

ABOUT YOUR PROCEDURE

Heart Surgery



The information in this guide has been assembled to help you become a partner in your child's care. Your presence, participation and partnership are needed to deliver the best care possible for your loved one. You are the expert. You know your child better than anyone. We welcome your questions and insights, and we value you as a member of our health care team.

Heart Surgery

What is heart surgery?

Heart surgery is an operation where a surgeon will repair problems with the heart or major blood vessels in the chest. During the procedure, your child will be given medicines so that they remain asleep and pain-free, and the anesthesiology team will place a tube to help them breathe. The surgeon will make an incision, either in the front or the side, to get to the heart. Some patients need a heart/lung bypass machine to do the work of the heart and lungs while the repair is happening. In some cases, this machine is not necessary. Once the heart surgery is done, the heart/lung machine will be stopped, allowing your child's heart and lungs to do their work. The surgeon will place chest tubes that will help drain fluid around where the heart surgery was done, and possibly place small pacing wires or special lines for monitoring. After this, your child may have the breathing tube removed or may keep the breathing tube until he or she is more awake and in the intensive care unit.

What will happen before my child's heart surgery?

If you see a U-M cardiologist, your child will have any pre-operative testing at your clinic appointment prior to your surgery. You will receive a phone call one week before surgery from our nurse coordinator to discuss how to prepare for your child's appointment and the surgical process.

- The testing will include an ECG, x-ray, echo (heart ultrasound) and lab work.

- You will have the opportunity to meet with the nutritionist and social work team during your child's appointment.

You will also meet with our nurse coordinator who will provide you information about when to arrive the day of surgery, when your child should stop eating and drinking, and you will be directed on what medications your child should take or stop prior to surgery. Instructions on bathing your child prior to surgery will also be provided. If your pre-operative visit occurred prior to the day before surgery, you will be called the afternoon before surgery to be told when your child should stop eating and when he or she should come to the hospital.

If your child's cardiologist is not a U-M physician, he or she will have a full-day workup, including testing, taking a medical history, and a complete physical examination in the days leading up to surgery (possibly the day before). About one week before your child's appointment, you will receive a phone call from our nurse coordinator to discuss how to prepare for your child's appointment and the surgical process.

- Expect your child's appointment to last about six hours.
- Please talk to the team caring for your child, both now and during all phases of care, about his or her routines, preferences, personality, and how he or she is best calmed so we can use some of the same methods in the hospital. If your child sucks his or her fingers or thumb, please let our team know so we can avoid putting tubes in that hand if at all possible.
- Your child's tests may include an ECG, x-ray, echo (heart ultrasound) and lab work.
- You will meet with our nurse coordinator, cardiology fellow, attending cardiologist, social worker, and nutritionist.
- You will be asked if you would like to tour the inpatient care units.

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MICHIGAN MEDICINE

Congenital Heart Center

Michigan Medicine
C.S. Mott Children's Hospital
1540 E. Hospital Dr. | Ann Arbor, MI 48109

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PATIENTS & FAMILIES

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You will be informed about when to arrive the day of surgery, when your child should stop eating and drinking, and you will be directed on what medications your child should take or stop prior to surgery. Instructions on bathing your child prior to surgery will also be provided.

Symptoms before surgery

Please inform the team if you, your child, or close contacts have been ill or have infectious symptoms. This is very important because it could affect recovery. Symptoms include:

- Fever (greater than 100 degrees)
- Cold/flu symptoms
- Wheezing
- Exposures such as chicken pox
- Croup, bronchitis, pneumonia
- Infections such as ear infections, pink eye, strep throat

The day of your surgery

- Dress your child in loose comfortable clothing such as pajamas or sweatpants. Buttons and snaps make for easier access with tubes and monitors.
- Remember to pack any paperwork that you were instructed to bring, such as your blue blood form.
- Your child may bring favorite comfort items such as blankets, stuffed animals, pacifiers, or bottles/sippy cups.
- Contact lenses, jewelry, nail polish, make-up, and tampons should not be worn the day of surgery.
- Arrive at the directed time to the 4th floor preoperative area. Check in at the Frog Desk.
- A nurse will get your child ready for surgery.
- You and your child will meet with the anesthesiologist and the surgeon or the surgical fellow.
- You will discuss and sign consent for your child's surgery.
- Your child will receive some medication from anesthesia, either by mouth or through an IV, to help him or her relax.
- Close family will be allowed to see your child in the preoperative bay before he or she goes to surgery.
- Parents will be allowed to accompany their child up to the door of the operating room.
- Pack loose-fitting pajamas, shorts or sweatpants, and slippers to wear after surgery while recovering.
- Adolescent/adult females are encouraged to bring comfortable (non-snug fitting), non-underwire bras such as sports bras to wear during the recovery period.

Tip: If your child is a baby, please bring pajamas with snaps or gowns without feet which are easier to put on if s/he has tubing monitoring lines, IVs, and tubes in place. Also, if you have them, bring baby socks or baby leg and arm coverings for your child to wear even when they have too many tubes to wear regular clothes.

What should I expect as a parent or family member during the surgery and immediately after surgery?

- Once your child is taken to surgery, family members will be escorted to the 10th floor ICU waiting room.
- The anesthesiologists typically spend 60–90 minutes preparing your child before the surgery actually begins.
- Once underway, a nurse will update you during the surgery.
- The surgeon will come and talk with you about the surgery when it is complete.
- After you see the surgeon, you will have to wait for 1–2 hours before you can go into your child's room. Once in the room, the ICU nurse will explain the monitoring equipment and provide you with an update on your child's status. The physicians will talk with you about the care plan for the day.
- Many of the machines used to monitor how your child is doing after surgery will beep or create noisy alarms at times. These alarms are simply meant to notify the nurse and other team members about what is happening. The nurses also carry a phone that will receive some of these alerts so that they know what is happening even if they cannot see your child. The noises, tubes, and machines can be alarming to families at first, but please know that our focus is on the very precious person at the center of all of that equipment, your child.
- After surgery, you are not able to hold your child immediately. We do value the importance of holding for both you and your child and will therefore make efforts to allow this as soon as is safely possible, typically once the breathing tube and other major lines and tubes are removed. Your child's nurse will help determine appropriate timing and can help answer questions you may have about this. Focus on providing love and support. Allow us to do the rest for your child.