

Your guide to having Cardiac Surgery

The Prince Charles Hospital Ward 2E

Please keep this book with you throughout your stay in hospital. It is provided for you at no cost. Please take care not to misplace it, as only one copy can be provided for each patient.

Please keep this book with you throughout your stay at The Prince Charles Hospital

Visiting hours in Ward 2E

10am to 2pm and 4pm to 8pm

There is a strict rest period for patients from 2pm to 4pm
Visitors are not permitted at rest period

For more information:

General enquiries phone: (07) 3139 4000

Website: <http://metronorth.health.qld.gov.au/tpch/>

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Your guide to having cardiac surgery

This book has been designed to help you plan for your cardiac surgery, and to assist you in recovering as quickly as possible. You have an important role in your recovery, and a responsibility to follow the instructions and guidelines given to you by our health care team. You are required to plan for your discharge from hospital before you are admitted.

We have provided details for assistance if you need it, however on discharge, most patients can carry out their own personal care and will only require help with domestic tasks and driving for a short time.

Your physiotherapy exercises are also included in this book, along with the occupational therapists' recommendations for returning to your previous activities of daily living. Please keep this book with you and refer to it during your stay in hospital.

Please feel free to write notes and utilise the checklists in this book. It is yours to keep and should be kept with you during your hospital admission. Your health care team are also available to answer any questions you might have, and assist wherever possible.

For further information and patient resources about your operation, please visit the Heart Foundation website. www.heartfoundation.org.au



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Planning Ahead For a Safe Discharge

PLANNING FOR A SAFE DISCHARGE	YES	NO
Discharge Readiness Screen 1 – Please complete first		
<i>Please tick what applies to your personal situation prior to coming into surgery</i>		
I live alone and have limited support from family and friends		
I live in a remote location and do not have access to a GP		
I am responsible for the care of another person who has high support or health care needs		
I have existing community services at home to help with one or more of the following: cleaning, shopping, transport, nursing wound care, personal care		
I live in an interesting or alternate home set up, such as a boat, shed, or caravan with minimal kitchen and / or bathroom facilities or difficult access		
I have not been able to arrange someone to pick me up on day of discharge (ambulance service is not available for return/non urgent transport)		
I do not have sufficient income or personal savings to cover my expenses while I recover from surgery. Most patients require a minimum of 6 weeks		
I have an aid (walking stick, four-wheel walker, wheelchair or prosthetic limb) to help me mobilise		
I sometimes have falls because I am unsteady on my feet		
I drink more than 2 standard alcohol drinks most days		
I currently smoke cigarettes or use other substances		
I have difficulties sleeping and/or with my memory		
I experience fluctuation in my mental health		

If you answered **Yes** to any of these questions, please complete **Discharge Screen 2** on the next page.

NOTES

DISCHARGE READINESS SCREEN 2

YES

NO

N/A

Please tick what applies to your personal situation prior to coming into surgery

If I live alone, or have limited support, I can arrange temporary accommodation with close family or friends. Alternatively, I can arrange for someone to stay with me while I recover from my surgery			
If I live in a remote location and have difficulty accessing a GP, I will arrange to make accessing a GP a possibility before my surgery, and I will have the contact details of my GP available to give to hospital staff			
If I am a Carer, I can make plans for the person I care for before coming into hospital through respite or family support for the duration of my hospitalisation, and for my 6-week recovery period			
If I have existing community services and limited support for discharge, I can speak to my GP or community service provider about continuing or increasing my services to include cleaning, transport, shopping, hygiene and surgical stocking support following my discharge from hospital			
If I live in an interesting or alternative home set up, I have considered this situation an arranged alternative arrangements for my immediate post-operative recovery phase			
I have not been able to arrange someone I know to pick me up on the day of discharge, Therefore, I have considered arranging transport through a community service or by registering for the Patient Travel Subsidy Scheme			
If I don't have sufficient income or personal savings to cover my expenses while I recover from surgery, I have considered accessing my income protection insurance OR I have contacted Centrelink to apply for income support prior to my admission to hospital (Please note applications for income support can be done up to 13 weeks in advance from the time income will stop)			
If I use mobility aids or have a prosthetic limb, I understand I will have to be careful with sternal precautions post-surgery and will discuss my concerns with my Surgeon and GP about using my mobility aids			
If I have a history of falls, my Surgeon, GP and the hospital are aware that I have frequent falls and am unsteady on my feet			
If I have a history of drinking, I have at least 1 alcohol free day per week			
If I have a history of smoking, I have discussed smoking cessation support with my GP.			
If I have memory or sleep disturbances, my surgeon, GP and the hospital are aware I may have some memory loss or sleep disturbances			
If I have fluctuations in my mental health, I am prepared to discuss my mental health with my GP and surgeon and develop a management plan prior to my hospital admission			

Organising your discharge

Please see the following table for direction should you feel confident pre-organising your own support services with your GP.

Discharge Services and Supports	Who to ask for assistance
<p>Support at home post your surgery</p> <p>It is important to have support when you return home. You will require help from family, friends or neighbours with driving, cooking, cleaning, shopping and potentially to help apply surgical stockings.</p>	<p>If you require community services to help you, ask your GP for a referral.</p> <p>Alternatively, if you are over 65, you can contact My Aged Care on 1800 200 422 or for more information go to www.myagedcare.gov.au or contact the Nurse Navigator on (07) 3139 5451</p>
<p>Patient travel</p> <p>The Queensland Patient Travel Subsidy Scheme (PTSS) provides financial assistance for patients who are referred to specialist medical services not available at their local public hospital or health facility. It is your referring local hospital that determines your eligibility.</p>	<p>Check with your local hospital before your admission for surgery. More information can be found at www.health.qld.gov.au/ptss</p>
<p>Income Support</p> <p>You will need to take a period of leave from work in order to recover from the surgery. This is usually a minimum of six weeks. Centrelink deliver a range of social security payments and services to eligible Australian residents.</p>	<p>If you require income support, please contact the Centrelink Employment Services Line on 132 850 or Older Australians Line on 132 300. Please note applications for most payments can be made up to 13 weeks before a change in circumstances. For more information go to: www.servicesaustralia.gov.au</p>
<p>Family Leave certificates</p> <p>If your carers or relatives require a medical certificate, please see your GP or ask your surgeon during your hospitalisation. A certificate will typically cover the period of your hospitalisation and two weeks post discharge.</p>	<p>Obtained upon discharge from hospital. Please inform your treating team prior to discharge.</p>
<p>If you are a carer</p> <p>If you are the carer for another person you will need to organise alternative arrangements for their care with family, friends, or a respite service.</p>	<p>Please discuss this further with your GP or regular respite service. If you are caring for an older person and this is your first-time accessing respite, you will need to contact My Aged Care on 1800 200 422 or contact the Carer Gateway on 1800 422 737. or via website www.carergateway.gov.au</p>
<p>Accommodation for your relative</p> <p>A list of accommodation for relatives can be obtained from: https://metronorth.health.qld.gov.au/tpch/patients-and-visitors/assistance-for-you-and-your-family</p>	<p>If you have any further questions, please call our social work service on: (07) 3139 4443.</p>
<p>Length of stay in hospital</p> <p>Expected length of stay for a patient is from admission (the day before surgery or the day of surgery) until approximately 5 days after surgery. It is important to appropriately plan for your return home.</p>	<p>Ensure that you, your family and loved ones are prepared that you will be in hospital for at least 5 days.</p>

What to bring with you to Hospital?

You should not lift anything heavier than 2-5kg post your surgery (for up to 6 weeks), therefore you will need assistance carrying your luggage when you travel home from hospital. Bear this is mind when you are packing for hospital.

ITEMS TO PACK	Tick when packed
<p>Pyjamas, underwear and comfortable clothes (3-5 pairs) Preferably front button up shirts + a pocket. These will not be provided by the hospital</p>	
<p>Appropriate footwear These should be comfortable, low profile/not high-top and non-slip shoes that fit you well.</p>	
<p>Toiletries Include tissues, deodorant, toothbrush and toothpaste</p>	
<p>Glasses with case, dentures, hearing aids (labelled if possible)</p>	
<p>Women should bring 3-5 soft comfortable bras (for breasts size B and up) Front or back opening without underwire</p>	
<p>Medical aids (see *) e.g. Walkers, CPAP and walking sticks</p>	
<p>All medications you are currently taking at home</p>	
<p>Paperwork Advance Health Directive or Enduring Power of Attorney (if organised).</p>	
<p>Government travel assistant forms</p>	
<p>Remove all your jewellery and keep your valuables at home in a safe place</p>	
<p>Remove all finger and toenail polish Including clear coats of polish, false or acrylic nails</p>	
<p>Do not bring large amounts of money or valuable items. If large sums of money are identified in your belongings, they will be sent to the trust office within the hospital. The trust office will return your money in the form of a cheque</p>	
<p>Keep your luggage to a maximum 5kg weight. * If you are travelling via QLD Ambulance Service & Royal Flying Doctors Service you will have a maximum weight of 5kg allowance for the aircraft. Mobility aids such as wheelie walkers will not be transported via these services. If you are travelling on our own you will not be able to lift, push or pull more than 5kg.</p>	

Disclaimer: If you bring any electrical equipment from home (for example phone, laptop, music player), please be aware The Prince Charles Hospital takes no responsibility for your items, and they must meet electrical safety standards. Please only bring essential personal belongings into hospital.

Your rights in hospital

You have health care rights while you are in hospital. This means you have rights to access safe and high-quality health care services and treatment. You have a right to be treated with respect, have clear information provided, to be involved in your own care, to maintain privacy and to be able to give feedback while you are in hospital. We strive to provide excellent, safe care for our patients and in return we ask that you treat us with the same respect you receive in your care.

Preadmission

We strongly recommend attending preadmission clinic. Many of your tests can be organised prior to your admission date and you can discuss any queries or concerns with the nurse at preadmission clinic.



On admission

You will be orientated to the ward and have your healthcare rights explained. Upon your arrival to the ward, you will be quite busy with many different people wishing to see you and speak to you. Quite often you will be required to attend to many tests (see below).

Visitor Hours & Policies

Ward 2E visiting hours are 10am to 2pm & 4pm to 8pm. There is a strict rest period for patients from 2pm to 4pm, where visitors are not permitted to stay. Please ask your family to only visit if they are feeling well, with no recent cold/flu like symptoms and limit visitors to 2 visitors per day. ICU should be contacted regarding their set visiting hours.

Tests

As part of your preparation for surgery we will perform the following when you are admitted:

- Routine admission swabs (nose and rectum)
- Blood test
- Respiratory investigations (breathing function test)
- Carotid ultrasound
- Chest Xray
- Skin assessment - It is important that you notify your doctors if you have any concerns with your skin.
- Pre-operative shave – This will be performed by the shaver or your nurse, please do not do this at home as cuts or abrasions may prevent your surgery from going ahead

Review & Preop education

You will be admitted by your treating teams Doctors, Anaesthetist, and Nurses. During this time, you will have the opportunity to ask questions about your surgery and what to expect during recovery.

Day of surgery

On the day of surgery please ensure:

- NO FOOD OR DRINK from midnight
- Medications – Do not take any medication without discussion with your nurse or doctor, this could interfere with your planned surgery
- Preoperative Shower – you will be provided with an antiseptic sponge to wash with and a theatre gown to wear
- Pre-medication – The anaesthetists may order tablets or an injection before you are taken to theatre, this will make you feel drowsy and help you relax
- ICU Bag – A paper bag will be provided to take with you to ICU for essential items such as
 - Toiletries
 - Ted stockings, non-slip socks, appropriate footwear
 - Dentures / Glasses / Hearing Aids
 - Certain medications you are taking that the hospital may not stock

It is important to note that sometimes surgery can be delayed or even postponed due to the emergency needs of other patients. If your surgery is cancelled, you will be rescheduled for the next surgery date available.

Surgery to Discharge – Common Questions

When will I know my surgery date?

You will be contacted by phone by the surgical bookings office to advise when your surgery is scheduled.

How long will my surgery take?

Generally, 3 to 4 hours in duration, however it can be longer depending on the surgery, your surgeon can discuss this in more detail.

Where will I go after surgery?

You will be transferred to the Intensive Care Unit (ICU) for 16-48hrs after your surgery (sometimes longer). Once the ICU Doctors are happy with your progress, you will transfer back to the cardiac surgical ward.

Will my family/friends be notified when the surgery is complete?

The surgeon will call the next of kin/relative listed after surgery. On admission, please ensure your next of kin details are updated. Please nominate ONE person to make enquires about your progress so they can pass on the information to other members of your family.

There is limited space in the Intensive Care Unit (ICU) waiting area so please wait to be contacted before arriving. The Common Good Café is on the ground floor if you want to wait at the hospital.

When can I move and get out of bed?

The physiotherapist will aim to take you for a walk and sit you out in a chair on the first day after your surgery while in ICU. They will also visit you regularly in the ward. It is important that you sit out of bed and move post your surgery. This will help your lungs open, improve circulation and allow your body to recover faster.

Will I experience pain?

It is normal to have some pain or discomfort after surgery. However, it is important to have good control of the pain so you can move around, cough, deep breath and do your physiotherapy exercises. It is best to report your pain early so it can be treated effectively.

Why do I need to have my skin checked?

When you are in hospital you don't move around as much as you would at home, and you often sit or lie for long periods of time. This means you are at a much higher risk of developing pressure injuries. Healthcare workers need to assess your skin frequently to ensure you are not developing pressure sores, particularly in the bony areas of your body.

How do I manage my wounds?

Depending on the type of surgery you have, you will have 1 or more surgical incisions (cuts). Your surgical wounds will be covered with waterproof dressings for at least 4 days post-surgery. It is important you follow the nurse and doctor's advice on caring for your wounds to reduce the chance of infection. If you notice any swelling, redness, bleeding, ooze or pain please tell your nurse or doctor. Some of your wounds will be closed with dissolvable sutures. There may also be staples that will need to be removed 10 to 14 days after your surgery by your GP.

Why do I have to wear stockings?

Your surgeon may request that you wear a pair of white compression stockings after your operation. These will help prevent clots forming in your legs (Deep Vein Thrombosis). While wearing them, ensure there are no folds in the stockings. They are removed for your daily shower and can be washed at this time. You should not remove or apply the stockings yourself. Only one pair of compression stockings is provided for each patient. At home they can be hand washed. Do not put them in the dryer or hang in direct sunlight. Non-slip socks will be provided. Wear these, or appropriate footwear over your stockings to prevent falls.

Why is it necessary for us all to wash our hands?

Hand hygiene is essential, especially when recovering from surgery. It can prevent infection from bacteria and viruses. It is important to maintain good hand hygiene, especially while your body is healing. Please wash your hands regularly.

I don't feel like eating, is this normal?

Your appetite can be affected post-op, sometimes up to a few weeks post your surgery. If you notice you aren't eating much, please let your team know and we can refer you to our dietician. It is important your body has enough nutrition to heal.

When can I fly commercially?

You are not able to fly commercially until 10 days post your surgery. You will be required to have a flight clearance form completed by your treating team if you choose to fly home after day 10.

When can I drive?

You are not able to drive a vehicle until 6 weeks post your surgery.



Cardiac surgery and mental health

It is normal post cardiac events, such as heart attack and heart surgery to experience changes in your mood and thinking difficulties for the first few weeks or months after surgery.

We strongly encourage patients to engage in programs which support and improve your mental health and recovery. Services are available within the hospital to support your wellbeing including social work, mental health services, Aboriginal and Torres Strait Islander liaison services, Heart Support volunteers, cardiac rehabilitation and more.

Cardiac rehabilitation

Cardiac rehabilitation is an exercise and education program that teaches skills to build healthy heart habits, improve fitness and strength, and to help with recovery. Cardiac Rehabilitation will be offered to you to start from 6 weeks post your discharge from hospital. This is carried out in a facility in your area (if available) or via phone/online. We know that attending a Cardiac Rehab program improves quality of life and prevents hospital readmissions, by providing personalised support, guidance and intervention by trained clinicians, to assist patients with their recovery by giving them the confidence to manage their heart disease. It is strongly recommended that you attend a cardiac rehabilitation program after cardiac surgery.

For online information on cardiac rehabilitation:
<https://metronorth.health.qld.gov.au/community/healthcare-services/ccdt/cr>

Preparing for home

General length of stay in hospital post cardiac surgery is 5 to 7 days after your operation. While we aim to send you home early on your day of discharge, there may be individual factors that prevent this from occurring (such as awaiting final tests/results).

Follow up appointments

An outpatient appointment to come back and see your surgeon (if required) will be posted to you. You should receive a letter or phone call from your local cardiac rehabilitation centre a few weeks after your surgery.

If you declined to be referred to cardiac rehabilitation while in hospital and have now decided you want to be involved, ask your GP or Surgeon at your 6-week clinic appointment. Clearance for returning to work and driving must be obtained from your GP.



Physiotherapy Discharge Checklist

Tick

Please tick the following as you understand them

I know how to do my exercises and progress them safely	
I know how to look after my sternum when moving, exercising and lifting	
I know what I can and can't do if / when returning to sport, hobbies and leisure activity	
I understand that my walking program, and the importance of exercising forever to help protect my heart	

For any further questions please call 3139 5306 to talk with a Cardiac Surgical Physiotherapist.

Day of Discharge checklist

Tick

Please tick what applies to your personal situation as

I have organised my own transport home & if out of district my PTSS forms have been signed	
I have been given my discharge medications and understand how to take them	
All medications I brought in from home have been returned to me. This includes any strong medications locked away when admitted to the ward	
I have checked all cupboards and drawers for my belongings, including glasses, hearing aid, dentures, and walking aid; and they have been packed	
All my valuables or trust items have been returned to me	
I have seen the doctor and have been given a discharge summary (my GP details have been provided and I understand this will be provided to them electronically)	
I have been provided with a medical certificate for work and/or Centrelink (if required)	
I have received the Wound care brochure and know how to care for my wounds and when to have my stitches or staples removed	
I have been given a staple remover for my GP to remove my staples (if required)	
I have a good understanding of what to expect when I go home and have had an opportunity to discuss questions with the nurses, doctors, pharmacist, physiotherapist and occupational therapist	
I have nothing attached to me, or if I do I have a plan for the removal with the GP	
I have an appointment booked with my GP for follow up in the next few days	
I have been seen by the Cardiac Rehabilitation Nurse	
The Nurse has given me the ok to discharge	

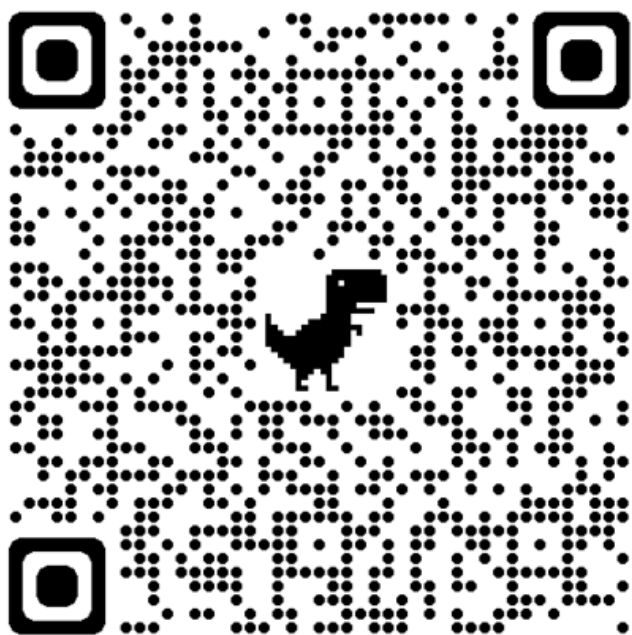
You may be sent to the Transit Lounge if you are waiting to be picked up by private transport. It is staffed by nurses and is open 8am to 6.30pm Monday to Friday.

Cardiac Surgery and Physiotherapy

Physiotherapy exercise is required to help you recover from cardiac surgery. Both preparing for surgery and participating afterwards are very important to help you recover well.

To prepare for your surgery, you and your family/ support person need to watch the **Physiotherapy Pre-Surgery Education video** before coming to hospital.

Use your smartphone to scan the QR code. This will take you to The Prince Charles Hospital website. Scroll down to the video called **Recovery After Open Heart Surgery**. Watch this **at least once** before coming into hospital.



If you do not have a smartphone, the video can be found here:

<https://metronorth.health.qld.gov.au/tpch/healthcare-services/cardiothoracic-surgery>

The video can also be watched on the hospital television, however we strongly recommend you watch this **before coming into hospital**. When you are admitted for your surgery, you may not have time as many people need to see you.

The Physiotherapist may visit you before your surgery to answer any questions you may have. After your surgery, the physiotherapist will then guide and assist you in your recovery.

It is very important for your recovery that you start the breathing exercises as soon as you wake up after your surgery, and that you do your arm exercises, walk regularly, and sit upright in a chair when you can. Before you are discharged you will be given advice on what activities and exercises to do after you get home.

The aim of these exercises are to:

- Improve your breathing, oxygen levels and prevent chest infections.
- Improve blood circulation to prevent clots.
- Ease or prevent back, neck and shoulder pain and stiffness.
- Improve your energy, making your normal daily activities easier.
- Return to normal activities as soon as possible after the surgery.
- Reduce the risk of experiencing further heart problems.

What to do while you are in hospital:

- Do your exercises as listed in the exercise program
- Huff and cough as needed to clear any mucous, supporting your breastbone (sternum) with arms crossed around your chest.
- Change position in bed regularly, sit upright in a chair as much as possible. Initially you will need help to do this.
- Perform arm, neck and back exercises as recommended.
- Have good posture when sitting and walking to prevent stooping and rounded shoulders. Try to stand tall, keep your chin gently tucked in and shoulders relaxed and back.



- **All women must bring a comfortable, non-wired bra to hospital, to wear after surgery. This assists with the healing of the wound.**
- Walk regularly in the ward. Your physiotherapist will let you know when you are safe to walk by yourself, how often and how far to walk.

What to do after you return home:

- Have a balance between rest and exercise for recovery
- Continue your home exercise program for 4-6 weeks, or until your sternum and back feels normal.
- Progress to extra strengthening exercises in this booklet after 2-4 weeks at home - when your pain has settled and you feel ready to do more exercise
- Continue regular walking, following the guide to gradually increase the amount as you recover
- Take your time on stairs if you have them at home.
- If you have shoulder and/or neck pain which has not resolved after 6 weeks, discuss with your doctor or physiotherapist.
- Slowly increase activities as you feel you can, as long as they don't cause pain in your sternum.
- Stop any activity if you feel:
 - Excessively short of breath
 - Irregular or rapid heartbeats that are new to you
 - Faint or dizzy
 - Chest pain
 - Clicking in the breastbone
- Seek medical advice if symptoms persist or are severe

Care of the Sternum

Your sternum is wired together to help the bone heal. Healing time is affected by things such as age, medical conditions, smoking and some medications. It can also be affected by strong pulling of chest muscles, and by excessive lifting, especially away from the body.

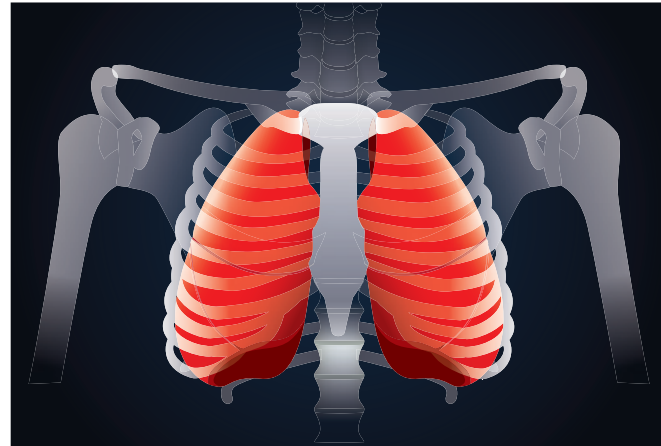
Imagine there is a protective tube around your chest and arms and minimise activities with your arms outside this tube. It is generally safe to reach out to the side, or to reach up if you are not lifting things – keeping both arms together is better for the sternum. If you are picking things up, aim to use both hands while keeping your upper arms at your sides (elbows tucked in – ‘keep in the tube’). This greatly reduces stress on the sternum.

It is best to avoid lifting heavy items in the first 2-3 months after your surgery. Everyone is different, and you will be advised what you can safely do before you leave hospital.

By 6 weeks after surgery, healing of the sternum is usually well underway, but care should be taken until around 12 weeks. Slowly add in more tasks and activities. As you increase what you do, think about the following:

- How much arm movement is there, and are your arms close to body?
- How much resistance, and/or how much weight are you moving?
- How long are you doing these activities?
- Are you sore afterwards?

Start with shorter duration unresisted activities – progress by gradually increasing weight/resistance, the number of activities done and the time you spend doing them.



Follow these precautions to limit strain on your healing bone:

- Always support the sternum during huffs, coughs, or sneezes with a self-hug. **This is very important!!**
- Exercise and activity should not be painful–be guided by pain and discomfort.
- Avoid pushing/pulling excessively and repetitively through arms, especially with only one arm.
- Minimise repetitive reaching backwards and stretching both arms back together.
- Keep elbows close to body ‘in the tube’, use both hands when lifting or doing tasks.
- Get in and out of bed through your side, lightly using your arms.
- You can hold chair armrests for balance when getting up or down and lightly use your arms
- Hold rails when walking up/down stairs but aim not to pull with your arms.
- **No task or activity should make your breastbone click or feel like it is moving.**

In hospital exercise program

Breathing exercises – 10-20 deep breaths every hour. These can be done with or without an incentive spirometer

- Breathe in slowly and deeply aiming to fill the bottom of your lungs. Keep your shoulders relaxed. Hold the air in for 2 to 3 seconds, then relax and let the air out
- If you are using an incentive spirometer, breathe in slowly and as deeply as possible, keeping the float between the arrows. Hold your breath for 2-3 seconds. Relax and let the air out.



- It is safe to cough after your surgery, to clear mucous from your lungs. If you cough, it is very important to do a self-hug by crossing your arms around your chest, holding your ribcage and leaning slightly forwards to help support your breastbone.



Leg exercises – every hour

Start your deep breathing and circulation exercises as soon as you wake up from your surgery.

- Pump feet up and down – 10 times each foot. Draw circles with feet - 10 times each foot.
- Gently bend one knee up towards chest, then lower. 5-10 times each leg.



Start your deep breathing exercises and circulation exercises as soon as you wake up from your surgery.

Comments and questions

Home exercise program

Start in hospital and continue for 4 to 6 weeks. 2 to 3 times each day.

Repeat each exercise 5 times, gradually increasing until you are doing about 20.

Shoulder and Trunk exercises

Do exercises with both arms together. These should not cause pain or clicking in your breastbone.

- Start with arms by sides, lift both arms up in front as far as comfortable then lower.



- Start with hands on shoulders, bring elbows together in front and then back in line with your body.



- Start with arms by sides, lift both arms up sideways as far as comfortable then lower.



- Start with hands on shoulders, lean gently to one side, back to upright and then to the other side.



- Start with hands on shoulders, do elbow circles – forward circles, then backward circles.



- Start with hands on shoulders, turn gently to one side, back to the middle and then to the other side.



Comments and questions

Home exercise program *(continued)*

Neck exercises

Start when the line in your neck is removed.

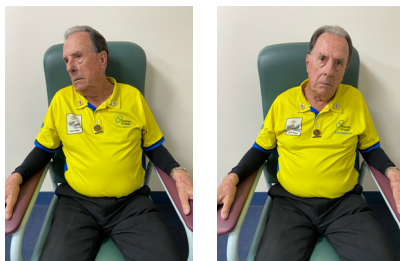
- Slowly look up to the ceiling as far as is comfortable, then look down to floor.



- Slowly turn your head to one side as far as is comfortable, then to the other.



- Lean your head to one side so that your ear moves towards your shoulder as far as is comfortable, then to the other side.



Forearm exercises

(RADIAL ARTERY GRAFT SURGERY ONLY)

- With elbow straight, bend arm to your shoulder, then straighten the elbow as far as is comfortable.



- With elbow bent, turn your forearm so your palm is facing up, then so that your palm is facing down.



- With your elbow bent, bend your wrist down, then bend your wrist back up, stretching the fingers gently.



- Slowly close your hand into a fist and then stretch all your fingers open.



Comments and questions

Progressing your home exercise program

Upper Limb Strength

Repeat each exercise about 5 times. Gradually increase over the next couple of weeks to a maximum of 20 times of each. Your physiotherapist may give you a weight guideline..

- Wall push up: Stand at arm's length from a wall, with hands on the wall at shoulder height. Slowly lean your body towards the wall and then slowly push away.



- In a standing position, with a small weight in each hand, bend your arms up to your shoulder, then raise the weights above your head, then lower.



- Lying on your back, arms by your side, with a small weight in each hand and bent elbows. Push up to the ceiling by straightening your elbow, then lower.



Be guided by pain when doing exercises – if it is painful it is probably too soon to do this activity.

Comments and questions

Walking program

After cardiac surgery it is important to gradually build up fitness by doing regular exercise. Walking is often the best, easiest and safest exercise to help you recover.

In hospital, when you have been cleared to walk by yourself, start regular walks in the ward as recommended. Stop and rest if you get short of breath. When you have recovered, recommence walking, possibly at a slightly slower pace. Gradually increase your distance and number of walks while in hospital.

Once you are at home, follow the guidelines below to progress your distance over the next 6 weeks. You aim to build up to a minimum of 30 minutes of walking each day.

After 6 weeks you can usually walk faster, further or add in slopes.

Week after surgery	Approximate Time (minutes)	No. of times per day
1	5	2-3
2	10	2
3	15	1
4	20	1
5	25	1
6	30	1

Safety rules for walking

- Walk at a pace where you can talk comfortably. You can be lightly breathless but should be able to “walk and talk”.
- Wear comfortable, loose-fitting clothes that suit the climate, and supportive and protective shoes that minimise slipping. For example, runners/sneakers.
- Wait 1-2 hours after meals before you exercise to allow food to digest.
- In summer, walk in the cooler parts of the day.
- Drink water before and after you walk or during if needed
- STOP and REST if you become excessively short of breath or tired. Try again at a slower pace. See your doctor if these feelings don't go away or worsen.

The National Heart Foundation recommends walking for a minimum of 30 minutes each day, on most days of the week. Some people can't reach 30 minutes continuous walking - if more manageable, break this into 2 x 15-minute walks, or even 3 x 10-minute walks per day. Ask your physiotherapist for advice on how much walking is best for you. Make walking a habit of a lifetime! This will help prevent future heart problems.

If you wish to walk with others, “Heart Foundation Walking” is a large network of community based free walking groups. Phone the helpline on 131112 or search online for a walking group in your suburb <https://walking.heartfoundation.org.au>

Other forms of exercise

Please discuss other forms of exercise with your physiotherapist when in hospital. Many sports cannot be restarted until your sternum has fully healed, and some sports require medical clearance from a cardiologist.

Overall recovery from heart surgery usually takes 12 – 20 weeks or longer. You should gradually return to your usual leisure and work activities during this time.

Cardiac Rehabilitation

Cardiac rehabilitation is an exercise and education program that teaches skills to build healthy heart habits, improve fitness and strength, and to help with recovery. This will be discussed with you in hospital after your surgery. It is strongly recommended that you attend a cardiac rehabilitation program after cardiac surgery.

For online information on cardiac rehabilitation:
<https://metronorth.health.qld.gov.au/community/healthcare-services/ccdt/cr>

Physiotherapy Discharge Checklist. I understand:

- How to do my exercises and progress them safely
- How to look after my sternum when moving, exercising and lifting
- What I can and can't do if/when returning to sport, hobbies and leisure activity
- My walking program, and the importance of exercising forever to help protect my heart

For any further questions please call 3139 4000 and ask to speak to a Cardiac Surgical Physiotherapist.

Comments and questions

Activities of daily living

Recommended by the occupational therapist
phone: (07) 3139 5273

The following are **basic guidelines** for the safe and gradual return to daily activities following cardiac surgery. Please note that they are guidelines only and do not take in to account your own specific cardiac presentation, pre-existing conditions or physical strengths and limitations.

Be sure to STOP any activity if you experience pain or discomfort. Consult your GP if you have any specific concerns.

Avoid lifting, pushing or pulling anything that weighs more than 2kg to 5kg* for the first six weeks following cardiac surgery (as a guide, a full 2 litre milk container weighs about 2kg). Keep any loaded movements close to your body and your elbows tucked into your sides (working within the tube).

**See physiotherapist guidelines in this book.*

You cannot drive any vehicle or ride a motorised scooter for 6 weeks following cardiac surgery. Commercial drivers will likely have a 12-week driving restriction.



WEEK 1 AT HOME



Continue self-care showering, washing hair, shaving independently. Sit to shower if you need to (shower chairs available from local pharmacies).

Light activities such as reading, TV and computer use, crosswords, sudoku, playing cards, jigsaw puzzles, light craft activities.

Go slowly when using stairs and rest as required. Use the handrail for balance only.

Stay at home unless you have medical appointments.

Get a lift to be driven to your appointments and wear a seatbelt at all times.

Protect your sternum Use a small pillow in the car if the seatbelt irritates your wound.

Make your own cup of tea, coffee or light snack.



Do not use a bath until at least Week 8 due to the need for weight bearing through your arms when getting out.

Avoid strenuous activity

Do not pull yourself up using stair handrails.

Limit visitors and telephone calls as these can be tiring.

Do not attempt any other cooking or cleaning.



WEEKS 2 AND 3 AT HOME



Light household activities as tolerated including preparing simple meals, setting the table, washing a light load of dishes, and putting clothes in the washing machine.

Brief outings if you feel up to it.

Activities from Week 1 can be upgraded in both time and effort. Increase use of stairs if necessary. Rest frequently.



Don't peg the washing out, avoid lifting arms over head for long periods.

Don't hurry and cease any activity if you experience pain.

WEEKS 4 AND 5 AT HOME



Resume using public transport

Spread tasks over the day

Moderate effort household tasks such as doing a load of washing; remove items from the machine in small lots and commence pegging out light items on a regular clothesline only.

Emptying a small, light rubbish bin

Make the bed

Quiet social outings, for example local restaurant, cinema.

Light gardening, for example tending to plants and light weeding.

Continue to upgrade all previous activities in time and effort.



Avoid peak periods

Avoid fatigue

Heavier items require help, get someone to peg for you or use a clothes rack to drape items.

Do not put out wheelie bin for at least 8 to 12 weeks after surgery. And be cautious not to drag anything 1 handed.

Do not change the bed linen

Cease any activity if you experience pain

WEEKS 6 AT HOME



Commence heavier household activities as tolerated, such as sweeping and gentle mopping of the floor, wiping over the bathroom (avoid scrubbing), and hosing off the patio.

Cardiac rehabilitation, start attending your program (if scheduled).

Sex can be resumed

Plan for your return to driving a vehicle with GP & motor vehicle insurance company.

Continue to upgrade all previous activities in time and effort.



Avoid vacuuming and similar motions that require use of heavy appliances.

Avoid using your arms to support your full body weight until 12 weeks post-surgery.

DO NOT drive any vehicle or motorised scooter without approval from your GP.

Cease any activity if you experience pain



WEEKS 7 AND 8 AT HOME



Resume driving if approved as safe by your GP and motor vehicle insurance company.

Increase weights gradually and cautiously, lift items as tolerated. Remember to keep the load close to your body, keep your elbows in and stop if you experience pain or discomfort.

Continue to walk regularly

Wash your car in stages, as comfortable, with rest breaks.

Gradually and cautiously return to all household activities such as vacuuming, hanging out heavy laundry, cleaning the bathroom and changing bed linen.

Commence mowing the lawn in small sections. Keep arms/elbows close to body.



Stop any activity if you experience pain or discomfort

Have someone start the mower for you and empty the catcher.

WEEKS 9, 10 AND 11 AT HOME



Continue to gradually increase the weight of items being lifted as tolerated. Remember to keep the load close to your body, keep your elbows in. Continue to upgrade all activities in time and effort.



Stop if you experience pain or discomfort.

WEEK 12 AT HOME



Upgrade almost all activities to normal, providing you are **pain free** while doing the task.



Discuss with your doctor before returning to those activities that were previously a part of your lifestyle, and may be considered high stress to your sternum, including swimming, tennis, golf, cycling, chopping wood, game fishing, and the lifting of heavy weights.

NOTES

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Metro North
Health



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