

Heart Surgery



Your name

Surgery date

Please bring this book to:

- all appointments with your doctor
- pre-surgery assessment
- the hospital on the day of surgery.

Heart Surgery

Second edition

Developed by Allina Health.

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The publisher believes that information in this manual was accurate at the time the manual was published. However, because of the rapidly changing state of scientific and medical knowledge, some of the facts and recommendations in the manual may be out-of-date by the time you read it. Your health care provider is the best source for current information and medical advice in your particular situation.

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Disclaimer

This publication is for general information only and is not intended to provide specific advice or recommendations for any individual. The information it contains cannot be used to diagnose medical conditions or prescribe treatment. The information provided is designed to support, not replace, the relationship that exists between a patient and his/her existing physician.

For specific information about your health condition, please contact your health care provider.



Welcome

Your treatment will be unique. The goal is to involve you in your treatment through each step of the process.

Many people find it helpful to learn as much as they can before surgery. This book gives you information to promote a successful recovery. It should not be used as a substitute for medical or professional advice.

Your health care team includes doctors, advanced practice providers (nurse practitioners and physician assistants), nurses, nursing assistants, social workers, and therapists.

Your health care team will plan and guide you through each step of your treatment program, from pre-surgery teaching through recovering after your surgery.

We look forward to caring for you.

Recovery From Heart (Cardiac) Surgery

- The care map in this book will outline what you can expect during your hospital stay.
- There is a lot of information here. You are not expected to know all of it. This book is intended to guide you before, during and after your surgery.
- Your hospital After Visit Summary will identify what medicines to take, your activity restrictions and when to go to follow-up appointments and cardiac rehabilitation.
- Call your providers for any questions you have before or after your recovery.
- You can expect to get tired easily in the early part of your recovery. You should expect to feel stronger with time.

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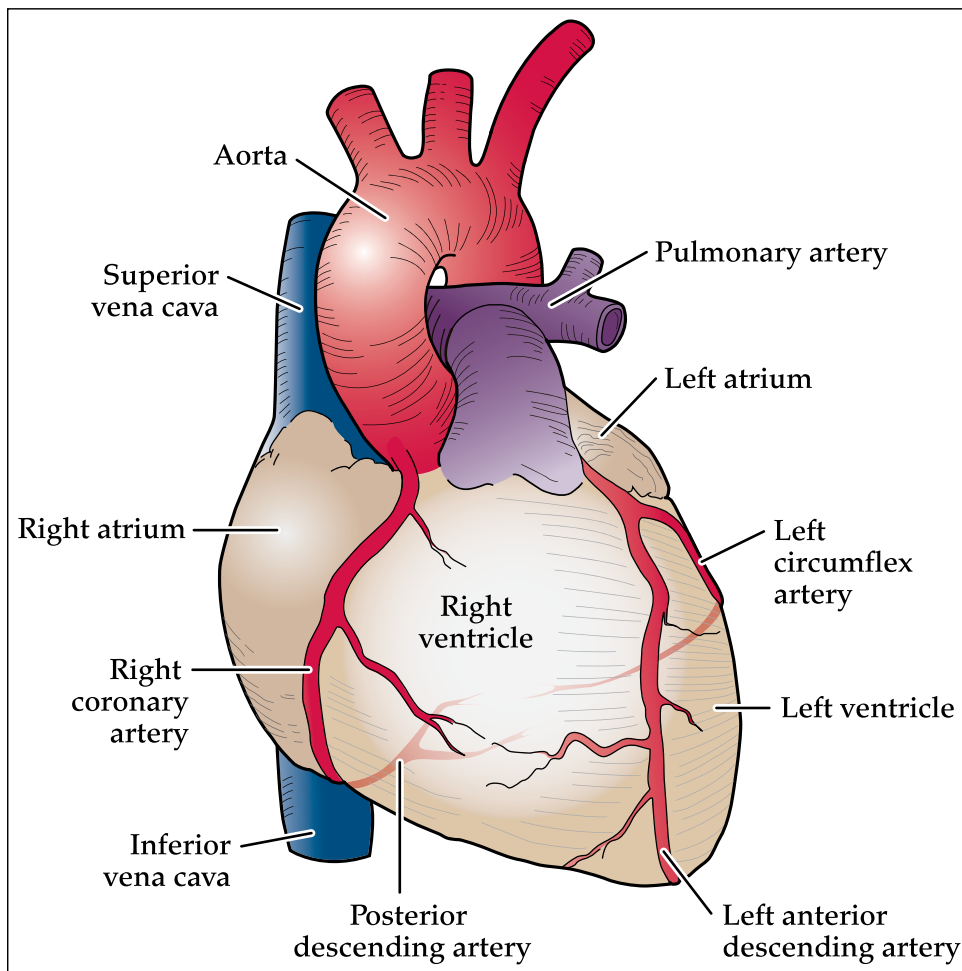
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Chapter 1: Understanding Your Heart

How Your Heart Works



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Your heart muscle is about the size of an adult fist.

Your heart is a muscle. Its main “job” is to pump blood rich in oxygen and nutrients through blood vessels in your body. All cells in your body need oxygen to survive.

The outside of your heart has two blood vessels with many branches. They are called coronary arteries. They supply blood rich in oxygen to your heart muscle.

The inside of your heart is divided into four chambers:

- The upper chambers are called the left and right atria.
- The lower chambers are called the left and right ventricles.

A wall of muscle (the septum) separates the left and right side of your heart.

Blood enters the right side of your heart and goes to your lungs to pick up oxygen. The blood returns to the left side of your heart and is pumped out to your body.

Valves open and close with each heartbeat. They keep the blood in your heart moving in the right direction.

There are four valves:

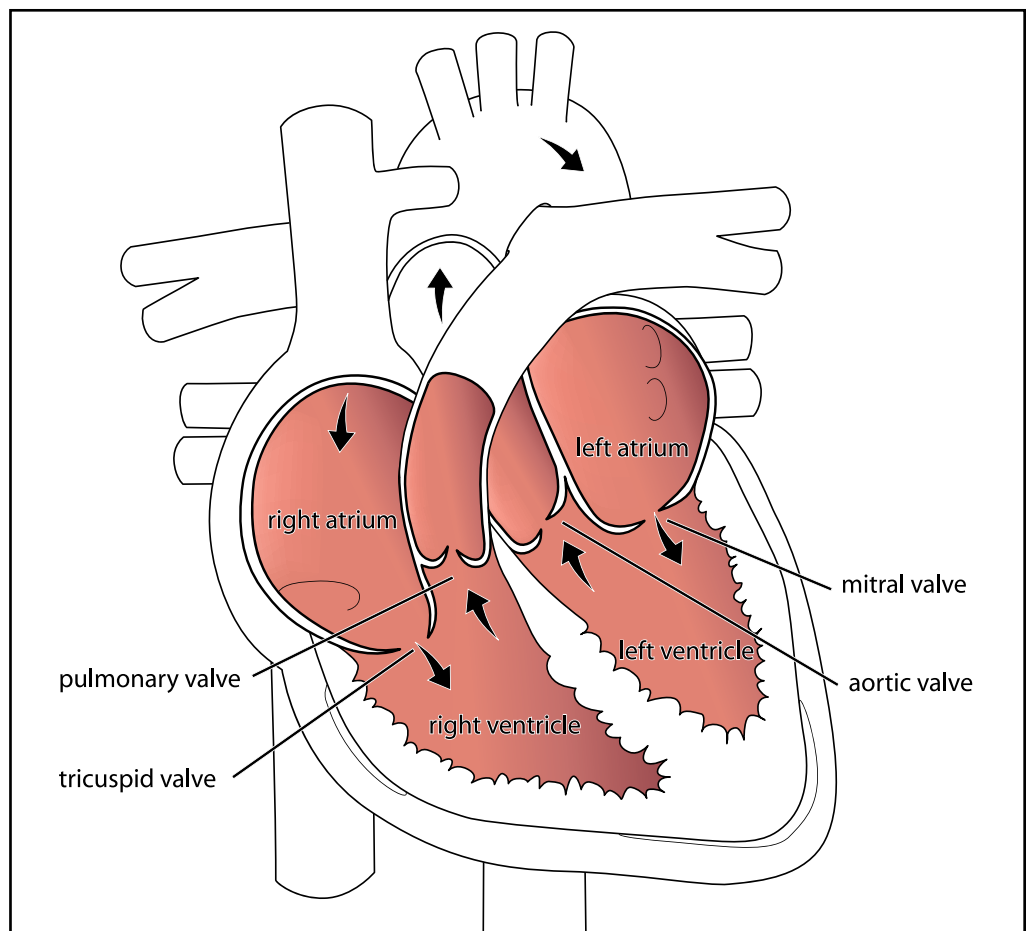
■ **Right side:**

- tricuspid valve: separates the right atrium (upper right chamber) and the right ventricle (lower right chamber)
- pulmonary valve: controls blood flow from the right ventricle to the lungs.

■ **Left side:**

- mitral valve: separates the left atrium (upper left chamber) and left ventricle (lower left chamber)
- aortic valve: controls blood flow from the left ventricle to the aorta.

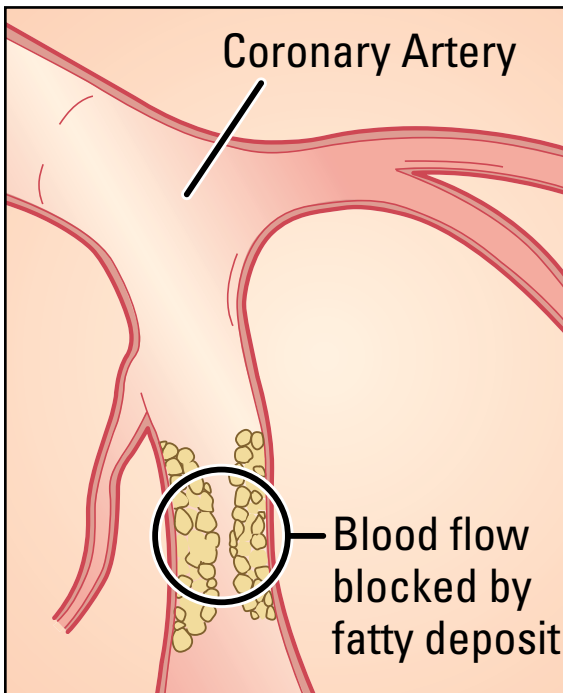
Your heart also has an electrical system. This powers your heart's pumping system. A group of special cells sends an electrical impulse through your heart muscle causing it to contract, or beat, about 60 to 100 times per minute.



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Your heart has two atria, two ventricles and four valves (two on the left and two on the right).

What Can Go Wrong With Your Heart



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Plaque (fatty deposits) builds up in an artery. This means that blood and oxygen can't move well.

❑ Coronary (heart) artery disease

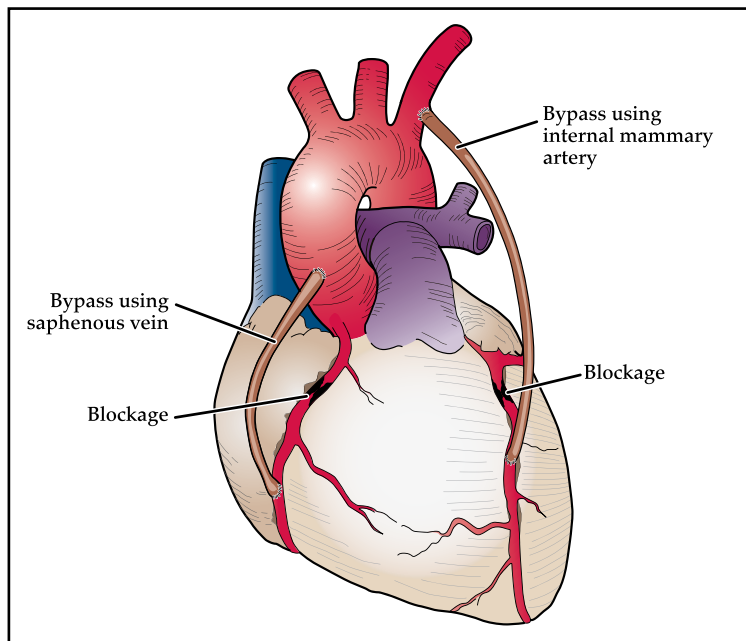
Coronary artery disease, also known as CAD, happens when the arteries to your heart become damaged or diseased. The common cause is plaque, fatty deposits of cholesterol, in your arteries.

When the plaque builds up, it narrows your arteries, causing your heart to receive less blood. Over time, this decreased blood flow may cause symptoms such as pressure or tightness in your chest, shortness of breath and fatigue (being very tired). A total blockage can cause a heart attack.

Treatment for CAD

One treatment for CAD is coronary artery bypass surgery. This helps more blood get to your heart.

Your surgeon takes a blood vessel from your leg or chest wall and connects (grafts) it to the blocked artery. This makes a new path for blood to move around the blockage. The actual blockage isn't removed. You may hear the word CABG ("cabbage") used. This stands for coronary artery bypass graft.



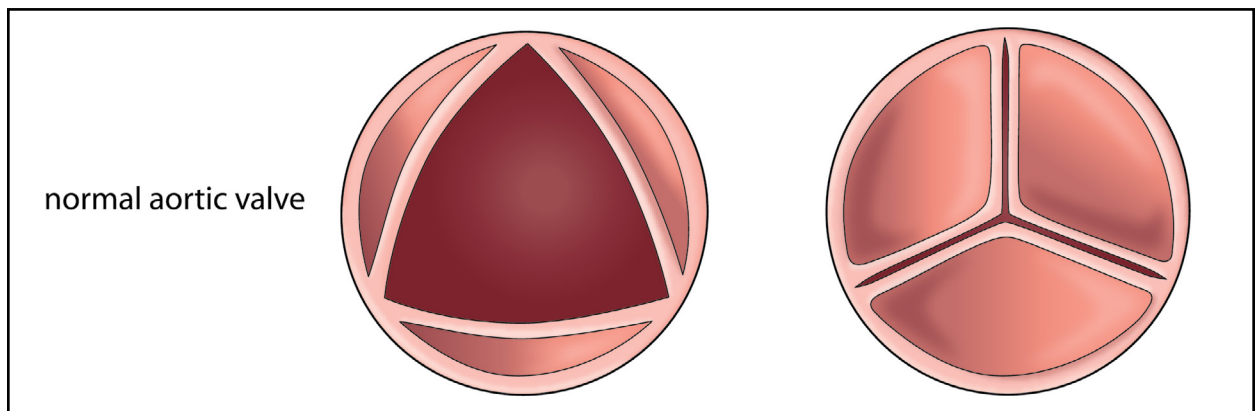
© Allina Health System

Your cardiac surgeon uses a blood vessel to make a path for blood to flow around the blockage.

□ Heart valve disorders

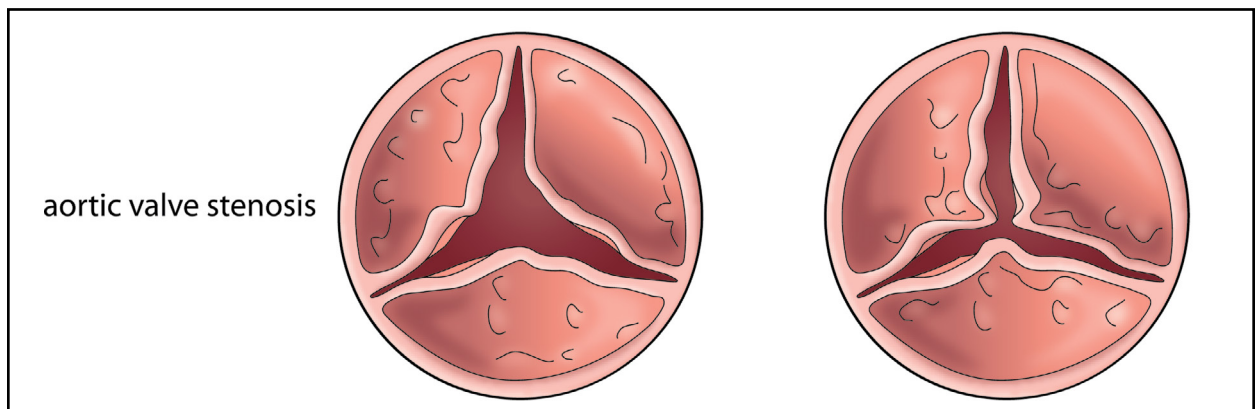
Any heart valve can have a problem. You may be born with a valve problem or develop one later in life. The most common problems in adults are with the aortic and mitral valves.

- **Stenosis:** This occurs when a valve narrows, preventing blood from flowing forward properly. Stenosis makes your heart work much harder to force blood to flow through a smaller opening.
- **Insufficiency or regurgitation:** This occurs when a valve does not completely close, letting the blood leak backward. This makes your heart work harder.



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How normal valves open (left picture) and close (right picture).



© Allina Health System

Stenosis keeps the valve from opening (left picture) and closing (right picture) properly.

Heart valve replacement

Your surgeon will remove your damaged valve and replace it with an artificial one. The two main types of valves are:

- **Tissue valves (bioprosthetic):** These are made from animal valves or animal tissue. You likely won't need to take a long-term blood-thinning medicine other than aspirin. A tissue valve may need to be replaced in the future.
- **Mechanical valve:** These are made from strong and durable materials (carbon or titanium) that are made to last many years. Blood tends to stick to these valves and create blood clots. You likely will need to take a blood-thinning medicine for the rest of your life.

Heart valve repair

Your surgeon may want to repair — not replace — your valve. This means your normal tissue will stay in place. You likely will not need to take a long-term blood-thinning medicine other than aspirin.

□ Aortic aneurysm

The aorta is the largest artery in your body. It carries blood rich in oxygen away from your heart to the rest of your body. If an area of the aortic wall is weakened, it expands or bulges as the blood is pumped through it. This causes an aneurysm.

An aneurysm can lead to a tear in the aorta wall or a break (rupture) that can cause life-threatening bleeding.

Aneurysm repair

Your surgeon will cut out and remove the bad part of the aorta and sew a fabric tube (graft) onto both ends to replace the removed part. If the aneurysm is close to the aortic valve, you may also need a valve replacement during surgery.

❑ Aortic dissection

The wall of the aorta is made of three layers. A dissection happens when the inner layer of the aortic wall tears. This causes blood to flow between the layers causing them to separate or dissect.

Even if the tear is small, it can spread along the whole aorta and other arteries.

An aortic dissection can cause internal bleeding, stroke, heart attack or death.

The symptoms of an aortic dissection are similar to a heart attack. They are sudden and cause severe chest or back pain. The pain may:

- have a ripping or tearing sensation
- move to the back, abdomen, neck, arm or jaw as the dissection gets worse.

Other symptoms may include:

- cold sweats
- fainting
- lightheadedness
- shortness of breath
- nausea or vomiting
- general feeling of weakness or severe fatigue.

An aortic dissection could cause only mild pain or no pain.

If you have one or more of these symptoms, call 911 right away. Do not delay. Do not drive yourself to a hospital Emergency Department or Urgent Care.

Chapter 2: Before Surgery

Role of Your Health Care Team

Your Care Circle

Members of your care circle include your family, friends or others who are close to you.



Members of your health care team who will work with you during your hospital stay include the following.

- **Doctor and advanced practice providers** working together will be in charge of your care.

The care team may include a:

- **cardiothoracic surgeon** (doctor who specializes in surgery of heart disease)
- **cardiologist** (doctor who specializes in treating heart disease)
- **hospital-based internist** (doctor who specializes in caring for adults)
- advanced practice provider such as:
 - **nurse practitioners** or **physician assistants** (health care providers who have advanced training and may diagnose and treat illness)
- other consulting providers as needed.

- **Nurses** will closely watch your temperature, blood pressure, heart rate and oxygen levels to help you in your recovery. They will check your incision site and make sure you have no problems going to the bathroom.

Nurses will give you medicine, ask about your pain level and help you with therapy. They will educate you and your care circle about heart disease and medicines.

Nurses will work with the rest of your health care team to make sure your needs are being met.

- **Nursing assistants** will help you get in and out of bed, walk and get bathed.
- **Pharmacists** will fill orders for your medicines. They will watch to make sure your medicines work together without side effects.

Other members of the health care team you may meet are:

- dietitian
- cardiac rehabilitation therapist (CR)
- occupational therapist (OT)
- physical therapist (PT)
- social worker
- housekeeping
- chaplain
- integrative medicine therapist
- other medical consultants as needed
- respiratory therapist.

Your Health History and Physical Exam

Before your surgery, a clinic provider should give you a health history and physical exam to:

- evaluate your current health status
- review or perform any tests you need before surgery
- make sure you are ready for surgery.

Dental Visit and Dental Clearance



- If you have not had a dentist visit in the last 6 months, schedule an appointment before your surgery. Dental problems (such as an infected tooth) could delay your surgery because of the risk of infection.
- If you are having heart valve surgery, your surgeon will need to get clearance from your dentist.
 - Tell the dentist you are having heart valve surgery.
 - Ask the dentist to complete the clearance letter you received at your consult.
 - After the dentist completes the clearance letter, have it faxed to your surgeon's office.

Pre-surgery Clinic Appointment and Education

Coordinators will contact you to make an appointment for the clinic and education.

Clinic appointment

During this appointment, the clinic staff will:

- go over information on safety during your hospital stay
- create your plan of care
- give you pre-surgery instructions about activities on the day of surgery.

If you currently take any medicines, your health care provider will give you directions for:

- taking your medicines the morning of surgery
- stopping any prescription medicines before your surgery
- stopping any over-the-counter medicines before your surgery, including herbal medicines.

The surgery coordinators will schedule this appointment for you.

Pre-surgery education

Pre-surgery education will be offered before your surgery. Members of your health care team will be there to answer your questions.

During education visit, you will learn:

- how to get ready for surgery
- what to expect during your hospital stay
- how to go home safely after surgery.

Insurance Coverage

It is important for you to understand your health care benefits before your surgery. A review team will look at your benefits and work to get approvals. Call your insurance provider and find out exactly what is and isn't covered under your plan.

Use the worksheet on page 20 to help you determine your insurance coverage.

Questions to ask your insurance provider before your hospital stay

Insurance coverage for heart surgery is different from plan to plan. Use this worksheet as a guide to help you know what *your* health plan covers. Call your insurance provider at least 2 weeks before your surgery. Look for the phone number on your membership card.

Insurance provider phone number _____

Policy number _____

Date and time of call _____

Person spoken to _____

1. I am scheduled for open heart surgery. Does my hospital stay need to be pre-approved?

yes no

If yes, who should pre-approve my hospital stay? _____

What do I need to do to receive the pre-approval? _____

2. Will more hospital days be covered if there are complications? yes no

If yes, how many extra days are covered? _____

3. If I need medical equipment, am I pre-approved for it? yes no

Do I have to get the medical equipment from a specific source? yes no

If yes, where should I go? _____

Do I need a prescription for the equipment? yes no

If yes, how do I get it? _____

4. If I can't return to my normal home life right after leaving the hospital (discharge), do I have benefits for rehabilitation and physical therapy? yes no

If yes, which of the following have coverage benefits?

cardiac rehabilitation

home health care

physical therapy

occupational therapy

skilled nursing facility (SNF)

Hospital Pre-registration



After your surgery has been scheduled, you may be contacted by the hospital 2 to 3 weeks before your surgery to pre-register.

Please have the following information ready:

- full legal name and full address
- home phone number
- date of birth
- marital status
- Social Security number
- name of insurance policyholder, address, personal phone number, work address and work phone number (if insurance is through an employer)
- name of your insurance provider, mailing address, policy and group numbers, and copy of insurance card (If you have Medicare, there will be more questions to answer.)
- your employer, address and phone number
- name, address and phone number of the nearest relative or partner, if applicable
- name and phone number of someone to call in case of emergency (can be the same as nearest relative).

Health Care Directive

How to Get Started

Go to allinahealth.org/hcd.

- Print the form of your choice. Or, ask your health care provider for a copy.
- Read the [guide](#) if you need help filling out your health care directive.

You can also fill out a secure health care directive online. Go to account.allinahealth.org to create an account.

Planning for your future health care

A health care directive is a written document of your health care choices in case illness or injury prevents you from telling them yourself.

Members of your care circle (family, friends or others close to you) and your health care team use this to interpret and understand your wishes, goals and values for future health care.

You can write:

- who you want to make your health care choices (known as a health care agent)
- what kind of care and treatment you do or do not want
- your wishes about the quality of your life.

Medicine Use Before Surgery



Certain medicines can cause problems (complications) with your surgery unless you stop taking them before surgery.

Talk with members of your health care team about **all** of your medicines at least 7 days before surgery.

The clinic provider will give you directions for which medicines to take the morning of surgery and which medicines to stop taking for the surgery.

Medicines to talk about before surgery

Talk with the clinic provider if you take:

- blood-thinning medicine
- heart medicine
- diabetes medicine (insulin, pills).

Blood Glucose



If you have diabetes, it is important to have good blood glucose levels before and after surgery. This will help you heal better after surgery and lower your risk of infection.

Talk with your diabetes health care provider about having good blood glucose levels before your surgery.

The stress of surgery can sometimes increase your blood glucose level. While you are in the hospital, you may receive insulin to control your blood glucose — even if you don't have diabetes.

If you take diabetes medicine, you will usually start taking them again when you leave the hospital.

Nutrition

Good nutrition is essential for your recovery from surgery. Eating well-balanced meals will help you recover quickly and help you feel your best. What you eat after surgery affects your well-being.

If you do not eat enough of the right foods, you will become tired and less able to take care of yourself. Be sure you make time to eat — even if you do not feel hungry.

Healthful meals do not have to be expensive or take a long time to make. You can make soups and frozen homemade foods in advance. Have healthful snacks such as cheese, crackers, peanut butter, fresh fruits and vegetables, fruit juices and milk.

Quit Tobacco For Your Surgery

Learn More

Maybe you tried to quit tobacco already. Maybe this is your first time.



The good news is there are many ways to quit. It's important to choose methods that appeal to you.

It may take practice to find the best way for you to quit but keep working on it. You can do this!



Tobacco and surgery risks

Tobacco products include cigarettes, electronic nicotine delivery systems (ENDS, includes e-cigarettes and JUUL®), smokeless tobacco (dip or chew), cigars, hookahs and pipes.

Using tobacco increases your risk of the following during and after surgery:

- heart problems
- lung problems (complications) such as pneumonia
- infections such as infections of your surgery site (incision)
- blood clots
- slower healing of your surgery site
- higher levels of pain and more problems with pain control.

Tobacco use keeps oxygen from reaching your surgery site and it can increase your recovery time.

Benefits of quitting

- Research shows that quitting 4 weeks before surgery can reduce any problems after surgery up to 30 percent.
- People who quit smoking report having better pain control.
- Your body responds quickly to quitting:
 - **8 hours:** the carbon monoxide level in your blood drops to normal. The oxygen level in your blood increases to normal.
 - **48 hours:** Nerve endings start to grow again.
 - **2 weeks:** Your circulation improves and your lung function increases. (Source: World Health Organization.)

Did You Know?

Using your surgery as a motivator to quit tobacco increases your success rate of quitting for good.

Nicotine Replacement Therapy (NRT)

NRT can nearly double your chances of successfully staying off cigarettes. It works best if you use it with the help of a doctor or counselor.

Ask your doctor about using NRT around the time of surgery.

Go to quitforsurgery.com to learn more.

When you should quit

Ideally, you should quit as soon as possible. Research shows that:

- the harmful effects from cigarettes begin to go down about 12 hours after your last cigarette smoked
- at least 8 weeks without cigarettes is the best way to reduce problems almost as low as people who do not smoke.

The American College of Surgeons recommends at least 4 weeks without cigarettes.

You should not use tobacco the day of surgery up to 1 week after your surgery. Your doctor may tell you when to quit before your surgery.

If you quit for surgery, you double the chance of staying off cigarettes for good. Many people report they have no cravings while in the hospital.

Not ready to quit? Consider taking a break!

If quitting tobacco makes you feel nervous and seems overwhelming, consider taking a break or a vacation from tobacco use.

- You will get the physical benefits for the period of time that you are not using tobacco.
- You will reduce your risk of problems during surgery and still increase your chances of a smooth recovery after surgery.

If you can, set a goal to stop using tobacco for 1 month after your surgery. This will allow your body to heal the best after your surgery.

Ways to quit or take a break

- abrupt stop (cold turkey)
- nicotine replacement therapy (gum, lozenge, patch or inhaler)
- medicines (varenicline and Zyban®)
- behavioral strategies (such as calling a friend or going for a walk)
- aromatherapy (black pepper oil)
- take a break (vacation) from tobacco.

Any step you take without tobacco is going to help you. Small steps are better than nothing!

Product-specific Resources

- financial aid Nicotrol® inhaler
 - 1-844-989-PATH (7284)
 - pfizerrxpathways.com
- Plant Extracts aromatherapy
 - 1-877-999-4236

Resources to help you quit

Allina Health

- Tobacco Intervention Program at Abbott Northwestern Hospital
 - 612-863-1648
- Tobacco Intervention Program at Mercy Hospital
 - 763-236-8008
- Tobacco Intervention Program at River Falls Area Hospital
 - 715-307-6075
- *United Hospital Lung and Sleep Clinic Tobacco Cessation Program
 - 651-726-6200
- *Penny George™ Institute for Health and Healing (LiveWell Center) tobacco intervention coaching
 - 612-863-5178

Other

- Quit Partner
 - 1-800-QUIT-NOW (1-800-784-8669) or quitpartnermn.com
 - American Indian: 1-833-9AI-QUIT or aiquit.com
 - Spanish: 1-855-DEJELO-YA (1-855-335-3569) or quitpartnermn.com/es
 - Teens: text “Start My Quit” to 1-855-891-9989 or call to talk with a coach
- Minnesota Department of Health
 - health.state.mn.us/quit
- online tobacco cessation support
 - smokefree.gov
- American Lung Association/Tobacco Quit Line
 - 651-227-8014 or 1-800-586-4872
- *Mayo Clinic Nicotine Dependence Center’s Residential Treatment Program
 - 1-800-344-5984 or 1-507-266-1930

***There may be a cost to you. Check with your insurance provider.**



Chapter 3: Preparing for Surgery

Breathing Exercises

Breathing exercises can help your recovery and lower your risk of lung problems such as pneumonia. Practice deep breathing and coughing every day before your surgery.

An incentive spirometer is a hand-held device that you will use for deep breathing exercises after surgery. Members of your health care team will tell you how to use the incentive spirometer. It will be at your bedside for you to use while you are awake.

Deep breathing

To deep breathe correctly, you must use your abdominal muscles, as well as your chest muscles.

- Breathe in through your nose as deeply as possible.
- Hold your breath for 5 to 10 seconds.
- Breathe out slowly and completely like you are blowing out a candle. As you breathe out, your stomach should be going in.
- Breathe out twice as long as you breathe in.
- Rest.
- Repeat this exercise 10 times.

Coughing

- Take a slow deep breath. Breathe in through your nose and concentrate on fully expanding your chest.
- Breathe out through your mouth and concentrate on feeling your chest sink downward and inward.
- Take a second breath.
- Take a third breath. This time, hold your breath for a moment, then cough vigorously. As you cough, concentrate on forcing all the air out of your chest.
- Repeat this exercise 2 more times.

Tip

You will likely cough after surgery.

Preparing Your Home for Your Needs After Surgery

Tip

See chapter 6 for more information on special equipment you may need after your surgery.

To help prepare your home for your recovery, use the following guidelines. Check each item box as you complete that item.

Outside your home

- Check stair railings to make sure they are secure. If you are adding a railing, extend it a few inches past the end of the staircase. It is best if all stairs have railings.
- Find someone to do your yard work.

Inside your home

- Remove clutter around your home. Keep areas clear for walking.
- Remove all throw rugs in your walking or standing path.
- Check stair railings to make sure they are secure. If you are adding a railing, extend it a few inches past the end of the staircase. It is best if all stairs have railings.
- Consider first floor options (temporary) if your bathroom is not on the main floor.
- Keep a phone near your main sitting area and bed, if possible.
- Arrange transportation to the grocery store, community events, family activities, and doctor and therapy appointments until you are able to drive again. (You won't be able to drive for 4 weeks from the date of your surgery.)
- Consider having groceries delivered to you.
- Find someone to help care for your pet, if needed.

Living room

- Pick out a chair to sit in when you come home.
(A good chair is firm with arms.)
- Consider using a reclining chair so your feet can be raised (elevated) when you rest.

Kitchen

- Move items you use a lot in the kitchen to tabletop-height surfaces or to middle shelves to avoid reaching above your shoulders.
- Prepare and freeze a few meals before your surgery.

Bedroom

- Move items you use a lot to tabletop-height surfaces or to middle shelves to avoid reaching above your shoulders.
- Keep bedspreads and sheets tucked in so you don't trip.

Bathroom

- Move items you use a lot in the bathroom to tabletop-height surfaces or to middle shelves.
- Consider using adhesive slip strips or a bath mat in the tub or on the shower floor.
- Consider a hand-held shower head, a shower chair, or both.

What to Bring for Your Hospital Stay

Important

Do not bring:

- valuables
- large amounts of money (more than \$20)
- jewelry
- electrical items (battery-operated items are OK).

Bring the following to the hospital:

- your insurance card, driver's license or photo ID
- this book
- a current list of your medicines (Use the "My Medicine List" on page 79.)
- a copy of your health care directive (if you have one)
- personal care items such as a toothbrush, toothpaste, denture cleaner, comb, skin care products, deodorant, make-up and shaving kit
- clothing to wear home (pants, shirts that zip or button, underwear and socks)
- flat shoes or athletic shoes (comfortable, supportive with non-slip soles)
- glasses or contacts (if you wear them) and storage containers
- hearing aides (if you wear them), storage container and extra batteries
- CPAP machine (if you use one), clean mask and tubing
- dentures (if you have them) and storage container.

Reminder

Ask a member of your care circle to bring your belongings to you once you have been assigned a room number.

For your comfort, consider bringing:

- robe or pajamas
- book, magazine or small amount of money (less than \$20) (All rooms have a television and telephone.)
- cell phone and charger.

Preparing Your Mind and Body for Surgery

Studies have shown that if your mind and body are ready for surgery you may have less anxiety, pain and blood loss. Your hospital stay may also be shorter.

As a part of pre-surgery education, you will learn about these skills to use during your hospital stay and recovery:

- breath work
- self-care practices
- pain management techniques.

All staff are trained on alternative therapies. Talk with your nurse if you have questions or concerns.

Progressive Muscle Relaxation

Progressive muscle relaxation is a short and easy exercise to help you relax and relieve some of your pain.

Get started

Find a relaxing position. You may sit down or lie on your back in bed. Be sure your legs and hands are not crossed.



You may close your eyes. If you keep your eyes open, focus on one spot in front of you.

Bring your attention to your breathing. Think about where your breath comes in and out of your nose or mouth. Think about how your chest moves up and down with each breath.

Imagine a gentle, safe wave of relaxation that will slowly and warmly flow through your body. The wave can help you find those places that need to relax and give them permission to relax.

You can also imagine this wave in any way you find most comfortable. You may see it as light, water, or just a feeling. If your mind wanders, gently bring it back to your breathing.

Relax from your head to your feet

- Bring your attention to the top of your head and begin to imagine a wave.
- With your next breath out, feel it flow through your head. Feel your jaw soften and relax.
- Breathe in.
- With your next breath out, focus on the back of your neck. Let it soften and relax.
- Breathe in.
- With your next breath out, imagine the wave moving through each arm all the way to your hands. Feel your hands become slightly heavier where they are lying.
- Breathe in.
- With your next breath out, imagine the wave of relaxation roll gently and safely down your spine. Let all of your back muscles relax and soften.
- Continue to breathe. Feel the wave flow as you breathe out.
- Let the wave flow through your pelvic area and hips into your upper legs and thighs.
- Breathe in.
- With your next breath out, allow the wave to find those areas in your legs and knees that need to relax. Give them permission to relax.
- Breathe in.
- With your next breath out, feel the wave move into your calves, then your feet. Feel your feet become a little heavier.
- Take two deep breaths. Imagine any remaining stress gently flowing out the bottoms of your feet.



Take a moment to observe the still place you created.
With practice, relaxation will become easier.

Affirmations for Your Surgery

Affirmations are positive statements. They can help change negative situations into ones that are positive. Affirmations can help you feel in control and help you get ready for your surgery.

Examples of affirmations

- I am relaxed and calm as I get ready for this surgery.
- I will wake up easily and feel refreshed after surgery.
- My surgery will be successful.
- My body will work quickly to heal after my surgery.
- When I wake up after surgery my pain will be at a realistic goal.
- I am strong. I will adapt to the lessons my body may be teaching me through this process.
- I trust in my body's ability to welcome in and use what is helpful and healing to me.
I also trust my body to reject what is unhealthy and not needed in my healing journey.
- My blood loss will be minimal. My body will quickly replace any blood or fluids.
- I trust my health care team will use their skills for my good and to promote healing.



My affirmations

Create 3 to 5 of your own affirmations or choose from the examples above. Read them aloud to yourself every day until your surgery. Take a slow, deep breath before you read each one. Use your affirmations before surgery and during your recovery. Write them here:

Preparing for Your Surgery

Tip

Call your surgeon's office if you have any questions.

Someone from your surgeon's office will tell you the date and time of your surgery, and the time you need to arrive at the hospital. Please arrive at the hospital on time.

Arrival time

- Your scheduled arrival time is earlier than your surgery time. This is so your health care team can prepare you for surgery. You may have lab draws, and an intravenous (IV) line started. You may meet with the anesthesia team.
- Your scheduled arrival time may change due to emergencies. If this happens, you will be called as soon as possible and your surgery will be rescheduled.

Surgery time

- Your time of surgery could start earlier than expected. If you are late, your surgery may be delayed or it may need to be canceled and scheduled at a later date.

Food and Liquid Directions Before Your Surgery



- **Arrival time** is when you need to be at the hospital.
- **Surgery time** is when your surgery is scheduled to start.

These directions are based on your scheduled arrival time. Not following these directions could mean your surgery will be delayed or canceled.

Alcohol and tobacco: 24 hours

- Do not drink any alcohol 24 hours before your scheduled arrival time.
- Do not smoke, vape, use chewing tobacco or use any other tobacco products up to 24 hours before your scheduled arrival time.

Solid foods: 8 hours

- Eat up to 8 hours before your scheduled arrival time.
 - Eat light meals such as oatmeal or toast.
 - Do not eat foods that are heavy or high in fat such as meat or fried foods.

Clear liquids: 2 hours

- Drink only clear liquids up to 2 hours before your scheduled arrival time.
 - Drink water, fruit juice without pulp, black coffee, clear pop or tea.
 - Do not have milk, yogurt, energy drinks or alcohol.

Medicines

- Take your medicines as directed with a small sip of water.
 - Talk with your clinic provider.

Day Before Your Surgery

- Report any changes in your health (sore throat, cold, fever, dental problem, urinating problem) or a skin condition (such as rash, abrasions) to the surgeon's office. Your surgery may need to be rescheduled.
- If you take diabetes medicine, ask your diabetes health care provider or Preoperative Clinic provider if you should take your medicine before surgery.
- Bathe or shower using the "How To Wash Your Skin Before Your Surgery" directions on page 37.

Morning of Your Surgery

- If you received instructions by your Preoperative Clinic provider to take medicines the morning of your surgery, take them as directed with a small sip of water.
- Put on clean, comfortable clothes to wear to the hospital.
- Bathe or shower using the "How To Wash Your Skin Before Your Surgery" directions on page 37 or as directed by your doctor.

How To Wash Your Skin Before Your Surgery

Warning

Do not use chlorhexidine wipes or liquid if you:

- are sensitive to surgery skin preps
- know you have an allergy to chlorhexidine.

If you notice your skin is irritated while using the chlorhexidine wipes or liquid, remove it gently with a wet washcloth. Tell your pre-surgery nurse you had a reaction so they can make a note of your allergy history and tell others on your health care team.

There are rare cases of this product causing a serious allergic reaction. This can occur within minutes of use. Call 911 if you have any of these:

- wheezing or difficulty breathing
- swelling of the face
- hives
- severe rash
- shock.

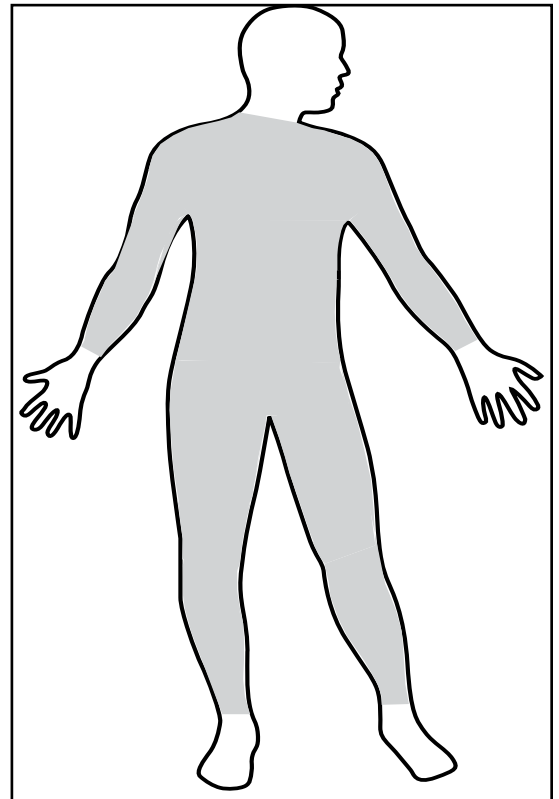
Washing your skin with an antibacterial scrub removes most of the bacteria that normally is found on your skin. This also helps prevent infection at the incision site.

You will need to take 2 showers or baths before surgery. You received 2 packages of chlorhexidine wipes to use.

Use 1 package in the evening before surgery and 1 package on the morning of surgery before you come to the hospital.

What to do

1. The evening before surgery, shampoo your hair and take a shower (or bath). Get out of the shower or bath and dry off.
2. Gently use the wipes in the shaded areas in the drawing. (The wipes don't make foam or suds.)
3. Wash the areas shown in the picture for a total of 5 minutes.
4. Avoid getting the wipes in your eyes or ears.
5. Pat dry with a clean towel.
6. Do not apply skin lotions, oils, powders, perfumes or deodorant.
7. The morning of surgery take another shower or bath. Repeat steps 2 through 6.



© Allina Health System

Areas to wash with the wipes.



Chapter 4: Surgery and Hospital Stay

What to Expect the Day of Surgery

Visitor Policy

Care circle members should read the visitor policy before coming to the hospital.



Arrive at the hospital

- You will receive directions for where to check-in.

Care circle information

- While you are in surgery and in recovery, members of your care circle can wait in the surgery waiting room.
- Your surgery time will vary. Your surgeon will talk with members of your care circle when your surgery is over.

Intensive Care Unit (ICU)

After surgery, you will wake up in the Intensive Care Unit (ICU).

When you wake up

- You will have many wires and tubes. You may hear beeping noises that alert nurses to check you and adjust the equipment.
- You will have a breathing tube that will prevent you from talking. Nurses will communicate with you using “yes” and “no” questions.
- The breathing tube will be attached to a ventilator. This machine will breathe for you until you start to wake up. It may be uncomfortable, making you feel like you have to cough or gag.
- You will be connected to a heart monitor to watch your heart rate and rhythm. It will also show your oxygen level, breathing rate and temperature.

When you are fully awake

- The respiratory therapist and nurse will guide you on how to breathe on your own with the breathing tube. You will need to do this for 30 minutes. You will then have a blood draw to measure the amount of oxygen in your blood.
- The respiratory therapist will remove the breathing tube once you are able to breathe on your own.
- You may need extra (supplemental) oxygen. You will receive this through tubes placed in your nose.
- Use your incentive spirometer every hour.
- You will have soft plastic chest tubes that enter your chest and come out below your rib cage. They drain fluid from around your heart and lungs. The tubes will be removed 1 to 2 days after surgery.

- A wire placed against your heart and connected to a temporary pacemaker may regulate your heart rate.
- You will have a soft rubber tube drain urine from your bladder. The nurse will be able to tell if your body is making enough urine. The tube will be removed 1 to 2 days after surgery.
- Once the breathing tube has been removed and you are able, you will sit at the edge of the bed and stand up with help. Early activity after heart surgery is important for healing.

Anesthesia

Anesthesia is a combination of medicines that blocks sensations of pain and reduces your awareness during surgery. You will receive other pain medicine to give you pain relief during and after surgery.

General Anesthesia	Common Side Effects
<p>General anesthesia puts you to sleep during surgery. It acts mainly on your brain and nervous system and affects your entire body.</p> <p>You receive it by injection (shot) or by breathing it. A breathing tube helps you breathe while you are under the anesthesia. During general anesthesia you are unconscious.</p>	<p>Common side effects are:</p> <ul style="list-style-type: none"> ■ sore throat ■ cough ■ headache ■ hoarse voice ■ nausea (upset stomach) ■ feeling drowsy. <p>Tell your nurse if you have these or other side effects.</p>

Blood Management

Important

You may have a delayed reaction days or weeks after the transfusion. Call your primary care provider right away if you have:

- fever
- muscle aches
- dark urine.

Your health care team will work hard to keep your blood loss as low as possible. If you lose too much, you may need a transfusion.

Why would you need a blood transfusion?

During a blood transfusion, you receive blood that matches your blood type. This is a way to replace blood:

- lost during surgery, injury, illness or childbirth
- if you have anemia. This can cause you to feel tired, weak or dizzy.
- if you have clotting problems. You may bleed too much or too easily.

How to Manage Your Pain After Surgery

Videos

Go to allinahealth.org/surgery to watch a series of short videos on pain:

- pain expectations
- rating your pain
- treatment options
- how to manage pain at home.



Your right to have your pain managed

You have the right to have your pain managed. If you don't think your pain is being treated well, talk with members of your health care team about how to manage your needs.

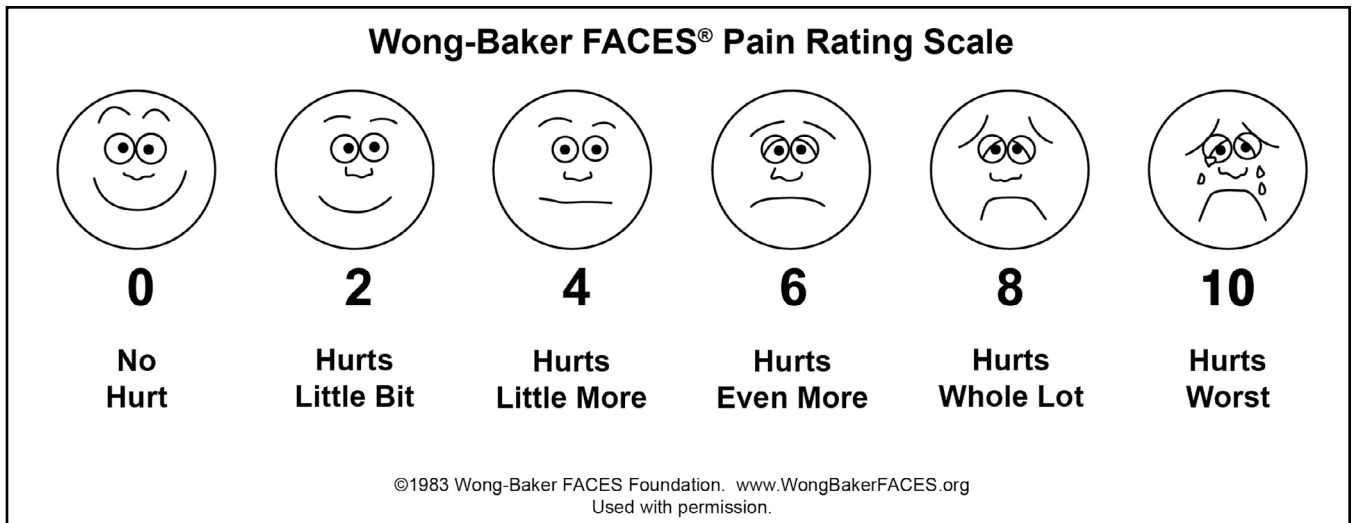
Pain scale

Using a number scale (0 to 10) to rate your pain will help the health care team members know how severe your pain is and help them make decisions about how to treat it.

Allina Health Pain Assessment Scale

10	Worst Pain You Can Imagine
7-9	<p style="text-align: center;">Severe Pain</p> <p style="text-align: center;">Pain keeps you from doing your regular activities.</p> <ul style="list-style-type: none"> ⑨ Pain is so bad that you can't do any of your regular activities, including talking or sleeping. ⑧ Pain is so intense that you have trouble talking. ⑦ Pain distracts you and limits your ability to sleep.
4-6	<p style="text-align: center;">Moderate Pain</p> <p style="text-align: center;">Pain may interfere with your regular activities.</p> <ul style="list-style-type: none"> ⑥ Pain makes it hard to concentrate. ⑤ You can't ignore the pain but you can still work through some activities. ④ You can ignore the pain at times.
1-3	<p style="text-align: center;">Mild Pain</p> <p style="text-align: center;">Pain doesn't interfere with your regular activities.</p> <ul style="list-style-type: none"> ③ You may notice the pain but you can tolerate it. ② You may feel some twinges of pain. ① You may barely notice the pain.
0	No Pain

Adapted with permission by Dr. Armaan Singh, 2015.



Pain goal

Having no pain while in the hospital is not realistic, but pain can be controlled.

Your health care team will work closely with you to help manage your pain during your hospital stay and when you return home.

You and your health care team will establish a “pain goal” — the amount of acceptable pain you can tolerate during your hospital stay.

For most people, a pain goal of 3 or 4 out of 10 is an OK pain level that balances pain control with your ability to do physical therapy and daily activities.

Your role in managing pain

After heart surgery, it is common to have some pain. Your nurse will monitor your pain level often and help you manage the pain.

Since you are the only one who knows where and how severe your pain is, you have an important part in managing your pain.

Pain control can help you

The right pain control can help:

- you be more comfortable
- you get back to your normal routine
- you participate more completely in your exercises and therapy
- breathe deeper
- promote healing.

In general:

- Take pain medicine when pain first begins. If you know your pain may get worse with activity, take your pain medicine before the activity.
- Do not wait for pain to get worse before taking medicine. Tablets or pills may take up to 30 minutes to begin working.
- Timing of when to take medicines is important. Talk with your nurse about how to time your pain medicines before therapy or activity.
- Talk with your nurse for alternatives to pain medicines such as essential oils, heat and ice.

Before you go home

Your health care team will give you directions for managing your pain at home. Be sure to have written instructions with a health care provider's name and phone number who will manage your pain after you go home.

It is important that you follow your provider's directions for taking pain medicine. If you need help, ask your provider or pharmacist.

If you have concerns or side effects from pain medicine, call the provider who prescribed the medicine or call your regular provider.

Your Care Plan



A smooth and speedy recovery depends on your help and cooperation. Your participation is essential in reaching your goal to return home and avoid complications (problems).


Many people wonder how long they will need to stay in the hospital after surgery. **In general, most people who have heart surgery leave the hospital 4 to 7 days after surgery.**





Your health care team will work with you to determine discharge and home care needs.

Your hospital stay will follow a standard care plan. The progress you make toward going home will be measured by how you meet the daily goals outlined in the plan. These goals include pain management, activity and preventing complications.

Open Heart Surgery

In general, this Care Map is what you can expect during your hospital stay of 5 days. Your health care team will make changes unique to your recovery. You will be discharged by _____. You and your nurse will fill this out as you work on discharge planning together.

Day of Surgery	After Surgery Day 1	After Surgery Day 2/3	After Surgery Day 3/4	After Surgery Day 4/5
Day of Surgery Date: _____ <input type="checkbox"/> Talk with your nurse about your pain goal. <input type="checkbox"/> Talk with your nurse if your pain is not under control.	Date: _____ <input type="checkbox"/> Some pain is expected. Talk with your nurse about your pain goal. <input type="checkbox"/> Your pain goal: _____. <input type="checkbox"/> Try integrative therapies such as aromatherapy, music or massage.	Date: _____ <input type="checkbox"/> Some pain is expected. Talk with your nurse about your pain goal. <input type="checkbox"/> Your pain goal: _____. <input type="checkbox"/> Try integrative therapies such as aromatherapy, music or massage.	Date: _____ <input type="checkbox"/> Some pain is expected. Talk with your nurse about your pain goal. <input type="checkbox"/> Your pain goal: _____. <input type="checkbox"/> Try integrative therapies such as aromatherapy, music or massage.	Date: _____ <input type="checkbox"/> Some pain is expected. Talk with your nurse about your pain goal. <input type="checkbox"/> Your pain goal: _____. <input type="checkbox"/> Try integrative therapies such as aromatherapy, music or massage.
Comfort 	<input type="checkbox"/> You will be weighed. <input type="checkbox"/> You will wake up with a breathing tube in place. It will be taken out when you can breathe on your own. <input type="checkbox"/> You will be hooked up to a heart monitor, an IV line and many tubes. <input type="checkbox"/> You will have blood tests.	<input type="checkbox"/> Your weight: _____. <input type="checkbox"/> You will still be connected to a heart monitor. <input type="checkbox"/> You will still have an IV. <input type="checkbox"/> You will have blood tests. <input type="checkbox"/> Your blood glucose level will be tested. You may need insulin for a few days. If you do, you will receive it through your IV. <input type="checkbox"/> ICU to a different unit.	<input type="checkbox"/> Your weight: _____. <input type="checkbox"/> You will still be connected to a heart monitor. <input type="checkbox"/> You will still have an IV. <input type="checkbox"/> You will have blood tests. <input type="checkbox"/> You will be shown how to wash your incision site each day.	<input type="checkbox"/> Your weight: _____. <input type="checkbox"/> You will be taken off the heart monitor. <input type="checkbox"/> The nurse will remove the IV line. <input type="checkbox"/> You will have blood tests. <input type="checkbox"/> You should be able to wash the incision site on your own each day.
Tests, Labs and Procedures 	<input type="checkbox"/> The incision on your chest will be covered for 48 hours. <input type="checkbox"/> The chest tube dressing will stay in place for 48 hours after the chest tubes and pacemaker wires are removed.	<input type="checkbox"/> Your care team will evaluate when to remove the chest tube. <input type="checkbox"/> You will be shown how to wash your incision site each day.	<input type="checkbox"/> Your care team will evaluate when to remove the chest tube. <input type="checkbox"/> You will be shown how to wash your incision site each day.	<input type="checkbox"/> Your care team will evaluate when to remove the chest tube. <input type="checkbox"/> You will be shown how to wash your incision site each day.
Breathing 	<input type="checkbox"/> Hold a pillow over your incision area when you cough and deep breathe. <input type="checkbox"/> Cough, deep breathe and use the incentive spirometer every 1 hour. <input type="checkbox"/> You may have extra oxygen.	<input type="checkbox"/> Do your breathing exercises every 1 hour during the day and 4 hours at night. <input type="checkbox"/> The extra oxygen will be decreased as soon as you don't need it.	<input type="checkbox"/> Do your breathing exercises. <input type="checkbox"/> The extra oxygen should be turned off.	<input type="checkbox"/> Do your breathing exercises. <input type="checkbox"/> The extra oxygen will be off.

	Day of Surgery Date: _____	After Surgery Day 1 Date: _____	After Surgery Day 2/3 Date: _____	After Surgery Day 3/4 Date: _____	After Surgery Day 4/5 Date: _____
Bladder/ Bowel	<input type="checkbox"/> You will have a bladder tube to drain your urine. <input type="checkbox"/> You will sit at the edge of the bed and dangle your feet (if the breathing tube is out).	<input type="checkbox"/> The bladder tube may be removed unless there is a reason to keep it in. <input type="checkbox"/> You may have a laxative to prevent constipation.	<input type="checkbox"/> The bladder tube will be removed unless there is a reason to keep it in. <input type="checkbox"/> You may have a laxative to prevent constipation.	<input type="checkbox"/> Urinate into a measuring device. <input type="checkbox"/> You may have a laxative.	<input type="checkbox"/> Urinate on your own. <input type="checkbox"/> You may have a laxative.
Activity 	<input type="checkbox"/> After your breathing tube is removed: <input type="checkbox"/> chew ice <input type="checkbox"/> drink liquids. <input type="checkbox"/> Your care circle can visit any time, except during nursing shift changes. <input type="checkbox"/> You and your care circle can meet with social worker or a case manager, if needed.	With help from your nurse: <input type="checkbox"/> Get out of the chair or bed. Don't use your arms to push yourself up. <input type="checkbox"/> Sit in the chair for meals. <input type="checkbox"/> Walk 4 times with help. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Wash up at the bed or sink.	With help from your nurse: <input type="checkbox"/> Get out of the chair or bed. Don't use your arms to push yourself up. <input type="checkbox"/> Sit in the chair for meals. <input type="checkbox"/> Walk 5 times with help. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Wash up at the sink.	With help from your nurse: <input type="checkbox"/> Get out of the chair or bed. Don't use your arms to push yourself up. <input type="checkbox"/> Sit in the chair for meals. <input type="checkbox"/> Walk 5 times with help. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Take a shower with or without the nurse's help.	When OK'd by your nurse: <input type="checkbox"/> Get out of the chair or bed. Don't use your arms to push yourself up. <input type="checkbox"/> Sit in the chair for meals. <input type="checkbox"/> Walk 5 times. <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Take a shower with or without the nurse's help. <input type="checkbox"/> Eat foods low in salt, fat and cholesterol.
Food 	<input type="checkbox"/> You and members your care circle will learn about: <input type="checkbox"/> medicines <input type="checkbox"/> incision site care <input type="checkbox"/> signs of infection	<input type="checkbox"/> Start eating solid food as soon as you are able.	<input type="checkbox"/> Eat foods low in salt, fat and cholesterol. <input type="checkbox"/> Talk with a dietitian before discharge.	<input type="checkbox"/> Eat foods low in salt, fat and cholesterol.	<input type="checkbox"/> Eat foods low in salt, fat and cholesterol.
Education 	<input type="checkbox"/> You may leave the hospital when: <input type="checkbox"/> your care team discharge you <input type="checkbox"/> you have a ride to take you home <input type="checkbox"/> your pain is under control <input type="checkbox"/> you can urinate with no problems <input type="checkbox"/> you can walk safely with little or no help <input type="checkbox"/> your IV was removed (unless you are going home with it) <input type="checkbox"/> your heart monitor is removed.	<input type="checkbox"/> You and members your care circle will learn about: <input type="checkbox"/> medicines <input type="checkbox"/> incision site care <input type="checkbox"/> signs of infection	<input type="checkbox"/> You and members your care circle will learn about: <input type="checkbox"/> medicines <input type="checkbox"/> incision site care <input type="checkbox"/> signs of infection	<input type="checkbox"/> activity <input type="checkbox"/> food <input type="checkbox"/> whom to call and when to call with questions or emergencies <input type="checkbox"/> You may watch a video.	<input type="checkbox"/> Your medicines were given to you or they are waiting for you at your regular pharmacy. <input type="checkbox"/> You may have been seen by: cardiac rehabilitation, dietitian, and quitting smoking specialists. <input type="checkbox"/> You reviewed written After Visit Summary directions with your nurse. These include following up your primary care provider and your cardiologist as noted.
Plan for Leaving the Hospital (Discharge) 					

Preventing Complications (Problems)

Your health care team will do many things to reduce your chance of a developing a complication after surgery.

- Your blood pressure, temperature and pulse will be taken often after surgery.
- You will receive medicine that prevents blood clots.
- You will do deep breathing, coughing exercises, and use a breathing tool called an incentive spirometer to help protect your respiratory system.
- Patches or electrodes are attached to your chest to measure your heart rhythm and rate.
- Your dressing and incision will be checked regularly.
- You will have chest tubes that drain into a collection container. It will drain excess blood and fluid from the area around your incision. The tubes are typically removed 1 to 3 days after surgery.
- You will have an intravenous (IV) line for medicine and fluids.
- Your inactivity and pain medicine combined can cause constipation. Talk to your nurse if you are uncomfortable and the actions above are not working. You will receive stool softener medicine to help prevent constipation.
 - To help avoid this, try to include fiber in your diet, and increase your activity as you can.
 - You will be given stool softeners to help you have regular bowel movements.
- A physical therapist will teach you to help you how to safely move and protect your incision.

Ask your health care provider or nurse if you have questions about these care activities.

Discharge Planning

Learn More



As soon as you enter the hospital, members of your

health care team are starting to think about the day you leave the hospital.

They want to make sure you have the right care at the right time to support your health care goals.

Together, you, members of your health care team and your care circle will create a discharge plan to help you have a safe and smooth transition after your hospital stay.



Planning for leaving the hospital

Making discharge plans for leaving the hospital is an important part of your recovery. And it will begin as soon as your hospital stay starts.

Together, you, your care circle members and your health care team will create your discharge plan to help you have a smooth transition back to your home or community after your hospital stay.

Your health care team will decide when you are ready to leave the hospital. Their goal is to make sure you are prepared to have long-term success.

Home

You can return home if you can take care of basic needs on your own or with help from a family member or friend. These needs include: getting in and out of bed, walking to the bathroom, and making meals.

Plan to go home 4 to 7 days after surgery.

Home with home care

You may be able to return home but need extra care. Home care offers the support, knowledge and care to help keep you living in your home. Services may include:

- nurses: help teach you or your care circle members how to care for your incision, check your home medicines and monitor your health
- physical or occupational therapists: help you with walking or show you exercises to get stronger
- home health aides: help you with tasks such as cooking, bathing and light cleaning.

❑ Short-term rehabilitation care

Short-term rehabilitation care provides extra help and services you cannot get at home. For example, you may need physical therapy.

A health care team will work with you and your family until you can safely return home. You will receive care tailored for your recovery. Services may include:

- weekly visits from a doctor or advanced practice provider
- nursing care
- physical, occupational or speech therapy.

Short-term rehabilitation care is also known as transitional care.

When you work on your discharge plan, your health care team will help you and your family to choose the facilities that can meet your needs, and help you work with your insurance provider.

Medicines You May Need After Surgery



- **beta blocker such as metoprolol (Toprol XL[®]), atenolol (Tenormin[®]) and carvedilol (Coreg[®]):**
 - You may need this to decrease the workload of your heart by lowering your heart rate and blood pressure.
- **ACE inhibitor/ARB such as lisinopril (Prinivil[®]), captopril (Capoten[®]), losartan (Cozaar[®]) or valsartan (Diovan[®]):**
 - You may need this to lower your blood pressure. It lowers the amount of force needed to pump your blood.
- **statin or HMG-CoA reductase inhibitors such as atorvastatin (Lipitor[®]) or rosuvastatin (Crestor[®]):**
 - You may need this to reduce the amount of plaque or cholesterol in your blood vessels.
- **aspirin:**
 - You may need this to prevent blood clots and allow your blood to flow smoothly through your arteries.
- **blood-thinners such as warfarin (Jantoven[®]) and clopidogrel (Plavix[®]):**
 - You may need this to prevent blood clots, if you have an irregular heart rhythm, or if you have a mechanical valve.

The amount you need depends on a blood test that measures the clotting ability of your blood (an INR). You will need to have regular INR tests.

Your regular health care provider will monitor your warfarin doses after you leave the hospital.

- **amiodarone such as (Nexterone[®] and Pacerone[®]):**
 - You may need this if your heartbeat becomes irregular. This medicine helps your heart return to a normal rhythm.



Chapter 5: Care After Surgery

Care After Surgery

After your heart surgery, there are a variety of things you need to know for your safety, recovery, and comfort.

Before you go home, you will receive instructions on your diet, medicines, exercise program, activity level, follow-up appointment, wound care, and signs and symptoms of when to be concerned.

Within this chapter is what to expect during your recovery, a list of commonly asked questions, mobility guidelines, and information about medicines and nutrition.

If you have any questions, ask your health care team. They want your recovery to be as smooth as possible.

Follow-up Appointments



You will have appointments to visit your primary care provider and your cardiologist as directed in your After Visit Summary.

A follow-up appointment with your primary care provider can help:

- make sure you are getting better
- make sure your medicines are right
- keep you from returning to the hospital.

You and your provider will talk about your story and hospital stay. This will include:

- medicines (old and new)
- pain control
- breathing
- bladder and bowel patterns
- how to take care of yourself at home
- any other tests or follow-up visits you need
- when to call for help.

Your cardiologist will check your medicines, review your lab work and order any follow-up tests.

It's important to keep your follow-up appointment, even if you are feeling better.

What to Expect During Your Recovery

Tip

See the section on “Pain Medicines” on page 66 for more information on taking pain medicine.



After surgery, it may take awhile before you feel like your normal self. Recovery is different for each person. The following are a few things that you may have after surgery and some ways to manage these feelings.

- You may have discomfort for a couple weeks to a few months after your surgery. To help manage discomfort or pain after your surgery:
 - take your pain medicine as directed by your health care provider
 - rest between activities as needed.
- You may have trouble sleeping. To help get a better night’s sleep after surgery:
 - try not to sleep or nap too much during the day
 - try to create a routine of going to bed and waking up at the same time each day
 - try not to drink too many fluids right before going to bed
 - take pain medicine at bedtime, if needed.
- You may have emotional ups and downs. This is normal.
- Your energy level may be low for at least the first month after surgery. To help manage your energy level after surgery:
 - rest between activities, as needed
 - try to get up and move around each hour you are awake.
- You may not have much of an appetite.
 - Your desire for food will slowly return.
 - Be sure to drink plenty of fluids to stay hydrated. Try to drink six to eight 8-ounce glasses of fluid each day or as directed by your health care provider.
- You may have constipation. This can be caused by taking pain medicine. For more information on how to manage constipation after surgery, go to pages 59-60.

Commonly Asked Questions



When should you call your health care provider?

Call your surgeon's office if:

- your incision has any signs of separation
- you develop a temperature of 101 F or higher
- you have severe pain that cannot be relieved
- your incision has signs of infection:
 - pain that gets worse
 - swelling
 - redness
 - odor
 - warmth
 - green or yellow discharge
- you have questions or concerns about your surgery.

Call your primary care provider if:

- you have severe headache
- you have problems with your vision
- you have nausea (feel like throwing up) and vomiting (throwing up) that will not stop
- you have feelings of being dizzy or lightheaded
- you have hives (itchy raised rash)
- you have problems breathing
- you have any change in sensation (such as new numbness or tingling)
- you have any change in movement (such as new weakness or inability to move as usual)
- you have new confusion
- you gain more than 3 pounds in 1 day or more than 5 pounds in 1 week
- you have any change in bowel or bladder habits
- you have other questions or concerns.

In an emergency, call 911 or have someone take you to the nearest hospital Emergency Department.



What are signs and symptoms of a blood clot?

Signs and symptoms may include:

- swelling in one or both legs
- pain or tenderness in one or both legs
- warmth of the skin in the affected leg
- redness or discolored skin in the affected leg.

Call your doctor or health care provider if you have any of the above signs or symptoms.



What are signs and symptoms of a pulmonary embolism (blood clot in your lung)?

Signs and symptoms may include:

- shortness of breath
- sharp chest pain that may get worse with deep breathing or coughing
- pain or swelling in your leg.

Call 911 right away if you have any of the above signs, or symptoms.

Important

Read your After Visit Summary for more information about incision care.

How do you take care of your incision and change the dressing?

- You should look at your incision every day and keep it clean by washing it each day while it heals.
- Do not put any creams, salves or ointments on the area.
- If Steri-Strips® (thin paper-like strips) were used on the incision, they will fall off as the incision heals. They don't need to be replaced.
- If you went home with a dressing, change it as directed by your health care team.

How soon can you take a bath or shower?

- You should shower before you leave the hospital.
- You can take a shower at home.
- Do not soak in water (tub bath, pool or hot tub) until your incisions are completely healed.



When can you return to your normal foods?

As soon as you are able, eat well-balanced meals to help you recover and to help you feel your best.

Follow these guidelines to have a balanced diet:

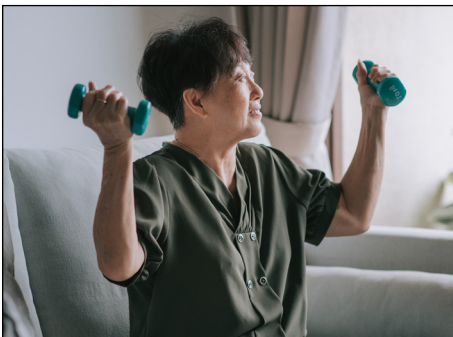
- Resume your normal diet as soon as you can.
- Do not skip meals. Eating 3 balanced meals is essential to maintain your health.
- Balance your diet between the basic food groups: dairy, meat, fruits, vegetables and grains.

How do you manage constipation after surgery?

It is common for bowel movements to slow after surgery. This can be caused by pain medicines, iron supplements, decreased daily activity and changes in eating habits. Constipation after surgery is common.

Signs of constipation are:

- fewer number of bowel movements
- small, hard stools that are difficult to pass
- feeling bloated and uncomfortable
- gas
- abdominal cramping.



How to prevent constipation

- Drink 6 to 8 large glasses (8 ounces) of liquids each day. Liquids add moisture to stool, making them easier to pass. Water and juice are your best choices. Caffeine or alcohol can make constipation worse.
- Add more fiber to your diet with whole grain bread, bran cereals, fresh fruit and vegetables.
- Be as active as you can each day. Walking around your house or apartment will help. Follow your doctor's directions for exercise.
- Try to have a bowel movement when you feel the urge. Do not ignore the urge. Try to set aside some time after breakfast or dinner sit on the toilet.
- Take less pain medicine, if possible. Follow your doctor's directions for taking pain medicine.

Using constipation medicines

As long as you are taking prescription pain medicine, you may need to take a laxative, stool softener or both to avoid constipation. Common products include:

- stimulant laxatives. These cause the colon to have a bowel movement. This is the best choice when your constipation is caused by a prescription pain medicine.
- stool softeners. These add moisture to the stools to make the stool softer and easier to pass. These may not be enough to prevent constipation while you are taking a prescription pain medicine.

If you use a laxative or stool softener, read the label and follow package directions. Stop taking a laxative or stool softener when your bowel movements are back to normal. Ask your pharmacist if you have any questions.

When to call your primary care provider

Call your primary care provider if:

- your constipation does not improve after you have:
 - made diet changes
 - made exercise changes
 - tried laxatives or stool softeners
- you have not had a bowel movement in 3 days
- you have a severe, sudden onset of abdominal pain
- you have blood in your stool.

What precautions should you keep in mind?

Tell doctors and dentists of your heart surgery **before** having any surgery, podiatry procedures, dental work or other tests or procedures. You may need to take antibiotics before and visits or procedures.

Important

Do not have any routine dental appointments for 3 months after your surgery.

Do you need to take antibiotics before dental work?

Bacteria (germs) that can cause infections in your teeth or gums can be released into your bloodstream during some dental procedures or cleanings.

To help prevent an infection in your heart, you may need to take antibiotics before dental work if you have:

- an artificial heart valve or a valve repaired with artificial material
- a history of endocarditis (infection in your heart tissue or heart valves)
- had a heart transplant
- had a heart defect since birth.

Your dentist and heart surgeon will work together to decide which type of treatment is right for you.

Heart valve surgery

Tell all health care providers (medical and dental) that you had heart valve surgery. You may need an antibiotic before you have a procedure.

You will receive a card about your heart valve to keep with you.

Will you set off metal detectors in airports?

A heart valve will not set off the metal detectors in airports. It is recommended to tell the security officer that you have a heart valve and carry your valve ID card with you.

Can you have imaging?

- If you need imaging (such as an MRI or a CT scan), tell the provider who is ordering the test that you had open heart surgery.

When can you drive a car?

- You may drive 4 weeks after surgery if you are not taking prescription pain medicine.

When can you return to work or your hobbies?

- Talk with your heart surgeon or health care provider about when you can return to work or your hobbies.
- Ask your health care team how your activity restrictions will affect your hobbies.

When can you resume sexual activity?

- You can resume sexual activity when you feel ready.
- Be the passive partner for the first 6 weeks after surgery.
- Until your activity restrictions are stopped, use a position that you do not need to support your own body weight or your partner's weight.

Activity

Reminder

Read your After Visit Summary for information on your activity restrictions. They may be different from those listed in this book.

- You are on weight restriction for 12 weeks or as directed.
 - Do not lift, push or pull anything that weighs more than 10 pounds for the first 6 weeks. (One gallon of milk weighs about 8 ½ pounds.)
 - Do not lift, push or pull anything that weighs more than 20 pounds for 6 more weeks. (An average 1-year-old child or 2 gallons of water weighs about 20 pounds.)
 - There are no restrictions after 12 weeks.
- For activities that you need to put your arms above your head (such as combing your hair), splint your incision with one hand while doing the activity with the other as you are able.

If not, keep your elbows close to your body while your hands are raised.
- For the next 12 weeks, avoid:
 - hunting
 - fishing
 - bowling
 - swimming
 - tennis
 - golf
 - vacuuming
 - mowing
 - raking and shoveling
 - changing the bed.
- Use your incentive spirometer 3 to 4 times each day for 2 weeks after leaving the hospital. Take 10 breaths in each time.
- Weigh yourself before breakfast each day. Call your cardiology care team if you gain more than 3 pounds in 1 day or more than 5 pounds in 1 week.

Exercise



Cardiac Rehabilitation

Talk with your doctor about how cardiac rehabilitation can help you recover.

Exercise is important to maintain a healthy lifestyle. You can create an exercise program that fits your life and schedule.

You will receive a home walking or biking program from your health care team. This program has instructions about exercise and how to do it.

General guidelines about exercise are:

- Use caution when walking outside in hot, humid or cold weather.
- Try to walk on level surfaces in a safe area.
- Wait 1 hour after eating a meal before doing exercise.
- You should be able to have a conversation with someone while you exercise. If you cannot, or if you have any problems, slow your pace until you feel comfortable.
- Wear comfortable athletic shoes and dress in layers.

Signs you are doing too much

As you exercise, you should be aware of your body's response. Signs you are doing too much include:

- dizziness or lightheadedness
- nausea and vomiting
- cold sweat
- shortness of breath, making conversation difficult
- exhaustion or unusual fatigue
- feeling as if your heart is suddenly racing or pounding
- any chest pain or pressure in your:
 - teeth
 - arm
 - jaw
 - ear
 - neck
 - between your shoulder blades.

Stop and rest if you feel any of these symptoms. If they continue to limit your activity or exercise, call your doctor. If the symptoms continue with rest, call 911. If you are out of an emergency service area, have someone drive you to the nearest hospital emergency room right away. **Do not drive yourself.**

Your Walking or Biking Program

- 6 No exertion at all
- 7 Extremely light
- 8 Very light
- 10 Light
- 11 Somewhat hard
- 12 Hard (heavy)
- 13 Very hard
- 14 Extremely hard
- 15 Maximal exertion

Use the Borg RPE Scale®

Use the rating of perceived exertion to help you determine your exercise/activity level (left). Ask yourself “How hard am I working?” when using the rating. Try to assess your overall feeling of exertion.

Exercise progression

Try to add at least 1 to 3 minutes of exercise every day as you are able. Keep your RPE “somewhat hard” or easier. Your long-term goal is to work toward a minimum of 30 minutes of nonstop aerobic exercise, most, if not all, days of the week.

If you choose to bike

- If you had an angiogram, angioplasty, stent or atherectomy: do not use a bike for at least 48 hours. Start with little or no resistance.
- If you had open heart surgery and have a chest incision: do not use a bike with arm movements until your doctor says it is OK.

Borg-RPE-skalan®
© Gunnar Borg, 1970, 1985, 1994, 1998

The scale with correct instructions can be obtained from Borg Perception, see the home page: www.borgperception.se/index.html.

Begin walking 1 to 5 minutes 5 times each day			
	Date	Date	Date
Time/Distance			
Time/Distance			
Time/Distance			
Time/Distance			
Time/Distance			
Comments (such as, felt fairly light, a little sore, etc.)			

As you progress to 6 to 10 minutes, walk at least 3 times each day

	Date	Date	Date
Time/Distance			
Time/Distance			
Time/Distance			
Comments			

As you progress to 11 to 19 minutes, walk at least 1 to 2 times each day

	Date	Date	Date
Time/Distance			
Time/Distance			
Comments			

As you progress up to 30 minutes, most, if not all, days of the week

At this point, add a warm-up and cool-down. Warming up allows your body to increase respiration, circulation and body temperature. The cool-down lets your body adjust gradually to the decreased demands as it returns to a resting state. For both warm-up and cool-down, do 3 to 5 minutes of slower-paced walking or biking with no resistance.

	Date	Date	Date
Time/Distance			
Comments			

Pain Relief

You may feel some discomfort in your chest, incisions or both after surgery. You may also feel discomfort in your shoulders or back muscles:

- Take the prescription pain medicine as directed.
- Take the medicine at the time of the day when you most often feel pain. This may be:
 - when you wake up in the morning
 - before you start certain activities
 - when you are ready for bed.
- Use alternatives to pain medicine such as heat or ice.
- Follow your activity restrictions.
- Rest after activities so your body has time to recover.

Pain Medicines



What to remember when taking pain medicines

- Many pain medicines (such as Tylenol®) have acetaminophen. Pharmacists advise that you take no more than 4,000 milligrams (4 grams) of acetaminophen in 24 hours. More than that could damage your liver. Acetaminophen is also found in cough and cold medicines.
- Do not drink alcohol while taking prescription pain medicine.
- Do not drive any motor vehicles while taking opioids or pain medicines that make you sleepy.
- Taking your pain medicine with a small amount of food may be helpful to control stomach upset.
- Avoid ibuprofen (Advil® or Motrin®) for after surgery. Talk with your health care provider if you need ibuprofen.

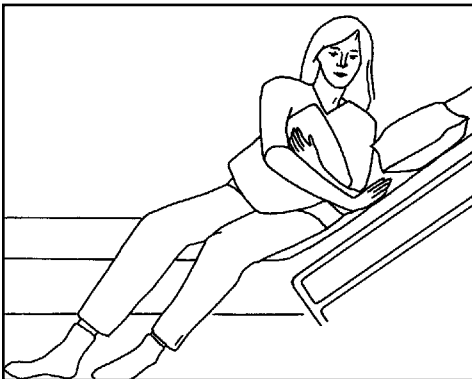
How to cut back your use of pain medicine

- Take the medicine as directed. Take the medicine at the same time the first few days you are home.
- Cut back on the pain medicine when you think the pain is under control. You can go for longer times between doses or take less of the medicine (for example, take 1 pill instead of 2).

When to call your primary care provider or pharmacist

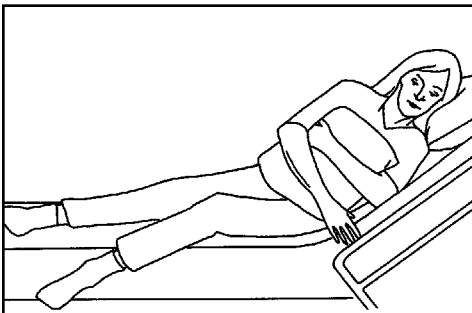
- Call your primary care provider or pharmacist right away if you have any of the following.
 - If you have unusual feelings after taking a pain medicine. This includes feeling dizzy, itchy or having problems breathing. Stop taking the medicine until you talk with your primary care provider.
 - If you take several medicines, make sure your primary care provider knows what you are taking. Some medicines can be harmful when taken with others.
 - If you need a prescription pain medicine refill close to the weekend, call your surgeon's office several days before the weekend. Most doctors on call will not reorder prescription pain medicine for other doctors' patients.

How Get In and Out of Bed After Surgery



© Allina Health System

To get out of bed, follow the directions at right.



© Allina Health System

To get into bed, follow the directions at right.

General tips

- Use your arms as little as possible.
- Avoid twisting your upper body.
- Do not hold your breath when moving.
- Raise the head of your bed.

Getting out of bed

- Hug your pillows.
- Roll onto your side.
- Dangle your feet over the edge of your bed.
- Use your elbows to raise your upper body.
- Use your legs to pull yourself into a sitting position.

Remember: Exhale (breathe out) as you sit up.

Getting into bed

- Ask someone to put the siderails down.
- Sit close to the head of your bed.
- Hug your pillow.
- Lie down on your side.
- Bring your legs up onto the bed.
- Roll onto the bed.

Remember: Do not hold your breath when getting into bed.

How Get In and Out of a Chair After Surgery

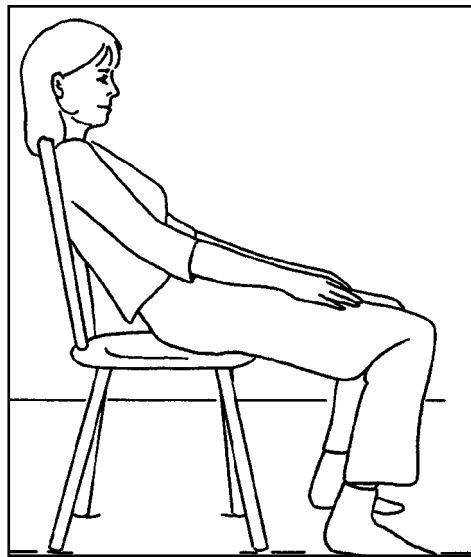
Getting out of a chair

- Slide or wiggle your bottom toward the edge of a chair.
- Place your feet apart for a wide base of support.
- Put your head forward so your nose is over your toes.
- Put your hands on your thighs above your knees.
- Stand up by using your leg muscles.
- Do not use your hands to push off the chair.

Getting into a chair

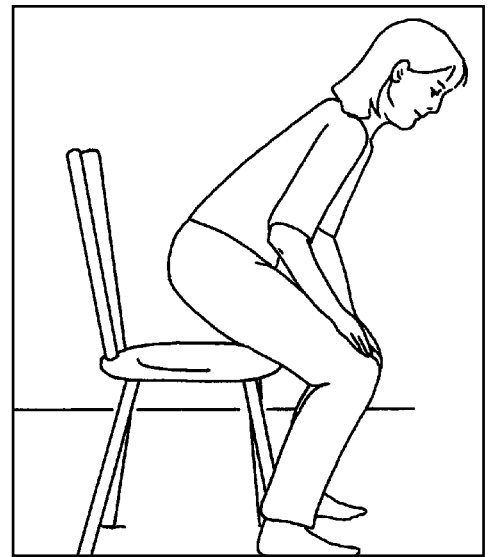
- Back up to the chair until your legs touch the chair.
- Lean your upper body forward.
- Place your hands on your thighs for stability.
- Bend your knees and squat down slowly until you are sitting in the chair.

Remember: Keep your feet apart for a wide base of support.



© Allina Health System

To get out of a chair, follow the directions above.



© Allina Health System

To get into a chair follow the directions above.

Nutrition: What You Need to Know

Tip

According to the United States Department of Agriculture, you should:

- eat smaller portion sizes
- make half of your grains whole
- make half of your plate vegetables and fruits
- drink fat-free or low-fat milk
- eat lean proteins.

Be sure to drink six to eight 8-ounce glasses of liquids (especially water) each day.

Visit myplate.gov for more information.

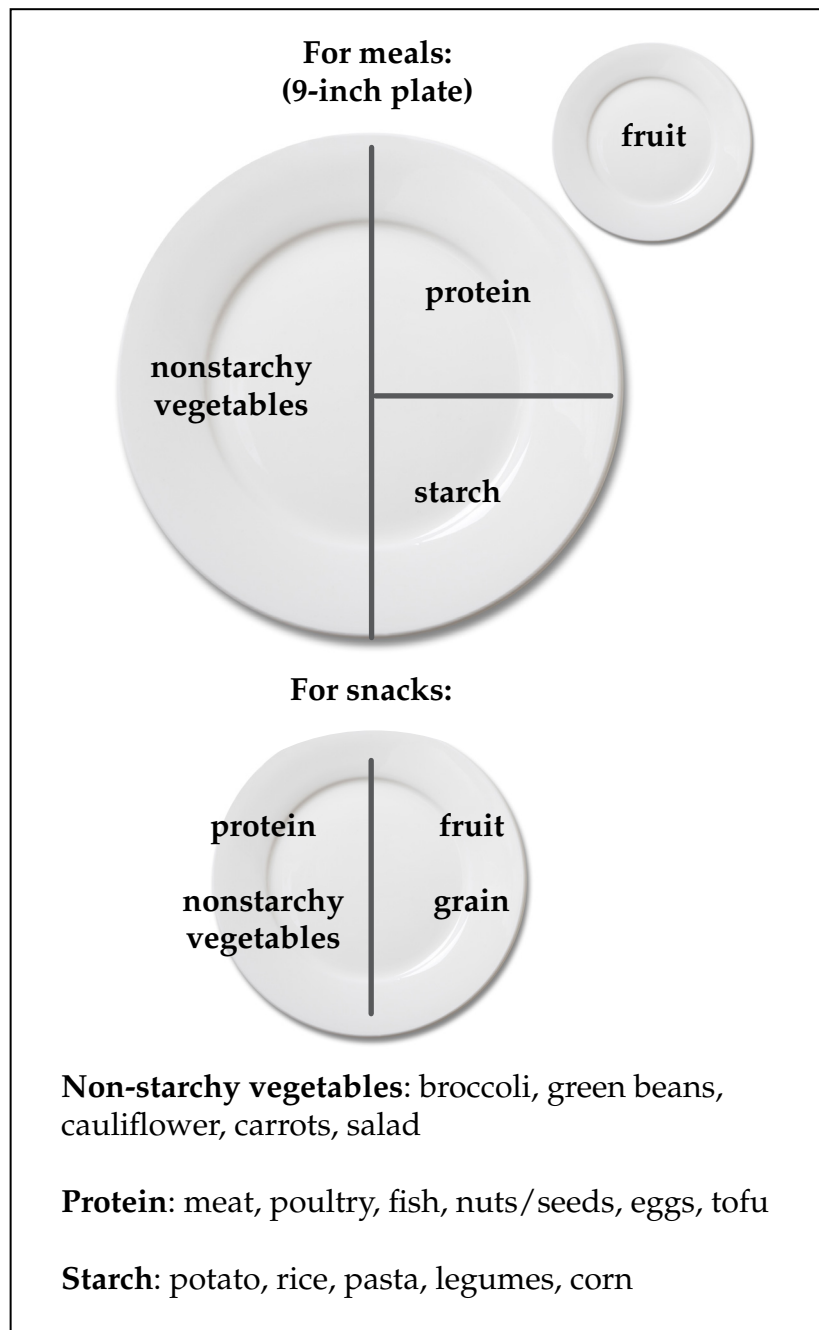
Important

Talk with your health care provider if you have questions about your nutrition and recovery.

Eating well-balanced meals and snacks will help you recover quickly and help you feel your best. What you eat after surgery affects your well-being.

If you don't eat enough of the right foods, you will become tired and less able to take care of yourself. Be sure you make time to eat — even if you don't feel hungry.

Try to think about what your plate should look like when you're planning your meals and snacks.

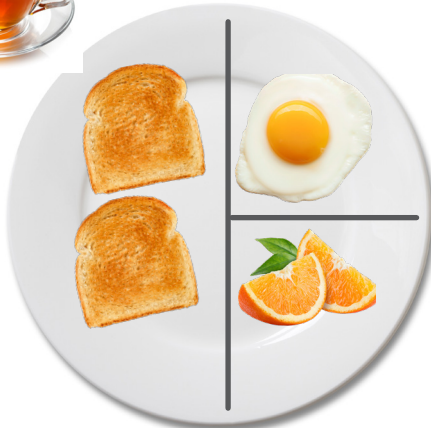


Here are some examples of well-balanced meals and a snack.



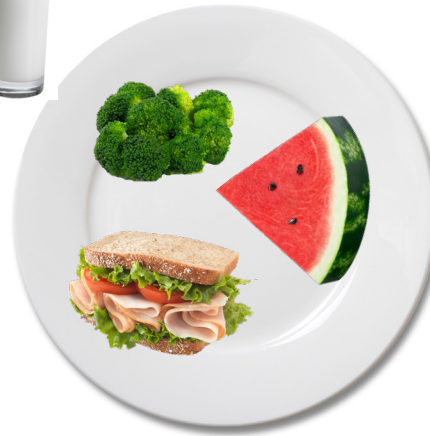
At breakfast:

- plain tea
- 2 pieces dry toast
- 1 fried egg
- 2 orange wedges



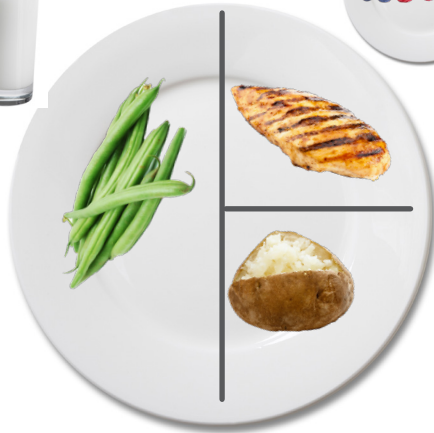
At lunch:

- 1 glass low-fat milk
- 1 turkey sandwich with 2 pieces whole grain bread, tomato and lettuce
- side of broccoli
- 1 slice watermelon



At dinner:

- 1 glass low-fat milk
- 1 grilled chicken breast
- 1 baked potato, plain
- green beans
- 1 serving of mixed berries



For a snack:

- 1 glass water
- 1 apple
- 2 slices cheddar cheese



Tip

Eat foods high in vitamin C to help absorb the iron that comes from plants such as spinach.

For instance, drink a glass of orange juice with an iron-fortified cereal.

Good sources of vitamin C are oranges, broccoli, tomatoes, kiwi, strawberries, peppers, potatoes and cabbage.











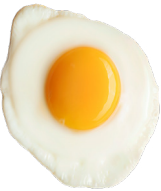














Nutrients important for your recovery

Eating foods rich in the following nutrients are important for your recovery.

- **Protein:**
Protein helps repair and build healthy tissue.
- **Iron:**
Iron works in each of your body's cells to help make energy.
- **Vitamin C:**
Vitamin C helps your body repair damaged tissues, keeps your bones and teeth strong, and helps your body absorb iron.
- **Calcium:**
Calcium helps build and maintain your bones, your muscles move, your blood clot and your nerves send messages.
- **Fiber:**
Fiber helps your body produce regular bowel movements.

Use the chart on the page 71 to help you choose foods for building well-balanced meals and snacks.

The following chart shows examples of foods to put on your plate.

Protein	Iron	Vitamin C	Calcium*	Fiber**
 Chicken	 Peas	 Watermelon	 Milk	 Brown rice
 Tofu	 Raisins	 Oranges	 Yogurt	 White potato
 Eggs	 Steak	 Berries	 Green beans	 Whole-grain pasta
 Peanut butter	 Bran flakes	 Bell peppers	 Sardines	 Whole-grain bread
 Salmon	 Beans and legumes	 Grapes	 Broccoli	 Whole-grain wrap

*If you cannot tolerate milk products, you can also drink calcium-fortified juices such as orange juice. Choose low-fat or fat-free milk products.

**Choose whole-grain varieties.



Chapter 6: Resources

Medical Equipment

Certain equipment can make your recovery go easier and increase your independence after your surgery. Try to get your equipment before you have surgery. You may want to borrow the items from family or friends if possible.

The following is a list of resources to help you find the equipment you need.

- Goodwill Easter Seals Equipment Loan Program lends medical equipment free of charge. Loans of donated medical equipment are based on availability.

Call one of the locations listed below for more information:

— **St. Paul**

553 Fairview Ave. N.
St. Paul, MN 55104
651-379-5922

— **St. Cloud area**

50 2nd Ave. S.
Waite Park, MN 56387
320-654-9527, ext. 104

— **Rochester**

239 - 28th St. SE
Rochester, MN 55904
507-287-8699

— **Willmar**

100 19th Ave. SW
Willmar, MN 56201
320-214-9238

This program relies on donated equipment. Please consider donating any of the equipment you buy. Equipment donations are accepted at all Goodwill stores.

- Call your local American Legion, VFW or Lions Club. They often have equipment you can borrow if you are a member.

Allina Health Care Navigation Help Desk

Call 612-262-2200 or 1-855-227-5111 if you have questions about community resources, medical equipment, home care, a transitional care unit (TCU) or a short-term rehabilitation center.

- Call your local pharmacy to see what selection of equipment that store carries.
- Look in your Yellow Pages or go to yellowpages.com and look under “handicapped services or equipment” or “home care services.”
- WisTech can connect you with resources for medical equipment in Wisconsin. Visit wisconsinat4all.com to find equipment in your area. You will need to create an account to view available items.

Once you have an account, you can buy, rent or get free items from state agencies, private businesses, lending programs or individuals. Each group or individual has different criteria for using their equipment. Contact information is listed for each item.

Grocery Delivery

- Many grocery stores and organizations offer services that will deliver healthful meals to your home. Ask a member of your health care team for more information.

- **Store To Door®**

This program shops for and delivers groceries to anyone age 60 and older who cannot shop for and carry groceries. This program uses volunteers to serve the 7-county metro area of Minneapolis and St. Paul. You pay for your groceries and a service fee. This fee is based on your income.

Visit storetodoor.org or call 651-642-1892 for more information.

- **Twin Cities Metro Area Meals on Wheels**

Volunteers deliver ready-to-eat meals to homes in most of the Minneapolis and St. Paul metro area. You can sign up for short- or long-term meal delivery if you are recovering from surgery or illness. The price is based on your need.

Call 612-623-3363 or visit meals-on-wheels.com for more information or to sign up for this service.

- **Home-delivered Meals (Meals on Wheels)**

Wisconsin’s Elderly Nutrition Program offers meals to anyone age 60 and older. Meals can be delivered to your door Monday through Friday.

Visit gwaar.org to learn more about home-delivered meals. Click *For Seniors and Families* and then *Elderly Nutrition Program*. Select *Contact someone* to find your local agency and its contact information.

Websites

- **allinahealth.org**
Allina Health
- **heart.org**
American Heart Association information
- **nlm.nih.gov/medlineplus**
National Library of Medicine information. In the search box, type “heart surgery” and click to Go button.
- **sts.org/patient-education**
Society of Thoracic Surgeons

Glossary

Ambulating: walking

Chest tubes: tubes placed in your chest by your surgeon after surgery to drain fluids from your chest

Dressings: bandages

Foley catheter: a urinary drain in your bladder.

Incentive spirometer: breathing machine used to exercise your lungs and keep them healthy after surgery. Use it along with your deep breathing and coughing exercises.

Incision: surgical wound

OT: occupational therapy

PT: physical therapy

SCD: sequential compression device — inflatable plastic leg or foot wraps used to prevent blood clots.

Directions for My Medicine List

1. **ALWAYS KEEP THIS FORM WITH YOU.** You may want to fold it and keep it in your wallet along with your driver's license. Then it will be available in case of an emergency.
2. Write down all of the medicines you are taking and list all of your allergies. Add information on medicines taken in clinics, hospitals and other health care settings — as well as at home.
3. Take this form with you on all visits to your clinic, pharmacy, hospital, physician, or other providers.
4. **WRITE DOWN ALL CHANGES MADE TO YOUR MEDICINES** on this form. When you stop taking a certain medicine, write the date it was stopped. If help is needed, ask your doctor, nurse, pharmacist, or family member to help you keep it up-to-date.
5. In the "Notes" column, write down why you are taking the medicine (Examples: high blood pressure, high blood sugar, high cholesterol).
6. When you are discharged from the hospital, someone will talk with you about which medicines to take and which medicines to stop taking. Since many changes are often made after a hospital stay, a new list may be filled out. When you return to your doctor, take your list with you. This will keep everyone up-to-date on your medicines.

How does this form help you?

- This form helps you and your family members remember all of the medicines you are taking.
- It provides your doctors and other providers with a current list of ALL of your medicines. They need to know the herbals, vitamins, and over-the-counter medicines you take!
- With this information, doctors and other providers can prevent potential health problems, triggered by how different medicines interact.



For copies of the My Medicine List and a brochure with more tips, visit the Minnesota Alliance for Patient Safety's Web site at www.mnpatientsafety.org or call (651) 641-1121.

Your Heart Disease Risk Factor Goals

Risk	Your Risk	Target Goal
High blood pressure	Blood pressure range: _____	<input type="checkbox"/> Below 120/80
High blood cholesterol*	Date: _____ LDL: _____ HDL: _____ Triglycerides: _____	Your health care provider will work with you.
Tobacco	Have you used tobacco in the last 12 months? Yes ____ No ____	no tobacco use
Exercise	Past exercise program: _____ _____ _____	Get regular aerobic exercise (such as walking or biking) for at least 30 minutes most, if not all, days of the week.
Weight	Do you consider yourself overweight? Yes ____ No ____	Weight loss goal: _____
Stress	Do you have stress that feels out of control? Yes ____ No ____	Find the ability to recognize stress and cope with stress in healthy ways (such as exercise or relaxation).
Diabetes	Date: _____ FBG: _____ Hemoglobin A1c: _____	<input type="checkbox"/> Fasting blood glucose below 120 mg/dL <input type="checkbox"/> Hemoglobin A1c below 7 percent

***Guidelines for LDL are based on your overall risk for heart disease. If you have diabetes or heart disease, consider taking a statin medicine to protect your arteries. Talk with your health care provider about your LDL goal.**





Learn more about the Allina Health account



Easy appointment scheduling
In-person and virtual visits,
appointment reminders and updates



Care for the whole family
Gain access to another person's
account (proxy access)



Virtual care options
On-demand urgent care and
scheduled virtual visits



Prescriptions and billing
Manage payments, order refills and
track prescriptions



Info all in one place
Health records, lab results and
appointment notes



**Communicate with your
care team**
Send and review messages

Make health care easier with an online, all-in-one way to manage care.

Get started at
AllinaHealth.org/account

Allina Health 

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Nondiscrimination in Health Programs and Activities

Affordable Care Act – Section 1557

Allina Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity or sex. Allina Health does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity or sex.

Allina Health:

- provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - ◊ qualified sign language interpreters, and
 - ◊ written information in other formats (large print, audio, accessible electronic formats, other formats)
- provides free language services to people whose primary language is not English, such as:
 - ◊ qualified interpreters, and
 - ◊ information written in other languages.

If you need these services, ask a member of your care team.

If you believe that Allina Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity or sex, you can file a grievance with:

Allina Health Grievance Coordinator
P.O. Box 43
Minneapolis, MN 55440-0043
Phone: 612-262-0900
Fax: 612-262-4370
GrievanceCoordinator@allina.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Allina Health Grievance Coordinator can help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.





allinahealth.org