as family pictures
- Have a family member stay with you during your stay as much as possible
- If able, eat and drink regularly

Incisions

In cardiac surgery, the routinely used incisions are the **midline sternotomy** and **thoracotomy**.



What are all these tubes around me?

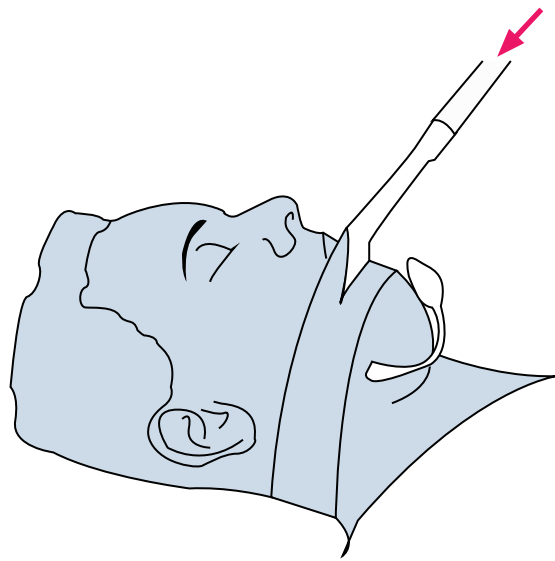
What types of tubes, wires and equipment will be attached to me after surgery?

After surgery, you will wake up to a team of health care professionals and lots of equipment. It's normal to have tubes and wires attached to your body. They help staff check your vital signs, take blood, give medications or fluids, and drain body fluids.

The following is a brief description of some of these tubes, wires and what you can expect upon awakening. If you have any questions, the medical team is here to help explain.



What are all these tubes around me?



Endotracheal Tube (Breathing Tube):

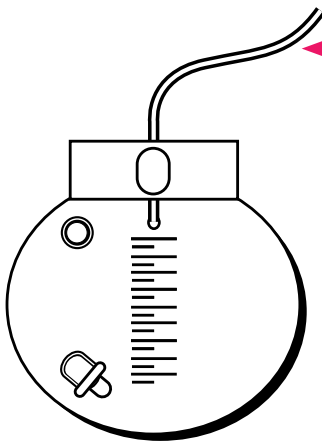
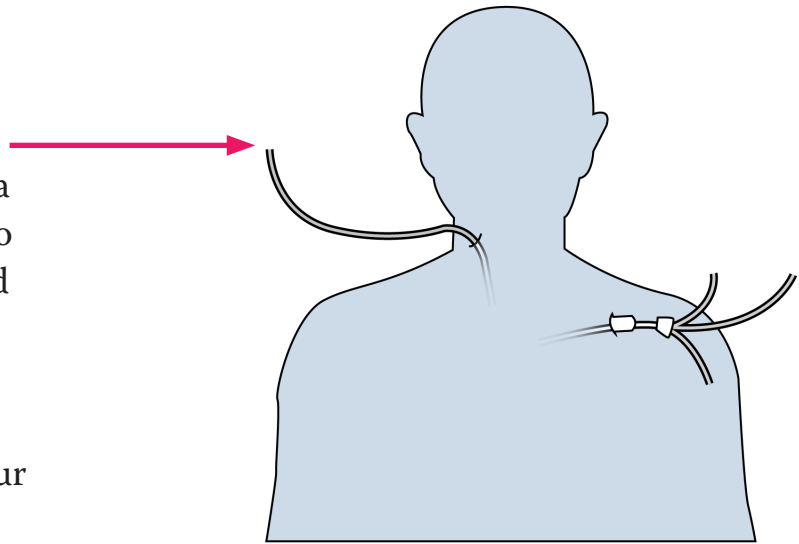
At first you will be too sleepy to breathe on your own. There will be a breathing machine helping you. There will be a tube placed through your mouth into your windpipe. This tube is attached to the breathing machine (ventilator).

There may be alarms that sound when you are on the ventilator. The alarms may be distracting, but they don't always mean that something is wrong. The respiratory therapist and your nurse will answer these alarms and explain the cause.

Our goal is to remove the breathing tube as soon as it's safe.

Pulmonary Artery Catheter (Swan-Ganz Catheter):

The pulmonary artery catheter is a long, thin tube that is inserted into a large vein in your neck. It is used by your medical team to monitor how well your heart is pumping and to give you medications. It is usually removed 1-2 days after your surgery.



Urinary Catheter:

In the operating room, you will have a catheter placed into your bladder to drain urine. During this time, you will not need to worry about using the toilet.

It helps the medical team measure the amount of urine you make and monitor how well your kidneys are working.

The catheter usually stays in for 1-2 days.

Oral-Gastric Tube (OG Tube):

The Oral-Gastric Tube is in place when you have the breathing tube. It is placed in your mouth and passed down to your stomach. Its job is to make sure your stomach is empty.

The Oral-Gastric Tube is removed when the breathing tube is removed.

Insulin Infusion

While you are in the operating room, your blood sugar is being checked regularly. This is continued during your entire hospital stay. The stress of surgery can make your blood sugar go up even if you do not have diabetes. We watch your blood sugar levels closely to reduce your chance of getting an infection and having other complications.

Typically you will be placed on a continuous intravenous (IV) infusion of insulin to keep your blood sugar levels less than 150. You will also receive a shot of insulin with each meal and at bedtime.

What sounds will I hear?

Unique alarms are set on each monitor and machine. You will hear different noises like alarms and beeping. Most alarms do not signal an emergency. The heart monitor and/or the breathing machine (ventilator) will alarm when a patient moves or coughs. These new sounds may be concerning, but they are normal. Please see a staff member with any concerns.



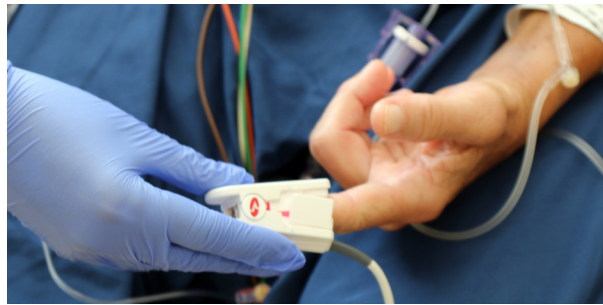
What are all these tubes around me?

Arterial Line:

The arterial line is a catheter that is placed in your wrist or groin. The arterial line allows the medical team to continually see your blood pressure. It also allows for your blood to be drawn without having to be poked.

The arterial line stays in place until you are ready to move to the step down unit.

Pulse Oximeter: Pulse oximetry is a way to measure how much oxygen your blood is carrying. A clip-like device called a probe is placed on a body part, such as a finger or ear lobe. The probe uses light to measure how much oxygen is in your blood. This information helps your health care provider decide if you need extra oxygen.



Chest Tube:

After your operation, it is normal for some fluid or blood to drain from your chest into the area around your heart and lungs. During your surgery, thick tubes are put in to drain any extra blood or fluid that may collect. The chest tubes come out of your chest and drain into a box.

The tubes are removed when the fluid has decreased – the specific time will vary person to person. Typically 1-2 days after surgery.



Dressing that covers incision



Heart Monitor:

Following your operation, a heart monitor will be placed on you to provide a constant recording of your heart's activity. It is used by your doctors and nurses to determine if your heart is beating normally.

The monitor screens will be located at your bedside and at the nurses' station.

Our highly trained nurses will watch the heart monitor at all times. If an alarm sounds, it does not necessarily mean there is a problem with your heart.

Sequential Compression Device (SCDs):

SCDs are placed on your calves and squeeze your legs intermittently to help prevent a blood clot from forming.

What are all these tubes around me?



Epicardial Pacemaker:

While you are in surgery, your surgeon places temporary pacemaker wires onto your heart. These wires exit the body through your skin and are attached to a pacemaker. A pacemaker is an electronic device that provides an electrical signal to help your heart beat if needed.

The pacemaker wires are temporary and will be removed just a few days before you are discharged from the hospital.

Support Stockings (TEDs):

These stockings are used to prevent blood clots from forming in your legs. You will keep them on during your hospital stay and when you return home.

See the discharge instruction for more information about your home use of TEDs.

What to Expect in the ICU

In the ICU, our goal is help you recovery from surgery and get back on your feet. The following are descriptions of the activities that will help you get home more quickly.

What will my diet be in the ICU?

Once your breathing tube comes out and your stomach wakes up, you may be able to start slowly drinking and eating. At first, you will be given clear liquids such as ice, *Jell-O*®, juice, popsicles, or broth.

Once you can tolerate clear liquids, you will be given solid foods that are low in fat, cholesterol, and no added salt.

You will likely not have an appetite while you are in the hospital. You may feel nauseated, or just have no desire to eat. This is normal. When you eat, you may notice you have lost your sense of taste. However, it is very important for you to eat to support the healing process.

Room service is available at any time of the day. Your nurse will bring you a menu so you can choose what you would like to eat. It is fine for your family to bring food from home, but it should be low in salt and low to moderate in fat.

It is very important for you to eat to improve the healing process.

Pain and Discomfort after Heart Surgery

What kind of pain can I expect to feel after surgery?

It is normal to experience pain after your surgery. You may be surprised to feel pain in places other than your incision site, especially as you begin to be more active. Please tell a member of your healthcare team about the pain you have after surgery, which can include:

Muscle pain: You may feel muscle pain in your chest, back, neck, shoulders or legs. This is from lying on your back on the operating table and in the intensive care unit.

Pain from chest tubes: You may have some discomfort from the chest tubes that were placed in your chest to drain fluid, blood and air during heart surgery.

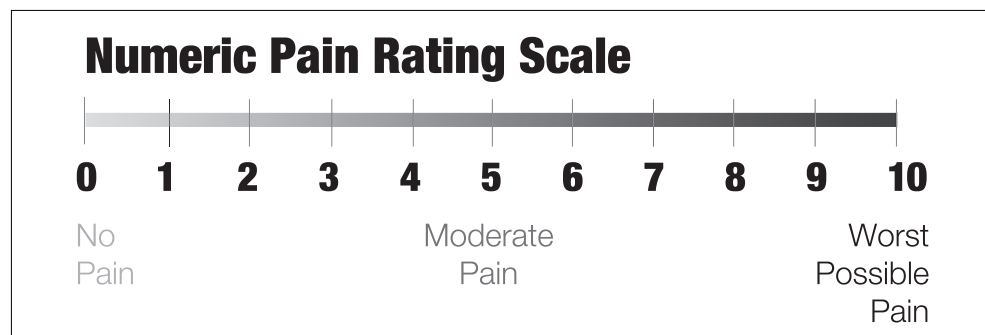
Incision pain: You may feel pressure or burning at the incision site(s).

Who is going to help manage my pain in the hospital?

Your doctor will order pain medication for you to take. Your nurse will ask you about your pain at regular intervals throughout your recovery, but do not hesitate to ask for pain medication if needed. Throughout your hospital stay, the nurses will monitor your need for pain medication. You should ask for pain medication when you need it.

The Numeric Pain Rating Scale is a helpful tool you can use to describe how much pain you are feeling and to measure how well treatments are relieving your pain. You will be asked to rate your pain using a 0-to-10 pain scale. Zero means “no pain”. Ten means the “worst possible pain”.

Zero means no pain. Ten means the worst possible pain.



Why is pain management so important?

Having good pain control not only helps you feel more comfortable, but also helps you recover faster and may reduce your risk of developing certain complications, such as pneumonia and blood clots. If your pain is well managed, it will make it easier to sit up, walk, cough, deep breathe, and eat.

What are my activity instructions while in the hospital?

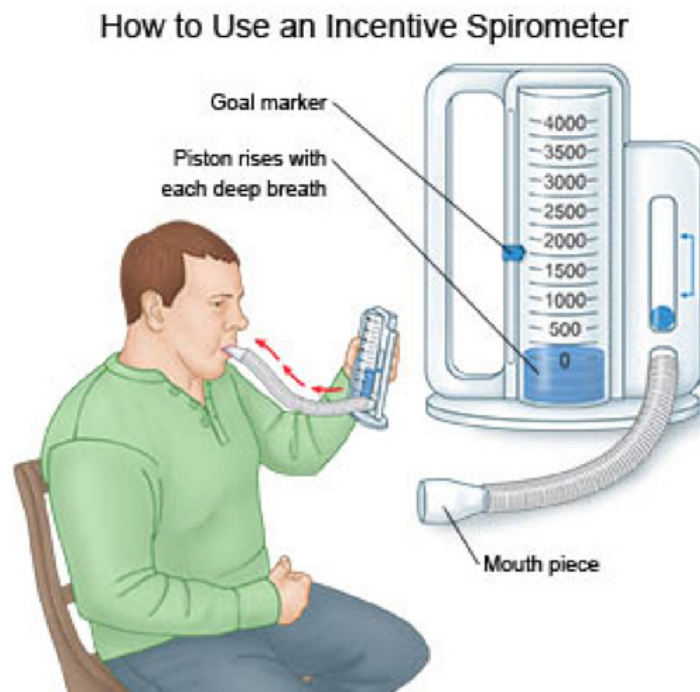
Activity is an important part of your recovery process after surgery. It helps in the following ways:

- Increases blood flow to your legs and feet to lower your risk of developing blood clots.
- Expands your lungs so you can clear any fluids to prevent pneumonia.
- Reduces or relieves pressure on bony areas to prevent pressure injuries.
- Reduces constipation and gas pain.
- Increases your muscle strength and endurance.

Below are activities you will be expected to perform during your hospital stay:

Cough and Deep Breathing

- ☐ Use your breathing machine (Incentive Spirometer) 10 times every hour while you are awake. For example, if you like watching TV, you should be using your Incentive Spirometer 2-3 times during each commercial break.



Other Tips When Using the Incentive Spirometer

- Since you have an incision on your chest from surgery, you will need to hold a pillow or folded blanket firmly against your incision. This will provide support and decrease the pain you may feel when you cough.
- If you do not reach the number you did before, do not get discouraged. This will improve with practice and as your body heals.
- If you start to feel dizzy or light-headed, remove the mouthpiece from your mouth and take some normal breaths. Then continue using the incentive spirometer.

Walking:

Beginning the first day after your surgery, you will have exercise goals:

- 4 walks each day
- up to the chair 3 times a day

Your Nurse, Physical Therapist and Occupational Therapist will be there to help you.

Begin by walking multiple times daily to build your endurance. Walk at a comfortable speed, timing yourself as you walk so you can continue to walk the same amount of time once you return home. Each day, add another minute to your walk. When you make it to 30 continuous minutes, increase your pace. Continue walking for 30 minutes 4-6 days a week.



Repositioning

Position changes are key in preventing pressure injuries and hospital acquired pneumonia (HAP). The following recommendations will help you reposition yourself.

- Change body position every 2 hours
- Adjust the head of your bed to a 30-degree angle to prevent too much pressure on your bony areas.
- Place a pillow between your ankles and knees when lying on your side.
- Place a pillow under your lower legs to elevate the heels when lying on your back.

Step-Down Unit

When you are doing well enough, you can leave the ICU and move to the Step-Down Unit for the rest of your stay. The transition out of the ICU means you are improving and moving towards recovery.

Please note: patients will be given preference for private rooms based on their medical condition.

On the Step-Down Unit, our team will continue to help you recover from cardiac surgery, and prepare you and your family to successfully care for yourself after discharge. Your family will be notified by the ICU staff before you are transferred to the Step-Down Unit. When you arrive to the Step-Down Unit, your nurse and patient care technician will meet you. They will orient you and your family to the unit.

What can I expect on the Step-down Unit?

Visitation Policy

Just like the ICU, “Family” members are welcome to visit anytime. Keep in mind that you need to rest and heal. You may not feel up to entertaining a large number of people.

We do encourage “Quiet Time” during the day from 1pm-3pm and 9pm-5am at night. This is a designated time dedicated to promoting your rest and healing. We may ask your family to use the lounge to visit during this time.

How do I regain my independence after surgery?

The staff will provide you and your family with the skills needed to prepare you for discharge. They will encourage you to do as much for yourself as you can. This independence helps you to take control of your recovery. Some people may need more of a guiding hand than others. The nursing staff will be there to assist you and reassure you as needed.

What type of monitoring will I need on the Stepdown Unit?

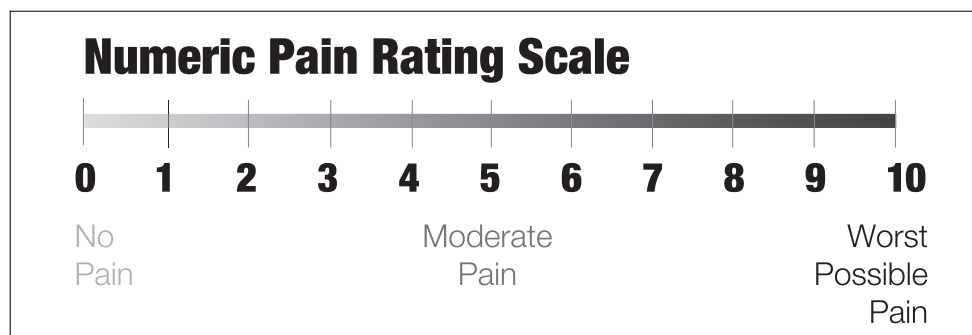
Once you leave the ICU, you will still need continued monitoring. When you arrive on the Step-Down Unit a portable heart monitor, called a telemetry unit, will be attached to your chest. This unit will transmit your heart rate and rhythm to monitors located at your bedside and at the nursing station. This portable monitor allows you to walk in the halls freely.

- The nurses and techs will regularly check your blood pressure, heart rate, and temperature.
- You will have your blood drawn for lab tests and chest x-rays taken if needed.
- We will measure how much you drink and urinate. We will provide a container for you to urinate into for measurement. We will also ask you to keep track of the amount of fluid you drink and report it to your nurse or tech.
- You will be weighed daily.
- A staff member (either a nurse or tech) will enter your room to assess your needs on a regular basis.

How will my pain be controlled on the Stepdown Unit?

Managing your pain after surgery continues to be a priority on the Step-Down Unit. The nurses will monitor your need for pain medication using the 0-to-10 Pain Scale. You should ask for pain medication when you need it. When your pain is well managed, you will be better prepared and able to walk and do your deep breathing exercises.

Zero means no pain. Ten means the worst possible pain.



What will my diet be after surgery?

Your food on the Step-Down Unit will be low in fat and cholesterol and will not have any added salt or sugar. It may taste different than what you are used to eating at home. It is very important for you to eat to improve the healing process.

Healthy food choices play a key role in the healing process. Eating a balanced diet of carbohydrate-rich foods high in fiber, along with a variety of fruits and vegetables, low-fat dairy products and lean meats are good guidelines to follow. Eating protein-rich foods is very important for wound healing. Good sources of protein include fish, eggs, dairy, beans, and nuts.

Room service is available at any time of the day. Your nurse will bring you a menu so you can choose what you would like to eat. Your nurse will check to see if you ordered food and will assist you if needed.

If you are diabetic or insulin dependent, your nurse will ask you to call him/her before you eat so she/he can check your blood sugar. It is fine for your family to bring food from home but it should be low in salt and low to moderate in fat.

It is not uncommon to become constipated after surgery due to inactivity and pain medication. Eating a diet rich in fiber, drinking enough fluids, walking the halls, and taking a stool softener will help your bowels move. Sometimes a suppository or laxative is needed to help this process along.

Our Registered Dietitians are food and nutrition experts who are available to discuss heart healthy choices and salt alternatives or reduction. They provide sound, easy-to-follow nutrition advice. If you are interested in speaking to a Dietitian, ask your nurse to arrange a visit.

How will I care for myself while in the hospital?

- Wash your hands frequently or use the hand sanitizer/ sani-wipes that we provide to assist you. Hand hygiene is very important to decrease the risk of infection.
- Bathe daily with the assistance of a staff or family member.

Your incisions will be observed and cared for each day. They will be kept clean and dry. Your chest incision may be covered with the OR dressing until the day of discharge or post-operative day 7.

- Continue to wear your compression stockings (sometimes referred to as TED hose); these will help with swollen and achy legs. They should be removed at night and when you bathe.
- Brush your teeth and rinse your mouth 2 times per day.
 - Patients who have poor oral hygiene are more likely to get Hospital Acquired Pneumonia (HAP).
 - If you inhale germs in the air, they can travel to your lungs. Brushing your teeth helps prevent these germs from getting to your lungs.

What can I expect on the day of discharge?

All of the staff on the step down unit is here to promote, assist and educate you and your family to prepare you for discharge.



How will I know I am ready for discharge?

- Make sure you have a ride home.
- Ask a family member or friend to arrive at 9:30 a.m. to review final discharge instructions with you and your nurse.
- Your case manager nurse will be in contact with you to explain your final discharge plans.
- Your nurse will review all discharge instructions with you. During this time, ask any questions you may have about your care after discharge.
- Be sure you understand:
 - ☐ Your medications and prescriptions
 - ☐ Incision Care
 - ☐ Activity/Restrictions
 - ☐ Diet
 - ☐ Reasons to call your doctor
 - ☐ Follow up appointment information
- If you need to have sutures removed after discharge, your nurse will give you a suture removal kit. Your nurse will tell you which sutures need to be removed and when they can be safely removed.

Discharge Tips:

Please make sure all items that you brought with you to the hospital are taken home.

Some examples may be:

- ☐ Glasses, dentures and hearing aids.
- ☐ CPAP machine
- ☐ Walker or cane
- ☐ All technology devices and chargers
- ☐ All medication

Required home essentials:

- ☐ Blood Pressure Cuff
- ☐ Working Thermometer
- ☐ Scale

- At home, you will need to monitor your blood pressure, heart rate, temperature, and weight until your follow up visit. Please make sure that you have the proper equipment to do so prior to discharge.
- Your clinic nurse will call you the first few days after discharge to see how you are doing. Phone numbers to contact the clinic will be listed on your discharge education sheet.
- If you have a long drive home, it is important to get up and stretch your legs at least once per hour. This helps to prevent blood clots.

Your clinic nurse will call you the first few days after discharge to see how you are doing. Phone numbers to contact the clinic will be listed on your discharge education sheet.

Commonly Prescribed Medications



Your prescriptions can be filled by your home pharmacy or by the Michigan Medicine Taubman outpatient pharmacy.

When you are discharged, your nurse will provide you a medication list along with prescriptions for these medications. It is very important to learn about all your medications: why you are taking them, potential side effects, the dose and when you should take them. The list given to you will include:

- ☐ The name of the medication
- ☐ The times you should take it

Medications are prescribed on an individual basis. Some medications will be necessary during your immediate recovery period and others will be needed indefinitely. When you go home, take only the medications your cardiac surgeon has prescribed for you.

Your surgeon will send a letter to all of your doctors advising them of your medications. In the first month of your recovery, your surgeon and his/her nurse will monitor your medications. You may receive a phone call from the nurse with instructions from your surgeon to change one of your medications. After your return visit with the surgeon, your local cardiologist or primary care doctor will review your medicines and may make updates.

Where can I get my prescriptions filled?

Your prescriptions can be filled by your home pharmacy or by the Michigan Medicine outpatient pharmacy located on the first floor of the Taubman Center. Discuss with your nurse where you will be filling your prescriptions. If you wish to fill them at the hospital, be sure to remind staff to send your prescriptions to the pharmacy the day you go home. A family member or friend must go down to pick them up for you. Prescriptions may take up to three hours to be filled. Please be prepared for this delay.

☐ I have a reliable pharmacy.

Name:

Location:

☐ My Care Team knows where to send my prescription.

What do I need to know about each type of medication?

Medication	How does this medicine work?	What are the side effects?	How do I take this medicine?
Antiplatelet medicines			
<ul style="list-style-type: none"> • Aspirin 	Aspirin make your blood less sticky which helps to prevent heart attacks and stroke.	<p>This medicine may increase your chance of bleeding.</p> <p>If aspirin upsets your stomach, take with food.</p> <p>Tell your doctor if you have any planned surgeries or dental work.</p>	Take aspirin (81mg tablet or “baby aspirin”) once daily. Do not stop taking this medicine unless your doctor tells you to do so.
<ul style="list-style-type: none"> • Clopidogrel (Plavix®) 	This medicine makes your blood less sticky which helps to prevent heart attack and stroke.	<p>This medicine may increase your chance of bleeding.</p> <p>Tell your doctor if you have any planned surgeries or dental work.</p>	Do not stop taking this medicine unless your doctor tells you to do so.
Cholesterol lowering medicines			
<ul style="list-style-type: none"> • Atorvastatin (Lipitor®) • Rosuvastatin (Crestor®) • Pravastatin (Pravachol®) 	These medicines not only lower your cholesterol but also reduce inflammation in your blood vessels.	Muscle pain may occur with this medicine. If this happens, talk to your doctor.	This medicine works best when you take it at night.

Tip: Read and save written information that comes with your prescriptions and over-the-counter medications.

Medication	How does this medicine work?	What are the side effects?	How do I take this medicine?
Beta blockers			
<ul style="list-style-type: none"> • Metoprolol (Lopressor® or Toprol XL®) • Carvedilol (Coreg®) • Atenolol (Tenormin®) 	Beta blockers act by slowing your heart rate and lowering your blood pressure, reducing the amount of work the heart has to do.	These medicines may lower your heart rate and blood pressure. If you feel lightheaded or dizzy, tell your doctor.	You may feel tired and weak when you start taking this medicine. This will stop if you continue to take this medicine.
ACE inhibitors			
<ul style="list-style-type: none"> • Lisinopril (Prinivil®, Zestril®) • Enalapril (Vasotec®) • Ramipril (Altace®) 	These medicines lower your blood pressure by making your blood vessels wider. This helps blood flow away from your heart easier.	<p>A side effect of these medicines is dry cough. If this happens, you can talk to your doctor about switching to another medicine called an ARB.</p> <p>You may have low blood pressure with these medicines. If you feel lightheaded or dizzy, talk to your doctor.</p>	When you get up from a sitting or lying position, please do so slowly to prevent lightheadedness or dizziness.

Medication	How does this medicine work?	What are the side effects?	How do I take this medicine?
Diuretics or “water pills”			
<ul style="list-style-type: none"> • Furosemide (Lasix®) • Bumetanide (Bumex®) • Torsemide (Demadex®) 	Diuretics or “water pills” help you to lose extra fluid. It is common to gain up to 20 pounds after heart surgery. This medication will help you return to your preoperative weight.	Low blood pressure may happen with these medicines. If you start to feel dizzy or lightheaded, call your doctor.	<p>It is best to take these medicines in the morning. Do not take your diuretic before going to bed.</p> <p>Take these medicines in the morning.</p> <ul style="list-style-type: none"> • Do not take your diuretic before going to bed <p>If you take a diuretic twice per day:</p> <ul style="list-style-type: none"> • Take your first dose early in the morning • Take your second dose around 2pm or 3pm to prevent you from waking up in the night to use the bathroom.
Medicines to treat electrolyte imbalances			
<ul style="list-style-type: none"> • Potassium chloride (Klor-Con®) 	If you are on a diuretic or “water pill” medicine, you will lose extra fluid which can lead to a loss of potassium. This medicine will replace the lost potassium.	You may experience nausea, vomiting, diarrhea, or abdominal pain.	Take potassium with food to avoid nausea.

Medication	How does this medicine work?	What are the side effects?	How do I take this medicine?
Medicines to treat electrolyte imbalances			
Antiarrhythmic			
<ul style="list-style-type: none"> • Amiodarone (Pacerone®) 	Antiarrhythmic medications prevent or reverse irregular heart rhythms.	This medication makes you sensitive to the sun. You may have nausea.	Please take with food to avoid nausea. Use sunscreen when outdoors. Do not stop using this medication suddenly without asking your doctor.
Anticoagulant			
<ul style="list-style-type: none"> • Warfarin (Coumadin®) 	Anticoagulant medications help to prevent blood clots from forming.	Major bleeding you cannot control.	Take your pill at the same time each day, usually in the evening. Eat the same amount of vitamin K foods each week.

Tip: A Pharmacist from our Anticoagulation Team will provide you with education about your anticoagulation medications while you are in the hospital.

Here are some Do's and Don'ts when it comes to your medications

DO:

- ☐ Learn both the generic and brand names of all your drugs.
- ☐ Keep a list of all your prescription and over-the-counter drugs, dosages, and purposes.
- ☐ Keep this list up to date and carry with you at all times.
- ☐ Take this list to all of your appointments and show it to your healthcare providers.
- ☐ Take your medicines exactly as directed. Using them the wrong way can make you feel worse instead of better.
- ☐ Take only what is prescribed for you.
- ☐ Refill your prescriptions on time. If your prescription is running low, call your physician for a refill.
- ☐ Call your healthcare provider or pharmacist right away if you have any medication questions.
- ☐ Read and save written information that comes with your prescriptions and over-the-counter medications. This written information will tell you what kind of side effects may occur.

DON'T:

- ☐ Don't take medications you were taking before surgery without first talking to your surgeon. This includes herbal supplements or other non-prescription drugs.
- ☐ Don't stop taking your prescribed medicine just because you are feeling better.
- ☐ Don't stop, skip or take an extra dose of your medication without checking with your physician.
- ☐ Don't drink alcohol while taking a medicine unless your doctor says it's okay.
- ☐ Don't be afraid to contact your healthcare provider or pharmacist if you have any questions!

Don't stop taking your
prescribed medicine
just because you are
feeling better.