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About cardiac surgery

What is coronary artery bypass (CABG) surgery?

Coronary artery bypass surgery (CABG) is heart surgery that uses alternative (replacement) blood vessels to allow blood to flow around or “bypass” the clogged coronary (heart) arteries. The bypass creates another path for blood to flow to the heart muscle.

The bypass may use one or more of the below veins or arteries:
- Veins from your leg (saphenous veins).
- Arteries from your:
  - chest (internal mammary artery).
  - arm (radial artery).
  - stomach (gastroepiploic artery).

If your surgeon uses the vein from your leg or an artery from your arm, you will also have an incision (cut) in that area. A connection is made between the major blood vessel of the body (aorta) and an area beyond the blockage. After bypass surgery, more blood and oxygen will be able to flow to the heart muscle.

What is heart valve surgery?

Heart valve surgery is done when a heart valve is not able to open and close correctly. Valve surgery repairs or replaces 1 or more of the heart valves which control the flow of blood through your heart.

- In some cases, valve surgery may be done together with other procedures such as bypass.
- Valve repair can be done by using sutures (stitches), cutting extra tissue on the valve or placing a ring around the opening of the valve.
- Valve replacement can be done with several different types of valves.

After reviewing your medical history, your surgeon will discuss which valve is best for you.

Remember that surgery may not be a cure. It is important for you to make changes in your behaviors in order to gain the extra benefits from your operation.
What are the different types of valves?

Mechanical valve:
- This type of valve is made from a man-made material called pyrolytic carbon. This valve will last longer than the other types of valves; however, you must take medicine (a blood thinner) called warfarin (Coumadin®) for the rest of your life.

Animal tissue valve:
- This type of valve is made from pig or cow tissue.
- You do not need to take blood thinners.

Human valve:
- On some occasions, a human tissue valve may be used.
- You do not need to take blood thinners.

What is TAVR (transcatheter aortic valve replacement)?

TAVR is a procedure for aortic stenosis (a very narrow or small aortic valve). It allows the doctors to replace the aortic valve without a large chest incision and without using a heart-lung machine.

- A small incision is made in the leg or chest and the artificial valve is guided to the heart within a long tube.
- X-ray and ultrasound are used to make sure the valve is in the correct position.
- TAVR is not an option for all patients. Your doctor will tell you if this procedure is right for you.

What is TMR (transmyocardial revascularization)?

TMR is used when the “usual” procedures of bypass, angioplasty (procedure using a balloon and a small tube to open up a blockage) or medicine have not been effective in controlling angina (chest pain).

- TMR is an option for patients who have scattered blockages that are difficult to bypass.
- TMR can improve blood flow by creating 20 to 40 channels (tunnels) in the area of the heart muscle to cause bleeding.
- The heart muscle absorbs the blood like a sponge.
- Blood and oxygen are absorbed and this may help with the growth of new blood vessels.
What are the different approaches to surgery?

Traditional, or conventional sternotomy:
- This type of surgery involves an incision made in the center of your chest that runs from below the neck to below the sternum (breastbone)—at the end of your rib cage.
- The breastbone is cut to allow access to the heart.
- When the surgery is finished, the breastbone is closed back together using stainless steel wires and sutures (stitches).

Mini-sternotomy:
- This type of incision is smaller than the traditional incision on the breastbone.

Minimally invasive:
- This type of surgery is performed through a smaller incision in the chest.
- The surgeon does not have to cut the breastbone.

Robotic surgery:
- This surgery uses a computerized robot that has two small instrument arms and a tiny camera, which allows the surgeon to operate through very small incisions between the ribs.
- With the help of the camera, the surgeon controls the robot arms and surgical instruments and is able to do the heart operation without opening the chest.

Endoscopic harvesting:
- A vessel (a vein or artery) is removed for a bypass graft without making a long incision.
- Small incisions are made in the arm or leg to allow a thin tube with a small camera to pass through so that the surgeon can see pictures on a screen to remove the vessel.

Your surgeon will recommend the best surgical approach for you and will discuss whether your type of surgery requires the heart-lung machine, which helps to pump blood and supply oxygen during the surgery.
About your healthcare team

Members of your cardiac team include:

- Surgeon
- Physician Assistants (PAs)
- Nurses
- Nurse Practitioners (NPs)
- Intensivist/hospitalist
- Anesthesiologist
- Operating room staff
- Intensive Care Unit (ICU) staff
- Respiratory therapists
- Step-down unit staff
- Cardiac telemetry staff
- Case managers
- Physical therapists
- Nutrition staff
- Social worker
- Pastoral care

Notes
What to expect

What can I expect before the surgery?

Some patients are admitted to the hospital the morning of surgery (same-day admission), and others are admitted a day or so before.

Preadmission tests/procedures/consults:
Your doctor will order tests that will give you the information you need before your surgery. This may include:

- Blood tests.
- Chest X-ray.
- EKG (electrocardiogram).
- Pulmonary function tests.
- Carotid dopplers.

Your doctor will tell you if you need an appointment with a pulmonologist or dentist. A pulmonologist is a doctor who specializes in lung diseases.

Pre-op medicines:
- You may be asked to stop or change your medicines before surgery.
- If you have diabetes and take medicine, talk to your doctor before surgery to see if your medicine needs to be changed.

Some medicines, supplements or herbal remedies may affect bleeding. Your doctor may tell you to stop taking the following medicines 5 to 7 days before your surgery:

- Warfarin (Coumadin®).
- Ticagrelor (Brilinta®).
- Rivaroxaban (Xarelto®).
- Vitamin E.
- Aspirin.
- Ibuprofen and other NSAIDs (non-steroidal anti-inflammatory medicines).
- Herbs and supplements.

Call your doctor if you are not sure about how you should take your medicines or if you have any questions or concerns.

Consent forms and advance directives:
You will be asked to sign 2 consent forms:
- A general consent form for treatment.
- A consent form for your surgery.

If you have an advance directive:
- An advance directive lets your doctor and hospital staff know your healthcare choices and your decisions about your medical care.
- You will be asked to select someone you trust to speak on your behalf if you are unable to do so.
Types of advance directives include:

**Living Will**
- Written papers expressing your healthcare choices.

**Healthcare Proxy**
- A written paper that names a person you trust, who knows your healthcare choices and can speak for you if you are unable to do so.
- Tell a member of your care team if you would like more information about advance directives.

**Patient history/physical exam:**
A healthcare provider will ask you about your health history and will perform a physical examination before your surgery.

Several members of your care team will ask questions about your:
- medical background.
- previous surgery.
- medicines and allergies.

You will be asked to give us the name and telephone number for a contact person and the name of the person who will be at home with you after your surgery.

**Before your surgery your surgeon will:**
- see you either the evening before your surgery or at a scheduled office visit.
- discuss the risks and benefits with you and your family.
- encourage you and your family to ask questions and express your concerns.

**Practice relaxation and stress reduction:**
- Rest.
- Meditate.
- Do slow deep abdominal breathing.
- Discuss any concerns or fears that you may have with someone you trust.
- Set realistic goals for yourself.
- Use your spiritual beliefs to help you relax before and after your surgery.

**The day before your surgery:**
- do not drink, eat food or candy, or chew gum after midnight.

**The evening before your surgery:**
- You will take a shower with a special soap that will be given to you. This will clean your skin and help prevent infections.
- If you are already in the hospital, have your family take home your personal items.
The day of your surgery:
- You will be asked to remove any dentures, jewelry and contact lenses.
- Medicine may be given to you before the surgery to help you relax. The medicine will make you sleepy and make your mouth feel dry.

Family and visitors:
- Your family will be able to wait in the surgical waiting room.
- If they are not waiting, they must tell the surgeon’s office and leave a telephone number where they can be reached.
- The surgery may take up to 5 hours, but could take longer.
- About 3 hours after you are taken to the operating room, a family member may call the Cardiovascular and Thoracic Surgery office for an update.

When the surgery is finished, the surgeon will contact your family and tell them when they may see you in the Intensive Care Unit (ICU).

What can I expect during surgery?
- A skilled team of healthcare professionals will be caring for you during your surgery.
- You will be greeted by a doctor who will give you anesthesia.
- The doctor will use special machines to monitor you during your surgery.
- You will have intravenous lines (IVs), a bladder catheter, drainage tubes, small wires on your chest (pacing wires) and a breathing tube.
- Once you are asleep, the breathing tube will be placed through your mouth and into your windpipe and then connected to a breathing machine.

When you first wake up:
- your nurse will always be at your bedside.
- you may still have the breathing tube in your mouth.
- your mouth may feel dry and you will not be able to speak or drink.
- you will be able to nod “yes” or “no.”
- the breathing tube will be removed once you are fully awake.
- the pacing wires will allow your surgeon to change your heart rate if needed.

What can I expect after surgery?
You will:
- be monitored closely in the intensive care unit (ICU) with special equipment. It is common to hear sounds such as beeping, bubbling and alarms.
• have frequent chest X-rays, blood tests and EKGs.
• be weighed every day, and the fluids you take in and put out will be measured.

Preventing pneumonia after your surgery
After your surgery you will:
• be asked to cough and do deep breathing after the breathing tube is removed. Coughing and deep breathing should be done every 2 hours while you are awake to help keep your lungs clear.
• be given a plastic handheld breathing device called an incentive spirometer.
  • It will help you to take deep breaths and keep your lungs clear.
  • Your nurse or respiratory therapist will show you how to use it.
• receive a special pillow.
  • Your nurse will teach you how to properly support your incision when you do your deep breathing and coughing exercises.
  • Ask your nurse for pain medicine if needed.

When will I be transferred out of ICU?
• Your doctor will tell you when you are medically ready to leave the ICU.
• You will go to a step-down unit or cardiac telemetry floor.

What will I be able to eat?
• Your meals after surgery will begin with clear liquids and progress to solid foods depending on how you are feeling.
• It is normal to have a decreased appetite.
• For the first 2 weeks, eat what you want, when you want.
  • Stay away from salty foods.
  • Continue to follow any special diet that you were on before surgery.
• Protein and calories are important as you heal from your surgery. After your appetite has returned, you should begin a low fat, low cholesterol and low salt diet.
  • A registered dietician is available to help you plan a healthy diet.

How will I start to move around?
• It is important that you try to be a little more active each day.
• You will start by getting out of bed to a chair and will progress to walking with some help and then walking alone.
• A physical therapist (PT) will evaluate your strength, balance and ability to climb stairs in preparation for your discharge.
• You will be given information about walking and exercises.
Your nurse and PT will help you plan what you need to do.

**Will I be tired?**
- It is common and expected that you will feel tired after surgery.
- Your healthcare team will help you to balance your rest and activity.

**How will I feel emotionally?**
- It is common to cry more and you may find it a little harder to concentrate.
  - Anesthesia, pain medicine and lack of sleep are common reasons for these feelings.
- As you rest more, you will start to feel much better and get back to feeling more like yourself.

**What kind of cuts or stitches will I have?**
- Chest incisions (cuts) vary depending on the surgical approach.
- If you had bypass surgery, you may also have an incision on your arm or leg.
  - If you have a leg incision, keep your leg(s) raised when you are sitting in a chair.
- You may have small pieces of tape (steri-strips), sutures or staples along your incision.
- You will be told when your steri strips, stitches or staples can be removed.

**Will I be able to shower while I am in the hospital?**
- Most patients are able to take a shower while they are in the hospital.
- Please discuss this with your healthcare team.

**Will I be in pain?**
- You may have pain or feel discomfort.
- Plan with your healthcare team to take pain medicine ½ hour before activities such as coughing and deep breathing, or walking.
- This will help you to be more comfortable during these activities and help you to recover sooner.
- It is important that you tell your nurse and doctors how you are feeling and ask for pain medicine when you need it.
- Relaxation exercises can help manage your pain.

Ask your nurse if you would like to know more about relaxation exercises.
Cardiac Surgery Quick Reference

The information below is a quick reference to help you and your family understand what will happen after cardiac surgery. We encourage you to be an active partner in your care so we can work together for your healthy recovery.

After your surgery

After your surgery you will go from the operating room directly to the ICU where you will be closely monitored.

❤ Blood tests, chest X-rays and EKGs are some of the test that will be done as you recover.

❤ Your nurse will ask if you have pain and provide medicine if needed.

❤ The breathing tube will be removed when you are able to breathe on your own.

❤ You will have tubes in your chest for drainage, a tube in your bladder to drain your urine, and a tube in your nose or mouth to keep your stomach empty.

• Catheters (small, thin tubes) will be in your arm and neck to monitor your blood pressure and heart activity.

• Intravenous (IV) lines in your arms will give you fluid and medicine.

❤ You will start drinking clear liquids once the breathing tube is removed.

❤ You will perform coughing and deep breathing exercises.

❤ You will be shown how to use an incentive spirometer (handheld breathing exercise device) and a comfort pillow to hold against your incision (cut) when you do your coughing and deep breathing exercises.
The first day after your surgery
❤ You may be moved to another room.
❤ Your blood tests become less frequent.
❤ You may begin eating solid food.
❤ You will need to continue your breathing exercises.
❤ You will be given assistance to sit in a chair and walk when you are able.
❤ Daily weights will be taken around 6:00am.
❤ Your tubes and IVs will be removed as you recover.
❤ Request your pain medicine as needed.
❤ A case manager and physical therapist will participate in your discharge plans.
❤ You will be discharged from the hospital when:
  • you are walking at least 3 times a day.
  • your blood work, tests, heart rate and rhythm are acceptable to your doctor.
  • you have had a bowel movement after surgery.
  • your healthcare team agrees on your discharge.

The second day after your surgery
❤ You will feel tired.
❤ You should increase your walking each day.
❤ Be sure to ask your nurse for pain medicine if you need it.
❤ Daily rounds are made by Nurse Practitioners (NPs) or Physician Assistants (PAs).
❤ Daily blood work and weights are done between 5:00am and 6:00am.
❤ We encourage your family to ask about bringing food from home.
❤ Your healthcare team will discuss your discharge plan.

The third day after your surgery
❤ You will continue to have blood tests and chest X-rays every day.
❤ Daily weights will continue.
❤ If you have not had a bowel movement since surgery, please ask for medicine.
❤ Continue your breathing exercises.
❤ Continue to increase how much you walk.
❤ Be sure to ask your nurse for pain medicine if you need it.
❤ The nurse practitioner or physician assistant will make rounds every day.
❤ A discharge decision will be made after discussion with your surgeon.

The third to fourth day after surgery
❤ The nurse practitioner or physician assistant will continue to make rounds.
❤ A discharge decision will be made after discussion with your surgeon.
Discharge from the hospital (Leaving the hospital)

A case manager is a registered nurse who will help you and your family with your discharge needs. Your case manager and physical therapist will help you to know which services are right for you. They will also help decide which skills and services you may need after you leave the hospital.

Services may include:
- nursing care.
- laboratory services for blood work.
- physical therapy.
- inpatient rehabilitation.

When can I go home?
- Discharge is usually within 3 to 4 days after surgery.
- Your discharge plan will be discussed with you and your family.
- You and your family are encouraged to ask questions.

You will be ready to go home when:
- your surgeon and healthcare team agree it is safe for you.
- you have had a bowel movement after surgery.
- you are walking in the hall a few times a day.

What can I expect the day of discharge?
- You and your family should speak with your nurse to confirm when you will be discharged.
- Your nurse will explain how you should take your medicines when you go home.
- If you are on warfarin (Coumadin®), you need to know when you should have your blood drawn and who will be following the results. Please ask your nurse for written patient education about warfarin (Coumadin®).
- You will be taken to the main entrance of the hospital in a wheelchair.
- Your family can meet you with the car at the main entrance.
Discharge plan and instructions

My medicines and what they are for:

1. _______________________________________________________________________

2. _______________________________________________________________________

3. _______________________________________________________________________

4. _______________________________________________________________________

5. _______________________________________________________________________

6. _______________________________________________________________________

7. _______________________________________________________________________

8. _______________________________________________________________________

My appointment with my surgeon is: _________________________________________

My appointment with my cardiologist/internist is: _____________________________

Blood work I may need after discharge, including when and who will be following the results:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Questions I want to ask before leaving the hospital:

1. _______________________________________________________________________

2. _______________________________________________________________________

3. _______________________________________________________________________

4. _______________________________________________________________________

5. _______________________________________________________________________
Discharge Instructions

Here’s what to do during the first 2 weeks after cardiac surgery.

**Do:**

- Shower daily. Wash your incision(s) with soap and water. Have water stream go directly on your incision(s).
- Restart all activity little by little, and rest as needed. Elevate your legs when at rest.
- Walk as frequently as possible. You may climb stairs if you are feeling up to it.
- Resume sexual activity gradually. The patient should be the less active partner.
- Communicate honestly regarding your concerns, fears and emotions.
- Remember the names, dosages and times to take your medicines. Keep a list!
- Know if blood work is scheduled, and keep a record of your results.
- Follow up with appointments to your surgeon and cardiologist.
- Stick to your heart-healthy diet. Try small, frequent meals. This may be easier on your stomach.
- Check your blood sugar before meals and at bedtime if you have diabetes.
- Weigh yourself every day at the same time using the same scale. Call your doctor if you have a weight gain of 2 or more pounds in 1 day, or 3 or more pounds in 1 week.
- Make healthy habits part of your daily life. Know your cardiac risk factors: diabetes, high cholesterol, high blood pressure, obesity or being overweight, physical inactivity, smoking and stress. Change the ones that you can. Encourage your family to address their risk factors, as well.
- Contact community resources such as American Heart Association, The Mended Hearts, WomenHeart, North Shore-LIJ Center for Tobacco Control and the health system’s Diabetes Wellness Program for support.
- Remember to read the Discharge Instructions “Do Not” list.
Here’s what **not** to do **during the first 2 weeks** after cardiac surgery.

**Do Not:**

- Do not skip, double or stop taking your medicine without checking with your doctor or nurse practitioner.
- Do not take another person’s medicine. Speak with your doctor or nurse practitioner about taking the medicines you took before surgery.
- Do not lift anything greater than 5-10 pounds (such as a bag of sugar or flour).
- Do not do any hard activity that involves your arms or a lot of upper body strength, such as opening a window.
- Do not use lotion, cream, oil, ointment or powders on your chest or leg incision.
- Do not add salt to your food, and make sure you check food labels for sodium (salt) content. Do not eat processed foods like canned and frozen items, which are very high in salt and sodium.
- Do not smoke, and make sure you avoid secondhand smoke.
- Do not drive until your surgeon says it is OK.
- Do not forget to read the Discharge Instructions “Do” list.
After you return home

The Follow Your Heart program

North Shore-LIJ Health System offers a service that will help you make a smooth transition from the hospital to your home. After you are discharged, the Follow Your Heart program allows us to send a cardiac nurse practitioner or a physician's assistant (who cared for you while in the hospital) to your home free of charge for two visits. Speak with your surgeon to see if this service is available in your area.

At the home visit, our highly trained clinical staff will:

- perform a physical examination.
- talk to you about your medicine and make sure you understand how to take your medicine.
- answer any questions about your recovery.
- speak with your surgeon and primary care doctor about your progress after each visit.

How do I take care of my incisions?

- Shower every day using warm water and mild soap.
- You may use a clean washcloth or your hands to lather and wash your incisions.
- Do not use strong water pressure.
- Gently rinse your incisions facing the shower spray.
- Use newly washed towels to dry yourself.
- Do not use any creams, lotions, or powders on the incisions.
- Pat the incisions dry and check for signs of infection before you get dressed.

Call the surgeon's office if you have:

- increased redness or tenderness at incision sites.
- drainage that has a foul smell or is a yellow-green color.
- a temperature greater than 101°F.
What kind of activities can I do the first two weeks at home?

- It is important to “listen to your body” as it will guide you on how much to do.
- You may feel tired after showering, eating and dressing.
  - Rest between activities
- Build up your energy and improve your mood by:
  - getting up and dressed each day.
  - sitting at the table for meals.
- You may slowly increase your activity at home as long as you feel well. Try to do a little more each day.
- Do not lift anything heavier than a 5 pound bag of potatoes for the next 6 to 8 weeks.
- Avoid activities that place pressure on your breastbone, such as opening a tight jar, or moving a recliner handle.

Can I drive? Can I get into a car?

- Speak with your surgeon about when you can drive.
- Whenever you are a passenger in a car, place your comfort pillow in front of your chest and fasten your seat belt.

Visitors

- Too many visitors can make you tired and can expose you to colds and viruses.
- Please limit your visitors during your recovery period.
- Excuse yourself to rest if you become tired during a visit.

How will I feel emotionally?

- It is normal to have mood changes during your recovery period.
- You may be tearful, feel anxious, be fearful or just feel “down in the dumps.”
- You may have difficulty concentrating or have trouble paying attention.
- These feelings will improve over time as you recover.

How can I relax and reduce stress?

- Balance your activities with rest.
- Do fun things with your friends and family at home.
- Use hobbies and crafts to relieve stress and to help you relax.
- Avoid using alcohol, nicotine and caffeine.
How do I take care of my pain and discomfort?

- You may have pain across your back, shoulders, chest or neck.
- It is important for you to be able to tell the difference between surgical/incision pain and chest pain (like angina) that you may have had before the surgery.
- If you have any concerns about your pain, call your surgeon’s office.
- When you become more active you may have increased muscle aches.

You may take:

- over-the-counter medicine that your doctor told you to take.
- prescription medicine for more severe pain.

Taking pain medicine before you go to sleep will help you feel more comfortable.

Cigarette smoking

- Do not smoke.
- It is important to stop smoking and avoid as much second-hand smoke as possible.

- Smoking increases your heart rate, narrows blood vessels, and can put the coronary arteries into spasm.
- For help quitting smoking, contact the North Shore-LIJ Center for Tobacco Control at (516) 466-1980 or visit NorthShoreLIJ.com/StopSmoking.

Healthy food choices

For the first two weeks at home, it is important to get plenty of protein and eat healthy foods. Eat a heart healthy diet that includes:

- Fruits and vegetables.
- Grains.
- Low-fat or non-fat dairy products.
- Fish, legumes (beans, peas, or peanuts), and lean protein (such as chicken and turkey without the skin and egg whites).

- Do not add salt to foods and avoid very salty foods.
- Follow any other dietary restrictions that you may have for other medical conditions.
Daily weights
Weight gain in a short period of time may be a sign that your body is holding on to fluid.
It is important for you to:
• weigh yourself after you go to the bathroom, every day on the same scale, at the same time, in the same type of clothing.
• make sure the scale is on a flat floor surface (not a rug).
• write down your weight each day and keep a record.
• call your doctor if you have a weight gain of:
  • 2 or more pounds in 1 day, or
  • 3 or more pounds in 1 week.

Drinking alcohol
• Do not drink alcohol for the first 2 weeks at home.
• It is not safe to take many medicines with alcohol.
• After the first 2 weeks, call your doctor to ask if you can drink alcohol.

Returning to sexual activity
• You may have sexual relations as soon as you and your partner feel comfortable.
  • Avoid using positions that place a lot of pressure on your breastbone or upper arm.
  • You should be the less active partner during your recovery period.

Medicines
• Take only the medicines that were prescribed for you at discharge.
• Your doctor has prescribed a 30-day supply of most medicines at discharge.
• Do not take any medicines you were on before surgery without talking to your family doctor or nurse practitioner.
• Some medications, such as warfarin (Coumadin®), need to be closely monitored with blood tests. You need to see your family doctor or cardiologist once a week to monitor your blood tests.
• Please read the warfarin (Coumadin®) patient education material you were given in the hospital for more information.

Your family
• It is helpful to talk about your feelings and make communication a priority.
• Keep talking, listening and supporting each other through your recovery.
Community resources and support groups

American Heart Association (AHA)
Heart.org
Long Island: (516) 777-8447
National: (800) 242-8721
New York City: (212) 878-5900

Mended Hearts, Inc. (patient support)
MendedHearts.org
Nassau/Queens Chapter 45: (516) 775-1367
Suffolk County Chapter 67: (631) 281-0528
New York City Chapter 108: (212) 686-8485
National: (888) 432-7899

WomenHeart
WomenHeart.org
Long Island/Queens/New York City: (631) 271-3766
National: (877) 771-0030

Smoking Cessation
North Shore-LIJ Center for Tobacco Control
NorthShoreLIJ.com/StopSmoking
Long Island and Queens: (516) 466-1980
Manhattan: (212) 434-2961

Smokefree.gov
National Quitline toll free: 1-800-QUITNOW
My journal
About North Shore-LIJ Health System

One of the nation’s largest health systems, North Shore-LIJ delivers world-class clinical care throughout the New York metropolitan area, pioneering research at The Feinstein Institute for Medical Research, a visionary approach to medical education highlighted by the Hofstra North Shore-LIJ School of Medicine, and healthcare coverage to individuals, families and businesses through the CareConnect Insurance Co. Inc. North Shore-LIJ cares for people at every stage of life at 19 hospitals and more than 400 outpatient physician practices throughout the region. North Shore-LIJ’s owned hospitals and long-term care facilities house more than 6,400 beds, employ nearly 11,000 nurses and have affiliations with about 10,000 physicians. With a workforce of about 54,000, North Shore-LIJ is the largest private employer in New York State. For more information, go to NorthShoreLIJ.com.

About Cardiovascular Services

The North Shore-LIJ Health System offers a full spectrum of cardiac care. Over one hundred of our full-time doctors specialize in the diagnosis and treatment of heart diseases including heart rhythm abnormalities, heart failure, angioplasty, critical care, and heart and lung surgery. The health system ranks among the best in the region for quality care and superior outcomes in emergency angioplasty and cardiac surgery, which is why more people choose North Shore-LIJ for their cardiac care than any other health system in New York. Our cardiologists and cardiothoracic surgeons see patients at North Shore-LIJ hospitals and satellite offices throughout Nassau, Suffolk, Queens, Staten Island and Manhattan. For more information on our physicians or services, visit NorthShoreLIJ.com/cardiac or call (855) HEART-11.