

## ***Coronary Artery Bypass Graft Surgery***

Coronary artery bypass graft (CABG) is surgery to treat coronary artery disease. It helps blood make a detour, or bypass, around one or more narrowed or blocked coronary arteries. These arteries are the blood vessels that bring blood to the heart. This is also called coronary artery bypass or bypass surgery.

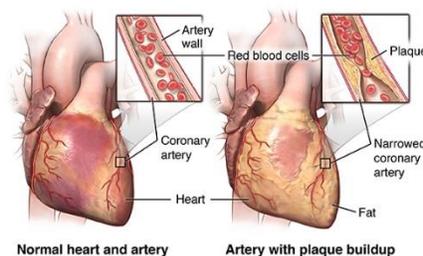
Your doctor will make the bypass with a healthy piece of blood vessel from another part of your body. They will attach, or graft, the healthy blood vessel to the narrowed or blocked artery. The new blood vessel bypasses the diseased artery to increase blood flow to the heart muscle.

The doctor will make a cut in the skin over your breastbone (sternum). This cut is called an incision. Then the doctor will cut through your sternum to reach your heart and coronary arteries. The doctor may connect you to a heart-lung bypass machine. It adds oxygen to the blood and moves the blood through the body. The doctor will use blood vessels from your chest, arm, or leg to bypass the narrowed or blocked parts of your arteries.

The doctor will use wire to put your sternum back together. A special glue called dermabond will be used on the incisions over your sternum and where your healthy blood vessel was taken. The wire will stay in your chest. The incisions will leave scars. They will fade with time.

You will stay in the hospital for 3 to 5 days after surgery. You will probably be able to do many of your usual activities after 4 to 6 weeks. But for 2 to 3 months you will not be able to lift heavy objects or do things that strain your chest or upper arm muscles. At first you may notice that you get tired quickly. You may need to rest often. It may take 1 to 2 months before your energy is back to normal.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.



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## *Preparing for surgery*

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- Tell your doctors ALL the medicines, vitamins, supplements, and herbal remedies you take. Some of these can increase the risk of bleeding or interact with anesthesia.
- If you take blood thinners, such as warfarin (Coumadin), clopidogrel (Plavix), or aspirin, be sure to talk to your doctor. He or she will tell you if you should stop taking these medicines before your surgery. Make sure that you understand exactly what your doctor wants you to do.
- Your doctor will tell you which medicines to take or stop before your surgery. You may need to stop taking certain medicines a week or more before surgery. So talk to your doctor as soon as you can.
- If you have an advance directive, let your doctor know. It may include a living will and a durable power of attorney for health care. Bring a copy to the hospital. If you don't have one, you may want to prepare one. It lets your doctor and loved ones know your health care wishes. Doctors advise that everyone prepare these papers before any type of surgery or procedure.
- Do not smoke. Smoking can make your coronary artery disease worse. If you need help quitting, talk to your doctor about stop-smoking programs and medicines. These can increase your chances of quitting for good.
- Follow the instructions exactly about when to stop eating and drinking. If you don't, your surgery may be canceled. If your doctor told you to take your medicines on the day of surgery, take them with only a sip of water.
- Take a bath or shower before you come in for your surgery. Do not apply lotions, perfumes, deodorants, or nail polish.
- Do not shave the surgical site yourself.
- Take off all jewelry and piercings. And take out contact lenses, if you wear them.
- Someone from our office will call you the evening before your surgery to let you know what time to arrive at the hospital in the morning. We often do not know the final operating room schedule until the evening before. Please be advised that your surgery may be postponed if an emergent patient needs to go first.

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## *Day of Surgery*

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- Bring a picture ID.
- Parking-For your convenience and safety, parking is available in the garage located on the west side of the hospital across from the Emergency Department. Additional parking is available in the garage located next to the Women's Center on the east side of the hospital. The garages are open 24 hours a day at no cost. The most convenient option for parking is in the Visitor Garage across from the Emergency Department.
- Report to the Reception Desk. On the day of surgery please arrive at the main entrance of the hospital and take the elevators on your right to the third floor lobby and check in at the Registration desk. Please check in 2 hours prior to your scheduled surgery time.
- You will be kept comfortable and safe by your anesthesia provider. You will be asleep during the surgery.
- The surgery will take about 3 to 5 hours. This depends on the number of arteries that are bypassed and the type of surgery you have.
- You will go to the cardiac intensive care (CVICU) on the 5<sup>th</sup> floor right after surgery. Average length of stay is 3-5 days.
- You will have a breathing tube down your throat. This is usually removed within 4 hours after surgery. You will not be able to talk or drink liquids while the tube is in your throat. After the tube is removed, your throat will feel dry and scratchy. Your nurse will tell you when it is safe to drink liquids again
- You will have chest tubes to drain fluid and blood after surgery. The fluid and extra blood are normal and usually last only a few days. The chest tubes are usually removed in 1 or 2 days.
- You will have several thin wires coming out of your chest near your incision. These wires can help keep your heartbeat steady after surgery. They will be removed before you go home.

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## *Recovery*

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You will stay in the hospital for at least 3 to 5 days after the surgery. You will feel tired and sore for the first few weeks. Your chest, shoulders, and upper back may ache. You may have some swelling or pain in the area where the healthy vein was taken. These symptoms usually get better in 4 to 6 weeks. It may take 1 to 2 months before your energy level is back to normal.

After surgery, you will still need to make changes in your lifestyle. This lowers your risk of a heart attack or stroke. To help the bypass last as long as possible:

- Take your heart medicines.
- Do not smoke.
- Eat a heart-healthy diet.
- Get regular exercise.
- Stay at a healthy weight or lose weight if you need to.
- Reduce stress.

### **Activity**

- Sternal precautions for 8 weeks – no lifting, pushing or pulling > 10 lbs
- No driving for 4 weeks
- No sex for 4 weeks
- Rest when you feel tired. Getting enough sleep will help you recover. Try to sleep on your back for 4 to 6 weeks while your breastbone (sternum) heals. This usually takes about 4 to 6 weeks.
- Try to walk each day. Start by walking a little more than you did the day before. Bit by bit, increase the amount you walk. Walking boosts blood flow and helps prevent pneumonia and constipation.
- Avoid strenuous activities, such as bicycle riding, jogging, weight lifting, or heavy aerobic exercise, until your doctor says it is okay.
- For 3 months, avoid activities that strain your chest or upper arm muscles. This includes pushing a lawn mower or vacuum, mopping floors, or swinging a golf club or tennis racquet.
- Hold a pillow firmly over your chest incision when you cough or take deep breaths. This will support your chest and reduce your pain.
- Do breathing exercises at home as instructed by your doctor. This will help prevent pneumonia.
- You may shower as usual. Pat the incision dry. Do not take a bath until the glue falls off and there are no open areas along incision.

## **Diet**

- Eat a heart-healthy diet. If you have not been eating this way, talk to your doctor. You also may want to talk to a dietitian. A dietitian can help you learn about healthy foods.
- Drink plenty of fluids (unless your doctor tells you not to).
- You may notice that your bowel movements are not regular right after your surgery. This is common. Try to avoid constipation and straining with bowel movements. You may want to take a fiber supplement every day. If you have not had a bowel movement after a couple of days, you may take a mild laxative over the counter.

## **Medicines**

- Your doctor will tell you if and when you can restart your medicines. A list of new medicines, medicines to stop and medications to continue will be given to you at time of discharge.
- Your doctor may give you medicines to prevent blood clots, keep your heartbeat steady, and lower your blood pressure and cholesterol. Take your medicines exactly as prescribed. Call the office if you think you are having a problem with your medicine.
- Be safe with medicines. Take pain medicines exactly as directed.
  - If the doctor gave you a prescription medicine for pain, take it as prescribed.
  - If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine.
  - If you are able to take ibuprofen and Tylenol you may alternate every three hours. Sample Schedule – Motrin 600 mg by mouth at 6 a.m., Tylenol 500 mg by mouth 9 a.m., Motrin 600 mg by mouth at noon, Tylenol 500 mg by mouth at 3 p.m., etc.
  - Do not exceed 4 grams total of Tylenol in a 24 hour period
- If you think your pain medicine is making you sick to your stomach:
  - Take your medicine after meals
- If your doctor prescribed antibiotics, take them as directed.

## **Incision care**

- Wash the area daily with warm, soapy water, and pat it dry. Don't use hydrogen peroxide or alcohol, which can slow healing. You may cover the area with a gauze bandage if it weeps. Change the bandage every day.
- Keep the area clean and dry. Stitches will be removed at postoperative visit. You do not need to cover any area with bandage.
- If you have an incision in your leg:
  - Raise your legs above the level of your heart whenever you lay down for the first 4 to 6 weeks.

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## *Follow Up*

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**Follow-up care is a key part of your treatment and safety.** Be sure to make and go to all appointments, and call the office if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

### **When should you call for help?**

**Call 911** anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).
- You have severe trouble breathing.
- You have sudden chest pain and shortness of breath, or you cough up blood.
- You have severe pain in your chest.
- You have symptoms of a heart attack. These may include:
  - Chest pain or pressure, or a strange feeling in the chest.
  - Sweating.
  - Shortness of breath.
  - Nausea or vomiting.
  - Pain, pressure, or a strange feeling in the back, neck, jaw, or upper belly or in one or both shoulders or arms.
  - Lightheadedness or sudden weakness.
  - A fast or irregular heartbeat.
- You have angina symptoms (such as chest pain or pressure) that do not go away with rest or are not getting better within 5 minutes after you take a dose of nitroglycerin.

**Call the office (352-333-5610)** for any questions or concerns:

- You have pain that does not get better after you take pain medicine.
- You have a fever over 100°F.
- You have loose stitches, or your incision comes open.
- Bright red blood has soaked through the bandage over your incision.
- You have signs of infection, such as:
  - Increased pain, swelling, warmth, or redness.
  - Red streaks leading from the incision.
  - Pus draining from the incision.
  - A fever.
- You have signs of a blood clot in a leg. If you had a vein removed from your leg, you may have tenderness and swelling while your leg heals. But signs of a blood clot may be in a different part of your leg and may include:
  - Pain in your calf, back of the knee, thigh, or groin.
- Your heartbeat feels very fast or slow, skips beats, or flutters.
- You are dizzy or lightheaded, or you feel like you may faint.
- You have new or increased shortness of breath.
- You have increased swelling in your legs, ankles, or feet.
- You have any concerns about your incision.
- You have questions about diet, exercise, quitting smoking, or stress reduction after surgery.

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***Florida Heart & Lung Institute***  
***6440 W Newberry Road, Suite 102***  
***Gainesville, FL 32605***  
***352.333.5610 Phone***  
***352.333.5611 Fax***

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