

## **Your Mechanical Circulatory Device (MCD) Surgery and Hospital Stay**

### **What can I expect the morning of surgery?**

On the morning of your surgery, there are two options prior to going to surgery:

- **First Day Surgery (FDS):** You may transfer to FDS where a nurse helps you prepare for surgery. Your family may follow you to FDS until you go to the operating room (OR). Your family members and friends are given a pager and directed to a waiting area. One family member or friend may stay with you. There is a waiting room at FDS. A nurse asks you questions about your health and helps you get ready for surgery. An anesthesiologist meets with you and answers your questions. You may be given medicine to help you relax.
- If you are in the **intensive care unit (ICU)**, the anesthesia team will pick you up and transport you to the OR.

When you are taken to the OR, your family and friends are directed to the Surgical Waiting Area on the 2<sup>nd</sup> floor. They will check in with the staff at the Surgical Waiting Area desk. They can take a pager (works anywhere in the building) or leave a cell phone number. They will be given updates from the OR using the pager or cell phone number. If this waiting area is closed or full, they may use the D4/5 waiting area. To get to the D4/5 waiting area, take the D elevators to the 5<sup>th</sup> floor. Take a right off the elevators and go through the double doors. It will be the first room on your right.

Sometime during the day, your family or friends may wish to take your parking pass to the main information desk to have it stamped and get one pass to be used during your stay.

### **What can I expect in the OR?**

Once you are in the OR, you meet your nurse. He or she will answer any questions you have, make sure you are comfortable, and explain what is going on. The operating room is often cold, so please let the nurse know if you would like an extra blanket. Electrocardiogram (ECG) patches are placed on your chest, a blood pressure cuff is put on your arm, and a plastic clip is placed on your finger to check your heartbeat and oxygen levels. The anesthesiologist asks you to breathe oxygen through a soft plastic mask and medicines are given through your IV. After you are asleep, a breathing tube (ET tube) is placed in your windpipe to breathe for you. Other lines and monitors are added after you are asleep.

### **What can I expect when I wake up from surgery?**

After surgery, you are taken to the Cardiothoracic Surgery Unit on B4/5. Every room on this unit can be an intensive care, intermediate care, or general care room. So, you may stay in one room for all stages of care. This includes ICU care to discharge. Your care and equipment will change in your room to meet your needs.

When you first arrive on the unit, you have a breathing tube, IV lines, drains, and monitors. You can expect to wake up soon after getting to the unit. Though you will likely feel drowsy, you may hear beeps, alarms, bubbling noises, and voices. This is normal.

Many patients who have had heart surgery tell us that they recall little of the first hours after surgery. This is normal. When you first wake up, the breathing tube may startle you and make you feel anxious. The nurses will help you relax and be more comfortable while the tube is in place. The important thing is to let the breathing machine (ventilator) work for you. It will give you puffs of air until you are able to breathe on your own. Since it is in your mouth and windpipe, **you are not able to talk**; but you can nod, squeeze your hand, or write on a notepad. Nurses are nearby to help you.

Once you are awake enough to breathe well on your own, the breathing tube is removed. Most patients have the breathing tube removed a few hours to two days after surgery. When it is removed, you may talk and begin taking ice chips and fluids. Your throat may be sore and your voice hoarse for awhile.

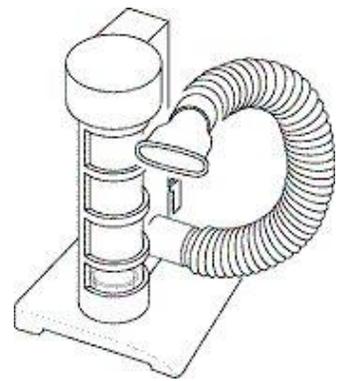
When the breathing tube is out, nurses ask you to breathe deeply, cough, and use a breathing tool (incentive spirometer). Good breathing helps you to get rid of the anesthesia and prevent pneumonia.

### **To cough and deep breathe**

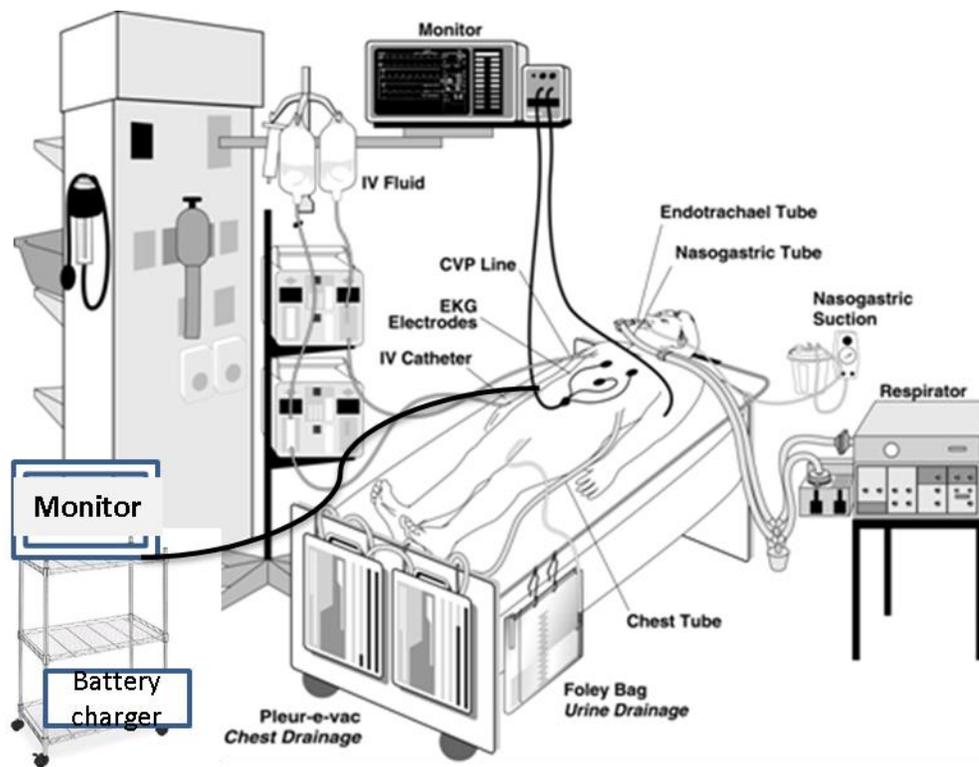
1. Place a pillow over your chest to reduce the pain and support your chest while coughing.
2. Breathe in deeply and slowly through your nose. Hold it for 2 seconds.
3. Exhale slowly through the mouth.
4. Repeat twice more.
5. Breathe in again; hold it, and then cough.

### **To use the incentive spirometer**

1. Exhale and place your lips tightly around the mouthpiece.
2. Take a deep breath in. Slowly raise the Flow Rate Guide between the arrows.
3. Hold the deep breath. Continue to inhale, keeping the guide as high as you can for as long as you can, or as directed by your nurse or respiratory therapist.
4. Exhale and relax.
5. Repeat 10 times each hour while you are awake.



Your family and friends may visit once you are settled in your room and have had some time to recover. It may take 1-2 hours until the nursing staff will come get your visitors. A staff member will tell your family and friends when visiting is allowed. Visitors are asked to enter the nursing unit from the D elevators.



**What can I expect during my recovery in the hospital?**

As you become more stable, many of the IV lines and monitors are removed. As your condition improves, the nurses will watch you closely, but they will not be at your bedside as often. This is a sign that you are doing well. You can expect to stay in the hospital 10-14 days.

All patients have their blood sugars checked during their hospital stay. If you have diabetes, you can expect to receive insulin through your IV. You may receive insulin for a few days while you recover. Some patients who have not needed insulin in the past will be given insulin if their blood sugars are high. High blood sugars are often due to the stress of surgery.

Rest is needed for good healing. At the same time, getting up and walking helps to speed recovery. Most likely, the day after surgery, you will be expected to walk 4 times a day and be up in the chair for all meals. You may be surprised how much better you feel each day.

As soon as you are able, you will be walking in the halls and meeting with someone from physical therapy (PT) for exercise. A person from Preventive Cardiology will meet with you a few days after surgery. This person will teach you about a heart healthy diet and exercise. He or she will also help you get started in a Cardiac Rehabilitation (Cardiac Rehab) program. Most patients resume Cardiac Rehab 3-4 weeks after surgery.

## 0-10 Number Pain Scale

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<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
<b>No Pain</b>		<b>Mild</b>		<b>Moderate</b>				<b>Severe</b>		<b>Worst</b>

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### How much pain will I have?

Your doctor and nurses will work with you to achieve good pain control. Good pain control helps you to:

1. Feel better.
2. Heal faster.
3. Take deep breaths.
4. Start walking and get stronger faster.
5. Leave the hospital sooner.
6. Have better results and avoid problems.

Drug and non-drug treatments can help prevent and control pain. Don't worry about getting "hooked" or "addicted" to pain medicines. Studies show that this is very rare unless you already have this problem. Please ask if you have questions or concerns.

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### Pain

#### For Best Results:

1. Talk with your doctors and nurses about the choices you have. At first, you'll receive pain medicine in your IV. When you are able to take sips of water, you will switch to oral pain medicine.
2. Ask for pain medicine when pain **first begins**. Do not wait until your pain is severe. This makes the medicine less effective. Pain pills take 20-30 minutes to work.
3. The nurses will ask if the medicine is helping your pain. You will be asked to rate your pain using this scale.
4. The goal should be a level that allows you to deep breathe, eat, walk, and sleep. The doctors and nurses need you to rate your pain, so they know how well your pain medicine is working.
5. Tell the doctors and nurses about pain that will not go away. Do not worry about being a "bother." Pain can sometimes be a sign of problems.
6. Pain medicine may cause you to become drowsy, dizzy, or lightheaded. Narcotic pain medicine can cause constipation. Tell your doctors and nurses if you are having any of these problems.

### **What about eating?**

After surgery, you may feel sick to your stomach. This is due to the anesthesia. You will slowly advance from drinking liquids to eating soft foods. Some people lose their appetite and find that they have a taste like metal in their mouths. Though you may not feel like eating it is important to eat healthy to allow your breastbone (sternum) to heal. It is not uncommon for heart surgery patients to lose 15-30 pounds. While you may wish to diet later, now is not the time.

Tell your nurse or doctor if you have a metal or bitter aftertaste in your mouth or if you do not want to eat your favorite foods. This aftertaste can happen after surgery and is will not last.

While in the hospital, your nurses will be keeping track of the water and other fluids

that you drink. Extra water in the body causes your heart and lungs to work harder. To prevent this, you may be taking a water pill (diuretic) to rid the body of excess water. You will be asked to limit the amount of water and fluids you take in. You will be on a low salt diet. You may have more changes to your diet (low fat or low cholesterol) based on your heart condition.

### **How do I care for my incisions?**

You will not be allowed to shower until you see your surgeon after discharge. You will have to sponge bathe during this time. When washing, avoid rubbing your incision. Use a mild, fragrance-free soap and pat dry. **Do not** put ointments, lotions, or powders on your incisions. **Do not** take hot showers or baths.

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 5/2019 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7897