

PATIENT INFORMATION

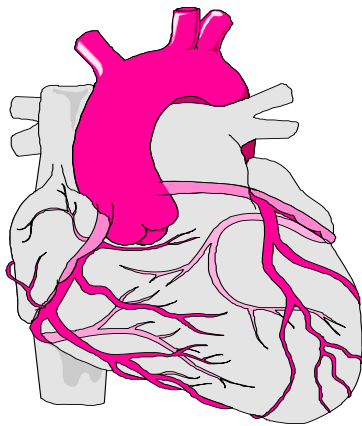
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Coronary Artery Bypass Graft Surgery (CABG)

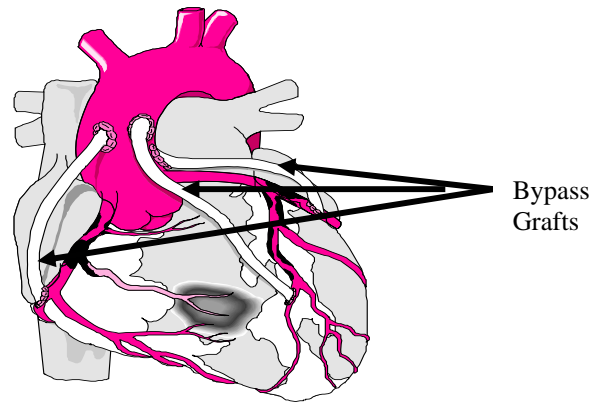
What is coronary artery bypass surgery?

Coronary arteries are the small blood vessels that supply the heart muscle with oxygen and nutrients. Over time, fats and cholesterol can collect inside these small arteries, and the arteries can become clogged. If the artery or arteries become partially or completely blocked, the supply of blood and oxygen to your heart is decreased. This can lead to a heart attack.

Coronary Artery Bypass Graft (CABG) is a type of surgery that is performed on these blocked heart arteries. A cardiovascular surgeon (CV surgeon) performs this surgery to bypass (or go around) the blocked vessels with grafts. Doing this will allow the heart muscle to once again get enough blood and oxygen.



Normal Heart



Damaged heart with three bypass grafts

Where is the operation done? How long does it take?

The surgery is done in the Operating Room on the second floor of the hospital. The entire procedure, from the time you leave your room until you are taken to the intensive care unit, usually takes from four to six hours, depending on how many arteries are blocked and have to be bypassed.

What should I do before the surgery?

- Your doctor will explain the operation to you and answer your questions. You will be asked to sign a consent form to give the surgeon permission to do the surgery.
- The night before and the morning of your surgery, you will wash with a special soap. You will also use an ointment in your nose the night before surgery and the morning

of your surgery. It is very important for you to use these as instructed. It helps prevent serious infections.

- You will have several blood tests, a urine test, and a chest x-ray before surgery.
- The doctor who puts you to sleep for the operation (the anesthesiologist) will come to talk with you and ask you questions about your health history.
- You will not be allowed to eat or drink anything after midnight before your operation.
- Someone from the Respiratory Therapy and/or Physical Therapy Departments may visit you before surgery and explain how they will work with you after surgery.

What should I expect on the day of the surgery?

- You will be asked to remove all of your clothes, including underwear and socks, and put on a hospital gown. All jewelry, nail polish, hairpins, dentures, make-up, artificial limbs, and eyeglasses or contacts must be removed. Give these to your family to keep for you.
- Before surgery, you may be taken to an area near surgery called the Pre-Anesthesia Unit (PAU). The nurses there will help to get you ready for surgery.
- If you do not already have an IV (a needle in a vein) one will be started.
- Before your operation, the hair will be removed from under your chin to your ankles. Removing even fine hairs is done to help prevent an infection.
- Next, your skin will be cleaned with a germ killing solution called Betadine® or Duraprep®. This bath is also done to help prevent infection.
- After the bath with the germ killing solution, sterile towels will be draped across you and may be taped into place. Please do not remove these towels or touch the skin under them. If you are cold, tell your nurse and he or she will give you extra blankets.
- You will be given medicine to help you relax and an antibiotic to help keep you from getting an infection. When the doctor is ready, you will be taken to surgery.
- Your doctor or nurse may give you additional instructions.
- Your family will be asked to wait in the Centralized Waiting Room. It is very important that your family tell the staff in the waiting area when they arrive. If they all leave at the same time, they will need to tell the staff where they can be reached. The nurse in the Operating Room will call your family regularly during your surgery to let them know how you are doing.

What should I expect during surgery?

You will be in a deep sleep during surgery and will not feel anything. While you are asleep, the doctor will take blood vessels from your leg(s) or from an artery in your chest near the heart (the mammary artery) to use to make the grafts. The breast bone (sternum) must be cut so that the doctor can operate on your heart. The blood vessels that have been removed from your legs or chest will be attached above and below the blocked areas in your heart arteries. Once the grafts have been attached, you will have a new path for blood flow to the heart that goes around (bypasses) the blocked area.

Your family will wait in the Intensive Care Waiting Area during your surgery. The operating team will call your family during surgery to let them know how you're doing.

What should I expect after surgery?

- You will be taken to the Cardiovascular Intensive Care Unit (CVICU) on A2 after surgery. Your family will be allowed to see you within one and a half to two hours.
- You will be asleep for several hours after surgery. The nurses will watch you and your vital signs closely. You may feel confused when you wake up. It is normal to lose track of time. You will be hooked up to many tubes and monitors. Your wrists may be strapped down lightly so you don't pull the tubes out. These tubes and wires include:
 - ◆ A breathing tube in your throat and a breathing machine (ventilator) used to give you extra oxygen and help you to breathe deeply. You will feel the tape used to keep this tube in place on the sides of your mouth and face. The tube may make you feel like you have to cough or gag. You cannot speak while this tube is in place. The tube will be removed when you are fully awake and no longer need it. This is usually within 12 hours of surgery.
 - ◆ Pacing wires coming from your chest that can be attached to a temporary pacemaker if your heart needs help beating properly after surgery. These will be removed a few days after your surgery.
 - ◆ Tubes (1-4) in your chest to keep fluids from collecting around your heart.
 - ◆ A special IV in the side of your neck to give you fluids and medicines. It also helps the nurses monitor your heart.
 - ◆ A special IV in your wrist to monitor your blood pressure.
 - ◆ A tube inserted in your nose or your mouth down into your stomach to keep you from being sick at your stomach.
 - ◆ A flexible tube (catheter) in your bladder to drain urine.
(Most of these tubes and wires will be removed within the first two days after your surgery, depending on your needs).
- You will need to turn, cough, and deep breathe every two hours. Your nurse will explain this to you and help you if needed. You will be given a pillow to hold over your chest to help the discomfort and protect your chest when you cough. We will do whatever we can to make you as comfortable as possible. Be sure to tell your nurse anytime you are having pain so that we can treat you properly. Respiratory therapy will work with you to help you get off of oxygen as soon as possible.
- You will be helped to get out of bed as soon as possible. You will need to do this at least four times a day to prevent blood clots and pneumonia. You will be given tight hose to wear that will also help prevent blood clots from forming in your legs.
- Your nurse will need to know how much you are drinking and urinating (making water). He or she will explain this to you and help you to measure this.
- Your incision(s) will be cleaned every 24 hours.
- You will begin taking clear liquids soon after your breathing tube is removed. You will move on to solid food soon.
- Even if you are not a diabetic, your blood sugar will be checked often and treated as necessary. This helps with the healing process.

- You will be transferred to A2 Intermediate Care Unit when the doctor thinks that you are ready. This is usually one to two days after your surgery.
- After moving to A2, you will begin working on several things:
 - Having any remaining tubes taken out
 - Getting out of bed to feed yourself for every meal
 - Walking in the hall at least twice a day (a Physical therapist will help you as you begin. They will also show you other exercises). You will be encouraged to be up as much as possible. This will help you heal better and reduce your chance of problems after surgery.
 - Having your dressing(s) removed (be sure to keep your incisions clean and dry. Do not rub or touch your incisions. Use a towel over them when you eat. Tell your nurse if you see any redness, swelling, or pus-like drainage from your incisions).
 - Moving and walking by yourself.
 - Preparing for discharge (teaching should be provided by Cardiac Rehab, Dietary, Physical Therapy, and Respiratory Therapy).
 - You should be free of fever and signs and symptoms of infection.

Most people go home within 3-5 days after surgery if you do not have any problems. You will be taught about how to care for yourself at home.

We are a tobacco-free property. No smoking or tobacco use on our campus.

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