An educational guide for patients undergoing cardiac surgery and their families
Table of Contents

- Preoperative Assessment, Consultation, and Treatment (PACT) Clinic .................. 2
- Day of Surgery ........................................ 2
  - Parking
  - Admitting/Guest Services Desk
  - Personal Possessions
- Medication Instructions .................................... 2
- Tobacco/Alcohol Use ....................................... 3
- Prepping Your Skin Before Surgery ....................... 3
- The Morning of Surgery .................................. 4
- Preoperative Holding Area ............................... 5
- Operating Room ........................................... 5
- Cardiovascular Intensive Care Unit (CICU) / Cardiopulmonary Critical Care Unit (CPCC) ....... 5
- Adult Cardiac Telemetry Unit ............................ 6
- Planning for Discharge .................................... 7
- Postoperative Instructions for Home ..................... 7
- Wound Care ............................................... 7
- Symptoms to Report ...................................... 7
- Postoperative Follow-Up Visit .......................... 8
- Dedicated Telephone Line for Patients & Their Family ......................... 8
- After Hours and On Weekends ............................ 8

Thank you for choosing UAB Medicine Cardiothoracic Surgery for your upcoming operation.

This booklet provides important information and describes each step in your care, from preoperative testing to discharge as well as follow-up care after your surgery.

Our goal is to provide the highest quality of care and make this a positive experience for you and your family. If you have questions at any time, please do not hesitate to ask your care providers or call your surgeon’s office.
Preoperative Assessment, Consultation, and Treatment (PACT) Clinic

Your PACT Clinic appointment will include:

• Pre-admission paperwork. Copies of identification and/or insurance cards may be requested. Please be prepared to pay any copays and deductibles.
• A thorough preoperative assessment
• Review of your complete medical history
• Discussion of anesthesia risks, side-effects, and options
• Review of your medications, including over-the-counter and herbal treatments

IMPORTANT: Please bring all current medication bottles with you.

Day of Surgery

Parking: The most convenient option for parking is the 4th Avenue South parking deck, located at 4th Avenue South and 18th Street. Entrances are located on both 4th Avenue and 18th Street. There is a daily parking fee.

Admitting/Guest Services Desk: From the parking deck elevators, exit to the hospital on the second floor. Follow the signs to the North Pavilion, then take the elevators to the fifth floor and go to the Admitting/Guest Services desk. There, you will complete the admission process. Copies of identification and/or insurance cards may be requested. Please be prepared to pay any copays and deductibles at this time.

Personal Possessions: You may wear glasses, contact lenses, hearing aids, and dentures to the hospital. You will be responsible for securing these items during your stay. These items can be easily misplaced, so consider giving them to a family member or friend.

If you choose to bring items such as a cell phone or electronic device, and it is misplaced, the hospital cannot be responsible for any unsecured personal items. Also, the hospital and nursing staff cannot be responsible for large personal items or any items not accounted for by hospital security.

Medication Instructions

Patients on aspirin:

• Aspirin 325 mg: Decrease to 81 mg one week prior to surgery AND take it the morning of surgery, unless you are told not to.
• Aspirin 81 mg: Take it the morning of surgery.

Patients on blood thinners:

• If you take clopidogrel (Plavix®), ticlopidine (Ticlid®), prasugrel (Effient®), warfarin (Coumadin®), dabigatran (Pradaxa®), Rivaroxaban (Xarelto®), apixaban (Eliquis®), ticagrelor (Brilinta®), edoxaban (Savaysa®), or enoxaparin (Lovenox®), please talk to your physician or surgeon about stopping these medications before your surgery.
Patients on beta blockers:
- **Take your beta blocker on the day of surgery** with a sip of water. Beta blockers include atenolol (Tenormin®), labetalol (Trandate®), metoprolol (Toprol®, Lopressor®), sotalol (Betapace®), nadolol (Corgard®), and carvedilol (Coreg®).

Patients with diabetes:
- If you take oral diabetes medication, **do not take it the day of surgery**.
- If you take metformin or a combination drug that contains metformin (Fortamet®, Glucophage®, Glumetza®, Riomet®, Kazono®, Metaglip®, Jentadueto®, ActoPlus®, Prandi-Met®, Avandamet®, Kombiglyze®, Janumet®), **do not take it the day of surgery**.
- If you take NPH insulin (Humulin N®, Novolin N®): **For the day of surgery, if your blood sugar is greater than 200, take 50% of usual dose. If blood sugar is less than 200, do not take.**
- If you take glargine (Lantus®) or detemir (Levemir®) insulin, **take your normal dose the morning of surgery**.

Tobacco/Alcohol Use
If you use tobacco of any type, please stop using it immediately. Smokers have a greater risk for lung problems and poor or slow wound healing after surgery. Also, discuss any regular alcohol use with your surgery team.

Prepping Your Skin Before Surgery
To lower the risk of infection, you should bathe with Ivory or Dial antibacterial soap and the chlorhexidine (CHG) cleanser that will be provided to you. You can also purchase a bottle of chlorhexidine (Hibiclens®) at your local pharmacy and follow the directions below.

Shower three times (48 hours before surgery, the night before surgery, and the morning of surgery) and follow these directions:
- Bathe your whole body with Ivory or Dial antibacterial soap and shampoo your hair.
- Apply 1/3 of the chlorhexidine cleanser (CHG) to a clean washcloth. Wash your body from the neck down. Do NOT use the CHG cleanser on your face, head or genitals. Pay special attention to washing your armpits, the outer groin area (not your genital area), and the site where you will have surgery. Wash your body gently for 5 minutes. Rinse the CHG cleanser off completely and repeat the rinse.
- Do not wash with regular soap after the CHG cleaner is used. Dry off with a fresh, clean towel.
- Dress with clean, recently washed clothing after each CHG shower.
- Repeat the shower instructions above on the night before surgery and the morning of surgery.
- Use CHG cleanser as instructed. If you are receiving the CHG cleanser the day before your surgery, you will only take 2 showers (the night before surgery and the morning of surgery).
- **On the morning of your surgery, after bathing with CHG cleanser, do not apply lotions, creams, moisturizers, powder, or makeup. Deodorant is acceptable.**
NOTE: Although it is rare, some people report irritation, sensitivity, or generalized allergic reactions with the use of CHG products, especially in the genital areas. If a reaction occurs, discontinue use immediately. If the reaction is severe, contact a physician.

Failure to cleanse your skin with CHG cleanser as instructed could result in the cancellation of your surgery.

Shaving can increase the risk of infection due to nicks from the razor. Do not shave or use hair removal lotions or creams on your chest and legs. If you have a beard, you may be required to shave it off several days prior to surgery. Check with your surgeon if you have questions.

The Morning of Surgery

- Bathe with Ivory or Dial antibacterial soap and CHG cleanser as described above.
- Brush your teeth but do not swallow water.
- Do not eat any food, mints, gum, or hard candy or use any tobacco products (smoking, dipping, or chewing tobacco) the morning of surgery.
- You may only drink items from the following list up to two hours prior to arrival. Drinking anything after this time or not on this list can result in delay or cancellation of surgery:
  - Water
  - Apple juice, grape juice, cranberry juice; **NO ORANGE JUICE**
  - Sprite or 7UP
  - Gatorade or Powerade (any flavor); **DO NOT DRINK GATORADE PROTEIN SHAKE**.
  - Coffee or tea; **NO MILK, CREAM, OR ARTIFICIAL CREAMER.** Sugar and sugar substitutes are ok.
- Pack lightly; bring your slippers, robe, toothbrush, and a brush/comb.
- Wear loose-fitting, comfortable clothing.
- Bring cases for your glasses, contacts, and/or dentures.
- Do not wear makeup, nail polish or lotion; deodorant is OK.
- Remove any body piercing jewelry.
- Leave valuables (jewelry, wallet, credit cards, cell phone, etc.) at home or with your family.
- If you use a CPAP machine, bring it with you.
- Bring your insurance information and driver’s license or official identification card.
- Bring a list of current medications.
- Bring all current medications in their original containers. We will verify what you are taking and return your medications to your family.
- **Only take** medications you were instructed to take on the morning of surgery.

NOTE: The Heart Surgery Admitting/Guest Services check-in desk is located on the fifth floor of the North Pavilion. Please report there at the designated time.
Preoperative Holding Area

- The preoperative holding area is located on the fifth floor of the North Pavilion. This is where you will be prepped for surgery. Prep for surgery includes removal (clipping) of hair from chin to ankles by nursing personnel.
- Bring a light jacket if you tend to get cold, and bring a book or magazine to help pass the time. In the case of an emergency, your surgery may be delayed. The preoperative team will give you frequent updates on when your surgery will start.
- Family/visitors (limited to two) may wait with you in the preoperative holding area.
- While you are in the preoperative holding area, feel free to discuss any questions or concerns about your care/surgical procedure with your health care providers.

Operating Room

You will be taken to the operating room (OR), and the anesthesiologist will give you anesthesia through an IV. You will fall asleep quickly and will not be able to hear or feel anything during your surgery.

During your surgery and your stay in the Cardiovascular Intensive Care Unit (CICU)/Cardiopulmonary Critical Care Unit (CPCC), your family/visitors will wait in the visitor waiting area, located on the fifth floor of the North Pavilion. Your family/visitors should register with the waiting room staff when they arrive, so that they can be contacted to receive reports on your surgical progress. Any concerns your family/visitors have while you are in the operating room should be discussed with the patient/family care representative in the waiting room. An electronic status board will display surgical progress and updates for family/visitors while you are in the OR.

Cardiovascular Intensive Care Unit (CICU)/Cardiopulmonary Critical Care Unit (CPCC)

Your health care team will discuss the expected length of stay in the CICU and step-down unit with you before your surgery.

- Cell phones may be used in the CICU family waiting area.
- After your operation, the surgeon will meet with your family/visitors outside the CICU.
- After your arrival to the CICU, it will be 1-2 hours before your family/visitors can visit.
- The CICU has open visitation. Only two (2) family/visitors are allowed at a time. Only one (1) family/visitor is allowed over night from 10:30 pm – 5:00 am.
- Children of any age may visit as long as they are accompanied by an adult who is not the patient. The child must stay with that adult at all times.
- Family/visitors should not be sick or have been in contact with people who have been sick in the past three weeks. These sicknesses include but are not limited to: fever, rash, flu, cold symptoms, nausea, vomiting, diarrhea, strep throat, “pink eye”, measles, chicken pox, COVID-19, and shingles.
- Family/visitors may be asked to leave the unit during emergencies. Once the emergency is over, they will be allowed back into the unit.

**NOTE:** Please help keep the noise level to a minimum.
Requesting and Phoning In for CICU Patient Updates: The following rules are required in order to comply with the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and to help protect the security and privacy of all patients' health data and information:

• One person in the family should be designated (usually the next of kin) to call for information about the patient’s status. It is the responsibility of the designated family member (or visitor) to share with all other family and visitors.

• A designated family member will receive a password to be used whenever calling for an update. This password will allow the nurse to share specific details of the patient’s progress (good, fair, serious, or critical). This password and the name of the designated caller are to be placed in the patient’s medical record.

• The nursing staff is allowed to share detailed patient information ONLY with the patient’s next of kin or designated family member or friend.

• The designated person can call for updates at any time EXCEPT during the hours of 6:30-8:30 am and 6:30-8:30 pm.

Adult Cardiac (Step-Down) Telemetry Unit

• We welcome all visitors, including children, if the patient so desires. Adult supervision is required for all children.

• The Telemetry Unit’s visiting hours are open and flexible. One adult family member can stay overnight.

• Cardiac Rehab and Physical Therapy will make recommendations regarding your post-surgery activity.

• You must participate in important activities to aid in your recovery, including walking, taking deep breaths, and coughing. These are designed to help you return to normal activities.

Planning for Discharge

• Expect to stay in the hospital 3-7 days.

• A care manager is available Monday through Friday to help with discharge planning and special needs.

• Arrange for someone to help you at home 24/7 for the first week after discharge.

• Prior to your discharge, have your family bring clothes for you to wear home. We recommend loose-fitting clothing such as a button-up shirt and comfortable trousers or sweat pants.

• If you already require home oxygen, check that your oxygen tanks are full, bring the full tank with you, but leave it in the car for the ride home.

• If you have a walker, bring it with you, but leave it in the car for transport to home.

• You should arrange for a ride home from the hospital, as you will not be able to drive for 2-4 weeks after discharge. Let your care manager know if you need help with transportation.
Postoperative Instructions for Home

- Continue taking medications as prescribed; they may be adjusted by your cardiologist or heart surgeon.
- Continue fluid restrictions (maximum 1.5 liters or 48 ounces per day) for 2 weeks following discharge, unless told otherwise.
- Weigh yourself daily, keeping a log, and do not gain more than 3-5 pounds over 1-2 days.
- Watch for swelling in your feet and legs, which should decrease over time.
- Monitor your appetite, which should gradually improve over time.
- Gradually increase your walking time and distance; do not worry about speed.
- Do not lift more than 10-15 pounds for 2 months following surgery.
- Females should wear a support bra DAILY.

Wound Care

- Perform daily wound/incision checks.
- Keep wounds/incisions open to the air and clean and dry unless told otherwise.
- Monitor wounds/incisions daily for redness and/or drainage.
- Shower daily using antibacterial soap (Dial or Ivory) and water - NO EXCEPTIONS.
- DO NOT use ointments, creams, or lotions on wounds/incisions.

Symptoms to Report

Call your surgeon if you experience any of these symptoms:

- Increasing shortness of breath
- Irregular heart rate or racing heart
- Dizziness when standing
- Decreased exercise tolerance level
- Unable to lie flat in bed when sleeping
- Increased swelling in feet and/or legs
- Redness, drainage, or separation of incision
- Chills, sweating, or fever higher than 101°F
- Weight gain of more than 3-5 pounds over 1-2 days
- Uncontrolled blood sugar - If you are a diabetic and your blood sugar is more than 200 for 24 hours or longer
- Uncontrolled blood pressure (high or low) - If your top number is more than 160 or less than 90, or the bottom number is more than 110.
Postoperative Follow-Up Visit
A surgical postoperative visit will be scheduled for 1-4 weeks after discharge. More than one postoperative visit may be needed, depending on your recovery status.

**See your cardiologist within 2-6 weeks after hospital discharge.**

Dedicated Telephone Line for Patients & Their Family
There is a dedicated phone line for patients and families to use after discharge for any questions, problems, or clinical concerns. The number is 205-801-8660, and it will be answered Monday through Friday from 8 am to 4:30 pm.

TAVR patients please call 205-975-1888 between the hours of 8 am and 5 pm.

After Hours and On Weekends
For all patients after hours (5 pm to 8 am) and on weekends, call the UAB Medicine paging operator at 205-934-3411 to have the CV nurse practitioner on call paged.

**If you feel you are having a medical emergency, call 911 IMMEDIATELY.**