

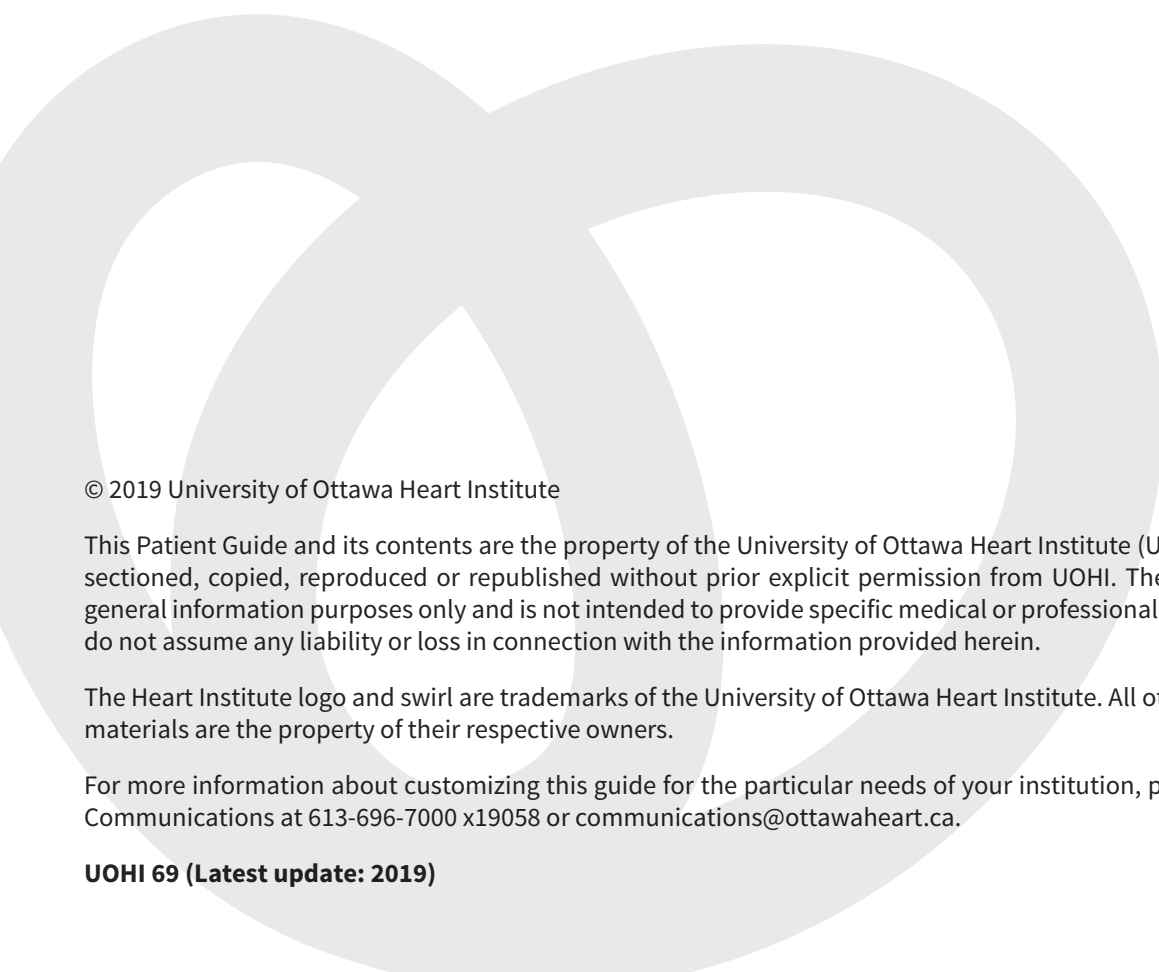


UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA

Recovering from Cardiac Surgery



A GUIDE FOR PATIENTS AND FAMILIES



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UOHI 69 (Latest update: 2019)

PLEASE BRING THIS BOOK WITH YOU TO THE HEART INSTITUTE

Patient Name: _____

Surgeon: _____ Phone: 613-696-_____



Surgical Nursing Coordinator: 613-696-7000,
press 0 and ask for the Nursing Coordinator (24-hour number)
The coordinator is available before, during and after your stay at
the Heart Institute in the event you have questions or concerns.

IMPORTANT

If you experience any of the following during your recovery period,
go to the nearest Emergency Department immediately:

- Sudden difficulty breathing
- A racing heart and feel unwell
- Sudden shortness of breath and sudden chest pain
- Sudden and severe chest pain
- Fever over 38°C (100.5 °F)
- A sudden change in your vision
- Signs of a stroke such as trouble speaking, numbness or weakness of your face of or a limb

TABLE OF CONTENTS

- Details of Your Operation..... 6**
 - Follow-up Telecare Phone Calls 8
- Going Home 9**
 - Incisions: What’s Normal? What’s Not? 10
 - Glycemic Control 11
 - Issues During Recovery..... 12
- Recovery Guidelines14**
 - General Guidelines 14
 - Minimally Invasive Surgery..... 16
 - Valve Surgery Discharge Guidelines 18
- Managing Your Medications Safely20**
 - Medication Information..... 22
 - Medications for treating diabetes 27
 - Types of Insulin 29
 - Anticoagulation Medication (Coumadin®) 30
- Nutrition Tips31**
 - Heart Healthy Eating Resources 34
- Your Physical Activity Program35**
 - Physical Activity Tips 36
- Getting the Most from Your Follow-up Clinic Appointment44**
- Next Steps.....45**
- Personal Medication Information46**
- We’ll Be Keeping in Touch.....48**
 - Interactive Voice Response Information for all Patients Discharged Home after Cardiac Surgery 48
- Women’s Heart Health.....49**
- Heart Institute Patient Alumni.....50**

DETAILS OF YOUR OPERATION

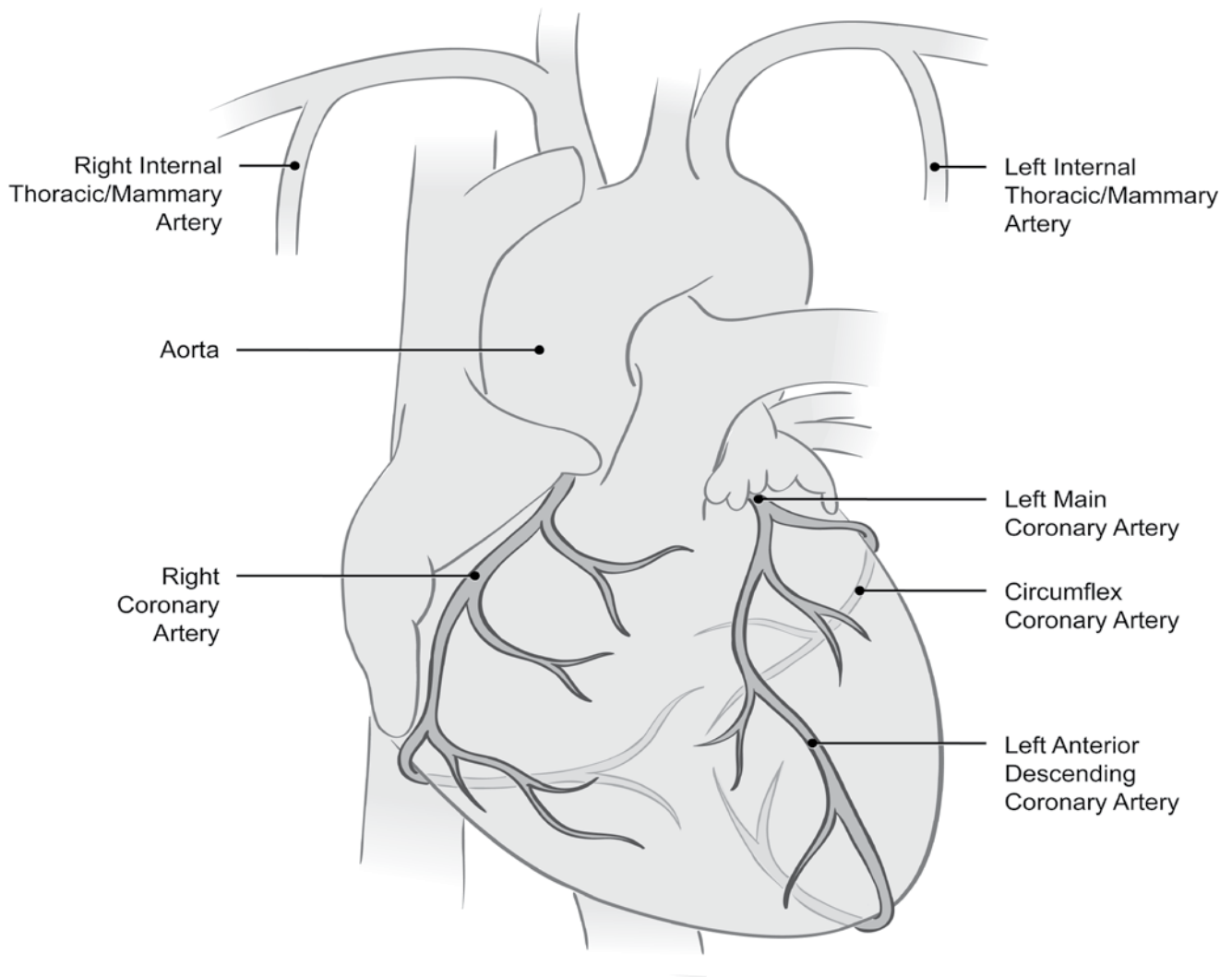
Date of Operation: _____

Coronary Artery Bypass Grafts x _____

Internal Thoracic/Mammary Artery: _____

Radial Artery: _____

Other: _____

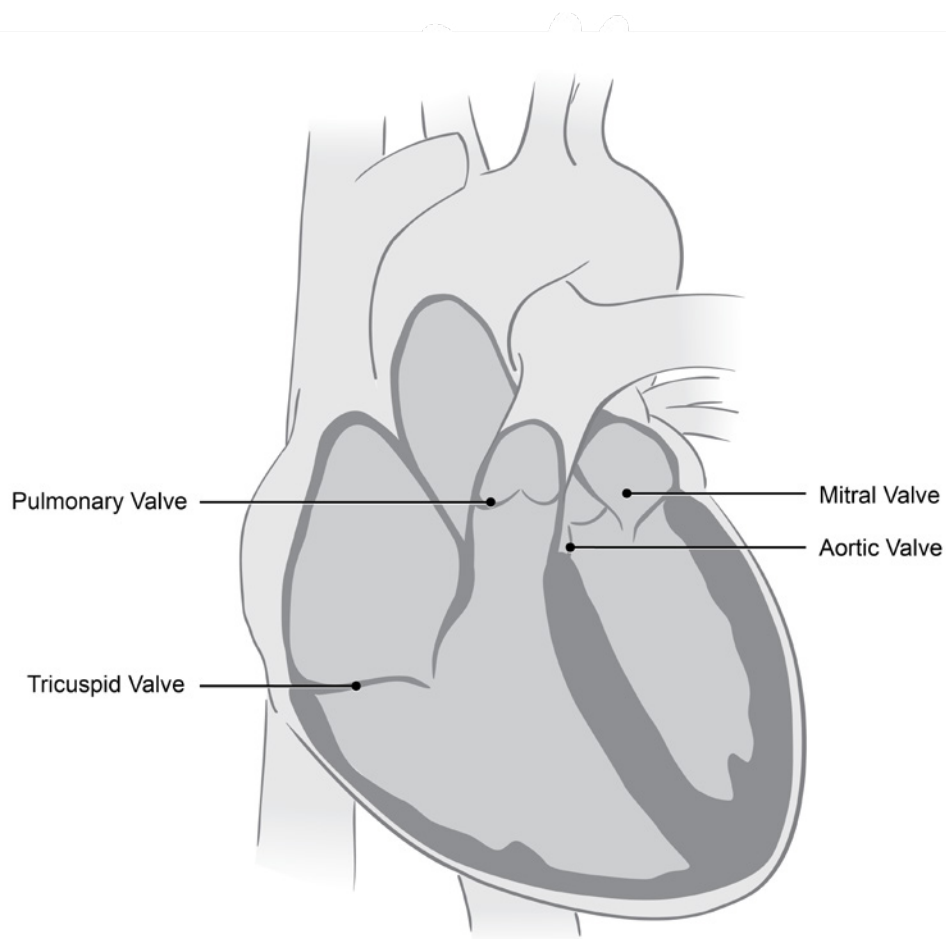


Valve Surgery

Mitral Valve: Repair _____ Replacement _____

Aortic Valve: Repair _____ Replacement _____

Other Valve(s) _____



Other Procedure(s)

IMPORTANT

You will be coming back to see your surgeon for a checkup four to six weeks after you are discharged from the hospital. If you live far away, contact the surgeon's office and let them know if you would like an appointment through telehealth.

Call the surgeon's office for an appointment during the first week you are at home.

Follow-up Telecare Phone Calls

Automated telephone calls from the Heart Institute are made to patients in their home as a way to determine how you are progressing after discharge. Expect to receive an automated telephone call on the third and tenth day, at one and three months after your discharge from the Heart Institute. You do not have to stay by your phone. The system will make three attempts to reach you. Please ensure the nursing coordinator has the right phone number to contact you.

The system will call you by name and ask you a series of questions that require a yes or no answer. Information and health care tips will also be delivered by the system. The Surgical Nursing Coordinator will review your answers and if any concerns, will call you. For more information, see "We'll Be Keeping in Touch" at the end of this guide.

GOING HOME

KEY MESSAGES

- Protect your breastbone. Do not push, pull, or lift anything heavier than 5 to 10 pounds with your arms. Follow the techniques you were taught while in hospital.
- Get your prescriptions filled and only take the medications prescribed at your discharge from hospital. Ask your local pharmacist for help to ensure you are not taking duplicate medications.
- Eat well to help your healing and recovery.
- Call the Surgical Nursing Coordinator if you have any concerns after you are discharged: 613-696-7000, press 0 and ask for the Nursing Coordinator.

RECOVERY TIME

Though every patient is different, the average length of stay in the hospital after surgery is four to seven days. Once you are able to be up and walking in the halls, you should plan on being able to go home soon.

BEFORE AND AFTER DISCHARGE

Your surgeon or nurse will usually notify you the day before you are going to be discharged from the hospital. In some instances, because of blood tests or a change in medications, discharge will be confirmed based on blood results on the morning of discharge. In this event, patients are aware of this.

Discharge time is 9:00 a.m. It is important that your family is prepared to pick you up at the discharge time as waiting can be tiring for you and you cannot drive yourself. Please make sure your family brings clothing and shoes for you for the trip home.

BREASTBONE PRECAUTIONS (STERNOTOMY PRECAUTIONS)

If you have an incision through your breastbone (sternum), you have a fracture that needs to heal. Even though the breastbone is held together with surgical stainless steel stitches, the bone needs time to mend just like any other fracture. That is why it is essential that you follow these precautions:

- For the first eight weeks after your surgery, you cannot lift, push, or pull anything **heavier than 5 to 10 pounds with your arms**.
 - This includes not using your arms to push or pull yourself out of bed or out of a chair. For these activities, use the methods recommended by the nurses and physiotherapists at the Heart Institute.
 - Do not take baths until your breast bone is healed because it is hard to get out of the tub without a lot of arm work. Showers are fine.

- Continue to use the techniques you were taught in hospital to protect your breastbone.
- You can do many things that do not require heavy arm work such as washing and drying dishes, very light housework, or setting the table.

TIPS FOR FAMILY AND CAREGIVERS

- Expect the first week home to be stressful and demanding. Take care of yourself as well.
- Accept offers from family and friends to visit so you can take time for yourself.
- Talk openly and celebrate milestones together.
- Write down questions as they occur to you and your loved one who has had surgery. Bring these questions with you to the first visit with the surgeon.

Incisions: What's Normal? What's Not?

It is normal for your chest incision to be:

- Swollen at the top
- Tender and slightly red
- Bumpy
- Itchy, or tight-feeling
- Numb or tingly in some areas
- Draining a small amount of clear yellow fluid

If the left or right internal thoracic artery was used in surgery:

- The side of your chest where the artery was taken may feel numb
- You may feel “pin-prick” sensations at times
- Your skin over that part of your chest may be very sensitive and tender

If your leg vein was used in surgery:

- Your leg may be a bit swollen and uncomfortable
- The swelling in your leg increases during the day
- Whenever you are sitting down, elevate your feet to waist level, a foot stool is not enough to help decrease the swelling
- Avoid crossing your legs
- It may take weeks to months for the swelling to decrease

If your wrist (radial) artery was used in surgery:

- Your arm may be slightly swollen and your fingers may be slightly puffy
- You should be able to move your arm freely
- You may occasionally feel tingling in your fingers
- Go to Emergency if:
 - You get a sharp pain in your arm or hand
 - If you lose feeling in your hand
 - If your arm becomes very swollen and tight

Infection is always a concern after any surgery. Contact your surgeon or the Surgical Nursing Coordinator if your incision becomes:

- More painful instead of less
- More swollen than when you left the hospital
- Draining pus or leaking large amounts of fluid
- Open and gaping
- Red and tender
- You develop a fever

Post-pericardiotomy syndrome:

- Feeling unwell
- Flu-like symptoms (general aching, low grade fever)
- A sharp pain when you breathe in in the neck, shoulder, back or ribs that does not respond to pain medicine

If you have these symptoms, contact your Surgeon or the Surgical Nursing Coordinator: 613-696-7000, press 0 and ask for the Nursing Coordinator.

Glycemic Control

While you are at home recovering, it is normal to see higher blood glucose readings due to decreased physical activity and stress. Please don't ignore them. Higher blood glucose can increase your risk of infection and slow down the healing process. Blood glucose targets should be between 4 – 7 mmol/l fasting and before meals.

Please call your diabetes team for help if you are not at target. If you don't have a team, a referral has been sent to the community diabetes program and the Diabetes Clinic at the University of Ottawa Heart Institute. You should hear from them shortly after your discharge. If not, please call the Advance Practice Nurse for Diabetes at 613-696-7000 Ext 17111.

Issues During Recovery

Recovery takes time. It can take longer to recover than most patients expect. Some days will be better than others as you progress through your recovery. Most patients are walking 20 to 30 minutes by three weeks after surgery and are starting to feel a little better. Generally, most patients start to feel better around six to eight weeks after surgery. As you recover, you may experience some of the following effects of surgery, all of which are normal.

FATIGUE

This is the most common problem patients report after surgery. The biggest challenge most patients have is learning how to conserve energy. That means doing the prescribed walking program and daily activities with frequent stops for rest. Make sure you take at least two planned rest periods each day. At three weeks, most people can walk slowly for 20 minutes twice per day.

Besides the walking program, try to get up and move around a little every hour during the day. Physical activity helps you get stronger.

DIFFICULTY SLEEPING AT NIGHT

You may have difficulty sleeping at night after you are home. To help get to sleep, consider taking pain medication before you go to bed so you can sleep comfortably. You may also occasionally need a sleeping pill to help you sleep the first week or two after discharge. The problem most patients report is waking up frequently. Have your afternoon nap early and try not to sleep for more than one hour. Avoid napping after supper and reduce your caffeine intake. (Remember caffeine is in coffee, tea, some energy drinks and certain carbonated beverages like cola or Mountain Dew™.)

It will take you time to get a good night's sleep after you leave the hospital. Patients report it takes a couple of weeks to get back to what is "normal" for them.

PAIN AND DISCOMFORT AT YOUR INCISIONS, IN YOUR BACK, AND YOUR CHEST MUSCLES

Take your pain medication regularly—before the pain gets too bad, especially for the first few days you are home. Take your pain medication before you start your exercises or any other physical activity. Patients report that taking pain medicine first thing in the morning and the last thing at night helps them be more comfortable.

WEARING A BRA

Some women are uncomfortable because the weight of their breasts seems to pull at the chest incision. In this case, wearing a bra may decrease the discomfort. This includes wearing it when you are asleep. Other women find wearing a bra uncomfortable for the breastbone incision. Putting some gauze over the incision where it is in contact with your bra may help. Wearing a cotton sports bra may be more comfortable. Front closing bras are easier to get on. Wearing a bra one size larger than you normally wear may also be more comfortable for you. Another alternative is buying a bra extender so that you will be more comfortable.

SWEATS

You may experience sweating, especially at night. This is very common. However, if you have a fever at the same time, call the Surgical Nursing Coordinator.

FORGETFULNESS, DIFFICULTY CONCENTRATING

These are all common after surgery. Give yourself extra time to accomplish tasks, and ask for help if you need it.

Try to spend some time each day doing activities that require you to concentrate, such as reading the paper and doing crossword puzzles.

Expect that your memory, concentration and mood will gradually improve with time.

UPSET STOMACH OR POOR APPETITE

Eat nutritious foods that you enjoy and ensure that you rest after each meal to help with digestion. See the *Heart Healthy Living Guide* and *nutrition tips after surgery* later in this book.

It is very important to eat well after surgery so you can heal your incisions and have energy for your activity program.

CONSTIPATION

If you are not on a fluid restriction, try to drink at least 6 to 8 cups (1.5 to 2 litres) of water each day. Eating foods high in fibre can help. Consider using a stool softener such as docusate sodium (Colace®) for the first week at home. Do not strain. Please refer to the information on fibre in the Nutrition Tips section.

MOOD SWINGS

Are common after heart surgery, patients describe having good and bad days. Keep in mind that recovery after heart surgery is difficult and can sometimes feel overwhelming. Include activities that you enjoy, ask for help and be specific. Most family members and friends want to help but are often unsure how. Give yourself time, and don't let yourself become overtired.

Depression can occur after surgery and will interfere with your recovery. If this is a problem, see your family doctor as soon as you are able.

MILD BLURRY VISION

You may experience slightly blurred vision after surgery. This will improve over time. If you suddenly experience black spots in your vision or your sight suddenly becomes worse, go to Emergency.

MILD SHORTNESS OF BREATH

Generally, you can expect that mild shortness of breath will improve with time and with more regular activity.

RECOVERY GUIDELINES

General Guidelines

SHOWERS

You can take a shower if your incision is not leaking. Make sure you have someone with you the first few times. Try sitting on a chair in the shower to make things easier. Patients are usually very tired after a shower. It is a good idea to have a rest when you are done. Patients often find the spray of the shower directly on their chest to be very uncomfortable. Turning at an angle or with your back to the spray will make this more comfortable.

Use a gentle, non-drying soap on your incisions and do not use any creams, lotions, oils, ointments or powders on your incision.

Once your breastbone is healed and you are able to use your arms more, you can take a tub bath. Do not take a tub bath until the breastbone is healed (usually about eight weeks).

DRIVING

Check with your surgeon at your post-operative visit. Your surgeon will let you know how soon you can drive. The insurance industry follows the surgeon's guideline, which is usually between four to six weeks depending on the type of surgery and your recovery.

You must wear your seatbelt. If it bothers your breastbone incision, use your "teddy" or a small towel under the belt.

Airbags: It may be very uncomfortable if your airbag deploys. It is advisable to sit in the back seat of your car with your belt on. If it is difficult to get into the back seat of the car and you choose to sit in the front, make sure the seat is back as far as possible and wear your seat belt.

DAILY ACTIVITY

Listen to your body. You will be tired when you go home and it will take time for you to build up your strength. If you are unusually tired after an activity, it may be too soon.

During the **first weeks** that you are at home, you can:

- Walk every day as prescribed in your program
- Complete your post-surgery exercises daily
- Attend church, but avoid kneeling
- Dine out
- Do light housework
- Go to a movie or attend the theatre
- Visit the hairdresser or barber
- Visit with friends

Six to eight weeks later, you can:

- Gradually start to do housework, such as sweeping the floor
- Bicycle

Three months following discharge, you can:

- Start to resume some heavier work, such as scrubbing, raking leaves, ironing or vacuuming
- Bowl, play tennis, curl
- Hunt
- Cross-country ski
- Mow the lawn
- Do home repairs
- Golf 18 holes
- Horseback ride
- Snowmobile

SEXUAL ACTIVITY

Resuming sexual activity is an individual decision. It is normal during the early stage of recovery to be too tired to think about sex. Some medications may also interfere with your interest in sex. This is usually temporary.

Generally, the rule of thumb is that if you can climb two flights of stairs without becoming too short of breath, you will be able to resume sexual activity.

As you begin to feel better, plan to have sex at a time when you are feeling rested and comfortable. You should wait for several hours after you've had a large meal before having sex. Also, make sure your position during intercourse does not put pressure on your chest incision.

RETURNING TO WORK

Your return to work will depend on how well your recovery is going and on the type of work you do. At your post-operative clinic appointment, discuss this with your surgeon.

VISITORS AT HOME

Keep visits short and with only one or two people at a time. For your own health, advise your visitors to delay coming over if they have a cold, flu or diarrhea. As you start your walking program, consider including friends and family that come to visit.

Minimally Invasive Surgery

In some situations, coronary artery bypass surgery may be done through a small incision called a “mini-thoracotomy”. This less invasive approach is possible for some patients.

AFTER MINIMALLY INVASIVE SURGERY

You will start to feel better and be able to do more compared to patients with the breastbone incision. (Please refer to issues during recovery on page 9)

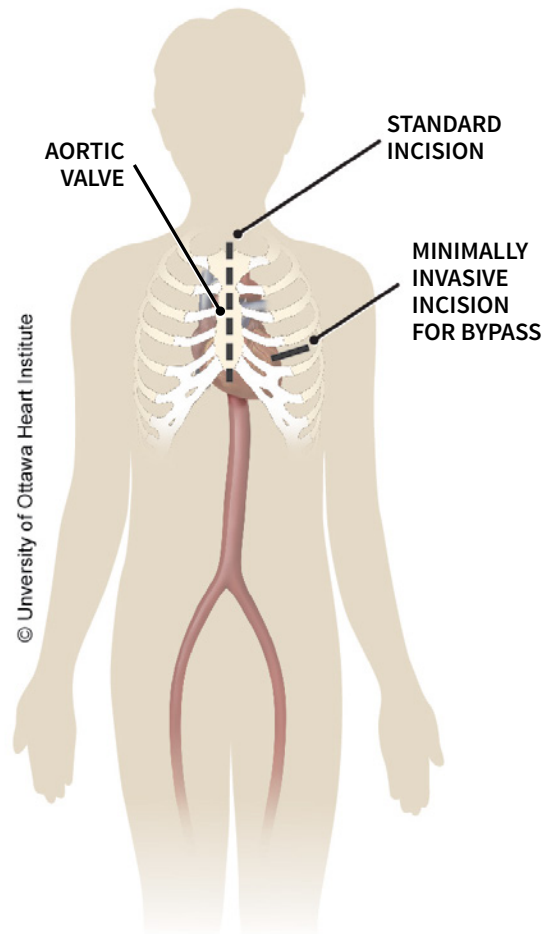
INCISION CARE

You will notice that the left side of your chest will be quite swollen above and below the incision. It will take time for the swelling to decrease. It may be numb for some time and you may feel a “pin prick” sensation as the swelling decreases. For signs of infection, refer to page 7.

DEEP BREATHING AND COUGHING EXERCISES

Patients report a feeling of breathlessness after this surgery. Continue to do the deep breathing and coughing exercises you were taught while at the Heart Institute. Do these three to four times a day for the first few weeks.

Use your “teddy” to support your incision. This will make it more comfortable for you.



RESTRICTIONS ON LIFTING

There are no formal lifting restrictions while recovering from minimally invasive surgery. However, general guidelines include:

- When you feel ready to lift light objects, you can go ahead. This can be as early as one week after the operation.
- Because the breastbone has not been cut, there is no danger of breaking it.
- If you experience pain or feel a cracking sensation when you lift an object, you are doing too much. This is your body telling you that you are not ready for this activity.

DRIVING

If you are able to comfortably walk for more than 15 minutes in one session without shortness of breath and fatigue, you may drive. Generally, this happens about three weeks after discharge.

Wear your seat belt. If it is uncomfortable for the incision, use your “teddy” or a folded towel under the seat belt to relieve the pressure on the incision.

RETURN TO WORK

Discuss this with your surgeon when you come for your check up after surgery.

You can expect to be off of work for about 12 weeks after your surgery. However, you can confirm with your surgeon at your follow-up appointment in 4-6 weeks after your discharge when is the best time for you to return to work.

Valve Surgery Discharge Guidelines

GENERAL PRECAUTIONS

As your body recovers from surgery and adjusts to the new valve or valve repair, it is important to weigh yourself every day for the first month at home and report to your surgeon any steady weight gain greater than 2 kg (4.5 to 5 lbs) over two to three days. A quick weight gain is a sign of fluid retention.

Report any of the following symptoms to your doctor:

- Increasing shortness of breath
- Numbness or weakness in your arms or legs
- Blurred vision
- Flu-like symptoms, such as feeling unusually tired
- Rapid or a newly irregular heart rate
- A fever of greater than 37.5 degrees Celcius
- Infections of any kind

PREVENTING DENTAL COMPLICATIONS

Bacteria in your mouth can enter your blood stream through your gums and infect your heart tissues and valves. You can lower this risk by following regular oral hygiene practices including brushing and flossing your teeth.

When you go to the dentist:

- Be sure to tell your dentist that you have had valve surgery.
- Do not have dental work done for at least six months after your surgery unless there is an urgent problem, for example a toothache or an abscess.
- After that time, see a dentist at least once a year.
- You must take antibiotics before any dental cleaning or treatments.
- Your dentist or family doctor will give you a prescription before your appointment.

PREVENTING OTHER INFECTIONS

Your skin is a barrier against infections. Pay careful attention to any breaks or cuts in the skin. Contact your doctor if you develop:

- A fever
- Abscess
- Cuts that become swollen or tender and drain pus
- Any other suspected infections, including urinary tract infections

Avoid getting new body piercings or tattoos.

Get the pneumonia vaccine (Pneumovax, the effects of this vaccine last several years) and the annual flu shot. This will reduce your risk of pneumonia and is recommended after your valve surgery. Please wait for one month after discharge from surgery to get your flu shot.

If you are on Coumadin® (Warfarin), refer to page 23 for specific instructions.

NOTIFY YOUR DOCTOR & MEDICAL ALERT

It is important that any health care professional involved in your care know that you have had valve surgery. Notify any health care staff that you consult that you have had valve surgery and wear your medical alert bracelet at all times.

If you do not have a medical alert bracelet with your new valve information, you should get one. You can add any other important medical information onto it as well (ex: allergy information).

FOLLOW-UP CARE

All patients who have had valve surgery at the Heart Institute receive follow-up calls from the Cardiac Surgery Valve Clinic.

Regular tests of your valve using ultrasound (echocardiogram) will also be arranged or coordinated if you do not have your own Cardiologist. Sometimes, if you have moved, it is difficult for the Valve Clinic to contact you. Let them know if you have changed your address.

MANAGING YOUR MEDICATIONS SAFELY

When you are discharged, you will receive a new prescription for all of your medications. Only take the medications prescribed at your discharge from the Heart Institute. Following these steps will help you manage your medications safely:

When you receive the prescription, make sure you ask:

- The name of the medication
- Why it is being prescribed
- When and how it should be taken
- How long you will need to take it
- What side effects you may expect to have
- What you should do about the side effects

When you pick up your prescription, ask your pharmacist:

- To explain the best way to take your medication
- To explain what is written on the labels
- To provide written information about the medication

TRY TO USE THE SAME PHARMACY FOR ALL OF YOUR PRESCRIPTIONS

It is important for your pharmacist to have a complete list of all of your medications. Your pharmacist can evaluate if your medications can be taken safely together.

CARRY YOUR MEDICATION LIST WITH YOU

Review your list regularly with your doctor or pharmacist. Make sure your list includes:

- All of your medications, vitamins, supplements and herbals
- Your allergies and immunizations
- Pharmacy phone number

If you have trouble remembering to take your medications, the following tips may be helpful:

- Take your medication at the same time each day.
- Associate your medication with daily activities (e.g., meal times or brushing your teeth).
- Use a pill organizer (dosette).
- Ask your pharmacy if they can organize your pills in blister packs.
- Keep a one day supply of pills with you.
- Put a note on your calendar to remind you to pick up your prescription refills.
- If you miss a dose, check with your pharmacist or doctor before taking an extra dose.
- Continue to take the medication, even when you feel well.
- If your medications are finished, this does not mean you should stop taking them. Call your doctor's office to discuss what should be done with medications.

Do not store medications in hot or humid areas such as bathroom or glove compartment of your car.

TAKE YOUR MEDICATIONS AS PRESCRIBED BY YOUR DOCTOR

If you have concerns about taking medications, make sure you discuss this with your doctor. If you experience troublesome side effects, your doctor may be able to change your medication.

THE COST OF YOUR PRESCRIPTION

If you are worried about the cost of your prescription, ask to speak to the social worker before you are discharged from the Heart Institute. The social worker can help you determine if you might be eligible for the assistance.

Check with the Ontario Trillium Program for possible assistance:

- Phone: 1-800-575-5386
- www.health.gov.on.ca/english/public/forms/form_menus/odb_fm.html

Medication Information

Listed below are medications commonly prescribed for patients with cardiovascular disease and associated complications. For more detailed information about your specific medications, contact your pharmacist.

TYPE OF MEDICINE	NAMES OF MEDICATION	HOW MEDICATION WORKS	POTENTIAL SIDE EFFECTS
Beta Blockers	Acebutolol (Rhotral®, Sectral®) Atenolol (Tenormin®) Bisoprolol (Monocor®) Carvedilol (Coreg®) Labetalol (Trandate®) Metoprolol (Betaloc®, Lopressor®) Nadolol (Corgard®) Pindolol (Visken®) Propranolol (Inderal®) Timolol (Blocadren®)	<ul style="list-style-type: none"> • Lowers blood pressure and heart rate • Helps prevent angina • Improves heart function • Slows down irregular heart rhythms • Decreases the risk of future heart attacks 	<ul style="list-style-type: none"> • Fatigue/tiredness • Dizziness, lightheadedness • Depression • Wheezing

TYPE OF MEDICINE	NAMES OF MEDICATION	HOW MEDICATION WORKS	POTENTIAL SIDE EFFECTS
ACE Inhibitors	Benazepril (Lotensin®) Captopril (Capoten®) Cilazapril (Inhibace®) Enalapril (Vasotec®) Fosinopril (Monopril®) Lisinopril (Zestril®, Prinivil®) Perindopril (Coversyl®) Quinapril (Accupril®) Ramipril (Altace®) Trandolapril (Mavik®)	<ul style="list-style-type: none"> • Relaxes blood vessels and lowers blood pressure • Decreases the risk of future heart attacks • Maintains the heart's shape promoting normal function 	<ul style="list-style-type: none"> • Cough • Dizziness, lightheadedness • Increased potassium level in blood • Swelling of lips/ face/ throat (rare) – Call 911
Angiotensin II Receptor Blockers	Candesartan (Atacand®) Irbesartan (Avapro®) Losartan (Cozaar®) Olmesartan (Olmotec®) Telmisartan (Micardis®) Valsartan (Diovan®)	<ul style="list-style-type: none"> • Relaxes blood vessels & lowers blood pressure • Decreases the risk of future heart attacks • Alternative to ACE inhibitors 	<ul style="list-style-type: none"> • Dizziness, lightheadedness • Headache • Increased potassium level in blood

TYPE OF MEDICINE	NAMES OF MEDICATION	HOW MEDICATION WORKS	POTENTIAL SIDE EFFECTS
Calcium Channel Blockers	Amlodipine (Norvasc®) Felodipine (Plendil®, Renedil®) Nifedipine (Adalat XL®) Diltiazem (Cardizem CD®, Tiazac®) Verapamil (Isoptin®)	<ul style="list-style-type: none"> • Lowers blood pressure • Lowers heart rate (diltiazem, verapamil) • Helps prevent angina • Slows irregular heart rhythms (diltiazem, verapamil) • Reduce spasm in radial grafts 	<ul style="list-style-type: none"> • Dizziness, lightheadedness • Fatigue/tiredness • Headache • Swelling of ankles/feet
Narcotics/ Analgesics/ Pain Relievers	Acetaminophen with Codein and Caffeine (Tylenol 3®) Hydromorphone (Dilaudid®)	<ul style="list-style-type: none"> • Treats moderate to severe pain • Reduces the amount of pain experienced 	<ul style="list-style-type: none"> • Constipation • Lightheadedness • Drowsiness • Nausea, vomiting
Sedatives/ Sleeping Pills	Oxazepam (Serax®) Lorazepam (Ativan®) Tramadol (Ultram®)	<ul style="list-style-type: none"> • Helps you to sleep • Helps you to relax 	<ul style="list-style-type: none"> • Dizziness • Drowsiness • Unsteadiness
Diuretics/ Water Pills	Ethacrynic Acid (Edecrin®) Furosemide (Lasix®) Hydrochlorothiazide (HCTZ, HydroDiuril®) Metolazone (Zaroxolyn®)	<ul style="list-style-type: none"> • Removes excess water by increasing urine production • Reduces swelling in legs and ankles 	<ul style="list-style-type: none"> • Dizziness/ lightheadedness • Decreased potassium level in blood • Gout

TYPE OF MEDICINE	NAMES OF MEDICATION	HOW MEDICATION WORKS	POTENTIAL SIDE EFFECTS
Cholesterol Lowering Medications	Statins Atorvastatin (Lipitor®) Lovastatin (Mevacor®) Pravastatin (Pravachol®) Rosuvastatin (Crestor®) Simvastatin (Zocor®)	<ul style="list-style-type: none"> • Lowers LDL (“bad”) cholesterol • Decreases the risk of future heart attacks 	<ul style="list-style-type: none"> • Constipation, gas • Indigestion • Mild decrease in liver function • Muscle pain – Notify doctor
	Cholesterol Absorption Inhibitors Ezetimibe (Ezetrol®)	<ul style="list-style-type: none"> • Usually used with a statin to lower LDL (“bad”) cholesterol 	<ul style="list-style-type: none"> • Diarrhea • Mild decrease in liver function • Muscle pain – Notify doctor
	PCSK9 Inhibitors Alirocumab (Praluent®) Evolocumab (Repatha®)	<ul style="list-style-type: none"> • Usually used with a statin to lower LDL (“bad”) cholesterol 	<ul style="list-style-type: none"> • Redness or swelling at the injection site
	Fibrates Bezafibrate (Bezalip SR®) Fenofibrate (Lipidil EZ®, Lipidil Micro®, Lipidil Supra®) Gemfibrozil (Lopid®)	<ul style="list-style-type: none"> • Lowers triglycerides 	<ul style="list-style-type: none"> • Rash • Stomach upset (nausea, vomiting, diarrhea, gas) • Mild decrease in liver function • Muscle pain – Notify doctor
	Niacin (Niaspan®)	<ul style="list-style-type: none"> • Increases HDL (“good”) cholesterol • Lowers triglycerides 	<ul style="list-style-type: none"> • Flushing • Mild decrease in liver function
	Bile Acid Binders Cholestyramine (Questran®) Colestipol (Colestid®)	<ul style="list-style-type: none"> • Mildly lowers LDL (“bad”) cholesterol 	<ul style="list-style-type: none"> • Constipation • Nausea • Bloating

TYPE OF MEDICINE	NAMES OF MEDICATION	HOW MEDICATION WORKS	POTENTIAL SIDE EFFECTS
Anti-coagulants	Apixaban Dabigatran (Pradax®) Rivaroxaban (Xarelto®) Warfarin (Coumadin®)	<ul style="list-style-type: none"> • Helps prevent blood clots from forming or getting bigger 	<ul style="list-style-type: none"> • Increased risk of bleeding and bruising
Anti-platelets	ASA (Aspirin®, ECASA) Clopidogrel (Plavix®) Prasugrel (Effient®) Ticagrelor (Brilinta®)	<ul style="list-style-type: none"> • Helps prevent blood clots in injured coronary arteries • Helps prevent blood clots on stents (clopidogrel, prasugrel) • Decreases the risk of future heart attacks 	<ul style="list-style-type: none"> • Increased risk of bleeding & bruising • Stomach upset (nausea, diarrhea, heartburn)
Anti-arrythmics	Amiodarone (Cordarone®) Dronedaronone (Multaq®) Sotalol (Sotacor®)	<ul style="list-style-type: none"> • Makes the heart beat more regularly 	<ul style="list-style-type: none"> • Nausea/vomiting • Diarrhea • Skin may burn more easily under the sun • Sun exposed skin may turn bluish grey • Thyroid abnormality • Decrease in liver function • Lung damage (rare) • Fatigue/tiredness • Dizziness, lightheadedness • Depression • Wheezing

Medications for treating diabetes

TYPE OF MEDICINE	NAMES OF MEDICATION	HOW MEDICATION WORKS	POTENTIAL SIDE EFFECTS
Biguanides	Metformin (Glucophage®) Metformin extended release (Glumetza®)	<ul style="list-style-type: none"> Helps reduce release of sugar from the liver Makes cells more responsive to insulin so that they can use sugar more efficiently 	<ul style="list-style-type: none"> Nausea, gas, abdominal pain, diarrhea that may subside
Sodium-Glucose Cotransporter 2 (SGLT2) Inhibitors	Canagliflozin (Invokana®) Dapagliflozin (Forxiga®) Empagliflozin (Jardiance®)	<ul style="list-style-type: none"> Decreases reabsorption of sugar in the kidneys Promotes sugar loss through the urine Improves cardiovascular health and survival 	<ul style="list-style-type: none"> Bladder infections Vaginal yeast infections Rash / redness to the penis / foreskin Do not take if unable to eat regular meals or drink fluids
Glucagon-Like Peptide-1 (GLP-1) Receptor Agonist	Albiglutide (Eperzan®) Dulaglutide (Trulicity®) Exenatide (Bydureon®, Byetta®) Liraglutide (Saxenda®, Victoza®) Lixisenatide (Adlyxine®) Semaglutide (Ozempic®)	<ul style="list-style-type: none"> Increases insulin secretion Decreases sugars made by liver Slows stomach emptying Decreases hunger Improves cardiovascular health and survival 	<ul style="list-style-type: none"> Nausea, vomiting, diarrhea Increased heart rate Weight loss Low blood sugar (rare) Pancreatitis (rare) *Injectible
Dipeptidyl Peptidase 4 (DPP-4) Inhibitors	Alogliptin (Nesina®) Linagliptin (Trajenta®) Saxagliptin (Onglyza®) Sitagliptin (Januvia®)	<ul style="list-style-type: none"> Enhances action of gut hormones that release insulin Decreases sugars made by liver 	<ul style="list-style-type: none"> Runny nose Low blood sugar (rare) Pancreatitis (rare)

<p>Insulin Secretagogues</p>	<p>Gliclazide (Diamicon®, Diamicon MR®)</p> <p>Glimepiride (Amaryl®)</p> <p>Glipizide (Glucotrol XL®)</p> <p>Glyburide (Diabeta®)</p> <p>Nateglinide (Starlix®)</p> <p>Repaglinide (Gluconorm®)</p>	<ul style="list-style-type: none"> Stimulates the pancreas to make more insulin 	<ul style="list-style-type: none"> Can cause low blood sugar if a meal is missed or delayed, or if more activity than usual
<p>Thiazolidinediones</p>	<p>Pioglitazone (Actos®)</p> <p>Rosiglitazone (Avandia®)</p>	<ul style="list-style-type: none"> Improves insulin sensitivity 	<ul style="list-style-type: none"> Swelling due to water retention Heart failure

Types of Insulin

Please note this list is not all inclusive

TYPE	NAME	ACTION	NOTES
Ultra Fast Acting	Insulin Aspart (Fiasp®)	<ul style="list-style-type: none"> Onset: 5 - 7 min Peak: 0.5 - 0.75 hrs Duration: 3 - 5hrs 	
Very Rapid Acting Analogues (Clear)	Insulin Aspart (Novo Rapid®)	<ul style="list-style-type: none"> Onset: 10 – 15 min Peak: 1 – 1.5 hrs 	<ul style="list-style-type: none"> Meal time insulin to be taken within 15 min of eating May be used in an insulin pump
	Insulin Glulisine (Apidra®) Insulin Lispro 100 units/mL & 200 units/mL (Humalog®)	<ul style="list-style-type: none"> Duration: 3 – 5 hrs 	
Short Acting (Clear)	Insulin Regular 100 units/mL (Humulin R®, Novolin ge Toronto®)	<ul style="list-style-type: none"> Onset: 30 min Peak: 2 – 3 hrs Duration: 6.5 hrs 	<ul style="list-style-type: none"> Meal time insulin to be taken 30 min before eating
	Insulin Regular 500 units/mL (Entuzity®)		
Intermediate Acting (Cloudy)	Insulin NPH (Humulin N®, Novolin ge NPH®)	<ul style="list-style-type: none"> Onset: 1 – 3 hrs Peak: 5 – 8 hrs Duration: up to 18 hrs 	<ul style="list-style-type: none"> Used to cover the rise in blood sugar from steroids (e.g. prednisone)
Extended Long Acting Analogues (Clear)	Insulin Detemir (Levemir®)	<ul style="list-style-type: none"> Onset: 90 min 	<ul style="list-style-type: none"> Should not be mixed with other insulin
	Insulin Glargine 100 units/mL (Lantus®, Basaglar®)	<ul style="list-style-type: none"> Peak: flat curve 	
	Insulin Glargine 300 units/mL (Toujeo®)	<ul style="list-style-type: none"> Duration: varies from 16 -48 hrs depending on the product 	
Pre Mixed (Cloudy)	Insulin Aspart / Insulin Protamine (Novo Mix 30®)	<ul style="list-style-type: none"> This depends on the mixture. 	<ul style="list-style-type: none"> Should not be mixed with other insulin Taken 15 – 30 min before eating
	Insulin Lispro / Insulin Protamine (Humalog Mix 25®)	<ul style="list-style-type: none"> A single vial, cartridge or pen contains a fixed ratio of rapid or short acting to intermediate acting insulin 	
	Insulin Regular / Insulin NPH (Humulin 30/70®, Novolin ge 30/70®)		

Anticoagulation Medication (Coumadin®)

When taking the anticoagulation medication Coumadin®, following these recommended DOs and DO NOTs will help you manage your medication safely.

THE DOS

- DO make sure you have regular blood testing (INR) to measure the effectiveness of your Coumadin. You may eat before the blood test.
- The surgeon's secretary will call you when they receive your blood test to confirm the dose of Coumadin.
- If you do not hear from the surgeon's secretary on the day of your test, DO continue with the same dose of Coumadin and call the surgeon's office the next day.
- DO keep a record of your blood test results so that you are aware of the changes and fluctuations.
- DO take Coumadin at the same time each day: 5:30 p.m.
- If you miss a dose of Coumadin, please DO call the surgeon's office the following day.
- DO ask your surgeon if you should add "Coumadin" to your MedicAlert® bracelet if you need one or already have one.
- DO contact your doctor if you have extensive bruising, bleeding gums or frequent nosebleeds.
- DO go to your emergency department if you have a prolonged nosebleed, blood in your urine or brown urine, blood in your bowel movement or a black bowel movement, or bruising and pain in your abdomen.
- DO tell all of your doctors and pharmacists that you are taking Coumadin.
- DO eat a normal well-balanced diet.
- DO ask your surgeon if you should add "Coumadin" to your medical alert bracelet if you need one or already have one.

THE DO NOTS

- DO NOT start or stop taking any other medications, even non-prescription drugs, without permission from your doctor.
- DO NOT use aspirin or products containing aspirin while taking Coumadin, unless specifically prescribed by your doctor.
- DO NOT make drastic changes to your diet especially with green vegetables and other foods rich in vitamin K.

NUTRITION TIPS

TOP 10 TIPS FOR HEALTHY EATING

Making healthy food choices doesn't have to be overwhelming. These tips will get you on your way.

- 1. Cook at home more often.** Cooking at home makes it easier to avoid processed foods. It can be as simple as scrambled eggs, whole grain toast, tomato and cucumber slices.
- 2. How you eat is as important as what you eat.** Enjoy mealtimes and the food you eat! Don't multitask. Avoid distractions like your computer or TV while you eat. Sit down and enjoy a meal at the table. If you live with others, make family dinner a priority.
- 3. Listen to your body.** Eat when you're hungry and stop when you feel satisfied.
- 4. Eat at regular times.** Eat breakfast within 1 to 2 hours after waking up. Don't wait too long between your meals. It's harder to make healthy choices when you're hungry.
- 5. Plan healthy snacks.** Try whole grain crackers and peanut butter or hummus, a piece of fruit and a few unsalted nuts, or frozen berries and plain yogurt.
- 6. Eat a variety of vegetables and fruit at every meal.** Enjoy brightly coloured whole vegetables and fruit. Fresh or frozen, try them in different ways—raw, roasted, or sautéed.
- 7. Eat whole grains more often.** Switch to brown rice, whole wheat pasta, dark rye bread or oatmeal. Try something new in your soup, salad or casserole like quinoa, bulgur or barley.
- 8. Eat fish at least twice a week.** Trout, salmon, tuna and sardines are some tasty options. Try fresh frozen or canned.
- 9. Include legumes like beans, chickpeas, lentils, nuts and seeds more often.** Add them to salads, soups and grain dishes such as rice, quinoa or couscous. Legumes can replace meat in your meals. Try a vegetarian chili.
- 10. Don't be afraid of fat.** You need fat for good health and it adds flavour to your cooking. Use plant-based fats such as olive or canola oil.

IF YOU CAN'T EAT A FULL MEAL OR YOU ARE LOSING WEIGHT:

Sometimes, after surgery, your appetite can decrease. You may lose weight without trying.

Here are some tips to help:

- Eat smaller amounts of foods more often. Try eating every 2-3 hours.
- Eat more food when your appetite is best.
- Make every bite count. Eating half of a meal is still better than having nothing.
- Ideas for nutritious snacks include: whole grain crackers and peanut butter or hummus, a piece of fruit and some cheese, frozen berries with granola and plain Greek yogurt or an egg, chicken salad or tuna sandwich.
- Opt for milk, milkshakes, yogurt beverages or oral nutritional supplements such as Ensure (trademark symbol) instead of low energy fluids such as water, broth, tea or coffee.
- Have easy to prepare meals and snacks readily on hand for when you don't feel like cooking. Suggestions are: granola bars, nuts, Greek yogurt, pudding or cheese and crackers.

- Add fats and oils at each meal. Top your salads, vegetables, pasta or rice with a few teaspoons of liquid oil such as olive or canola. Spread margarine or butter on your bread, vegetables and potatoes. This will increase the energy content of your food.
- Avoid reduced-fat foods such as foods labeled “light”, “low fat” or “fat free”.
- Try adding powdered milk or protein powder to your soups, breakfast cereal, puddings or scrambled eggs for extra protein.

PROTEIN HELPS YOUR BODY AND WOUND HEAL. GOOD SOURCES OF PROTEIN INCLUDE:

- Fish, poultry and meats
- Dried beans, peas, lentils or other legumes
- Soy products—tofu, tofu puddings, and soy milk
- Nuts, seeds and nut butters including peanut butter
- Dairy products—milk, yogurt, cheese and puddings
- Eggs
- Skim milk powder added to foods or whey based protein powder
- You may benefit from an oral nutrition supplement like Ensure® or Boost®

IF YOU ARE TOO TIRED TO MAKE MEALS, TRY THE FOLLOWING:

- Have family or friends help prepare meals for you. You can even store meals in the freezer for later dates. Keep your freezer, refrigerator and cupboards stocked with foods that are ready to eat or that can be easily prepared.
- Use meal delivery services like Meals on Wheels until your strength returns.

CONTROLLING YOUR NAUSEA

- Nausea can be caused by an empty stomach so make sure to eat regularly, every 2-3 hours.
- Try snacking on plain crackers as soon as you start to feel nauseated. Other helpful foods are toast, an english muffin, a bagel, graham wafers, rice cakes, white rice, plain noodles, mashed potatoes, Social Teas® or ginger cookies
- If possible, stay away from the kitchen while foods are cooking.
- You may find cold foods easier to manage.
- Mixing solids and liquids for example, cereal with milk, stews or soup with crackers can increase nausea

APPETITE

If your appetite does not improve, be sure to speak with your doctor. Some changes to your medications may be needed to help reduce your symptoms.

Once your appetite returns, follow the top 10 tips to healthy eating.

CONSTIPATION

- Make sure to eat regularly as constipation can be due to not eating enough.
- Choose foods high in fibre such as:
 - Whole grain, whole wheat, multigrain and flax seed breads
 - High fibre cereals such as All Bran™, All Bran Buds™, and oatmeal
 - Whole wheat pasta, brown rice and barley
- Eat a variety of vegetables and fruit at every meal.
 - 1 serving = 125 ml (½ cup) vegetables or fruit
 - = 250 ml (1 cup) salad
 - = 1 medium size fruit or vegetable
- Drink at least six to eight cups (1.5 to 2 litres) of fluid per day. (If you are on a fluid restriction, follow your guidelines.)

KIDNEY DISEASE

If you have kidney disease, you might need a special diet. If you have not already met with a registered dietitian, ask to see one so that you can get help to build a healthy eating plan.

RESOURCES

- For more information see Canada's Food Guide which can be obtained by visiting <https://food-guide.canada.ca>
- In addition, you can gain more information by visiting www.unlockfood.ca

Heart Healthy Eating Resources

NUTRITION WORKSHOPS

The dietitian at the University of Ottawa Heart Institute offers a series of interactive workshop series

- The workshops can be attended by patients, families, and members of the public who are interested in learning about heart healthy eating.
- Workshops are 60 minutes in length and daytime and evening options are available.
- The workshops are free of charge.

Pick up your Workshops Schedule at the Heart Institute or check our Calendar at www.ottawaheart.ca for dates and times.

COOKBOOKS

- *Hold the Salt*. Tilley, Maureen (2009)
- *Hold the Hidden Salt*. Tilley, Maureen (2011)
- *Nourish: Whole food recipes featuring seeds, nuts, and beans*. Nettie Cronish, Cara Rosenbloom, (2016)
- *Dietitians of Canada! 275 Recipes*. Weisman, Mary Sue (2012)
- *15 Minute Meals*. Oliver, Jamie (2016)
- *Yum and Yummer*. Podleski, Greta (2017)

NUTRITION WEBSITES

- **Dietitians of Canada:** www.dietitians.ca
- **Heart and Stroke Foundation:** www.heartandstroke.ca
- **Health Canada:** www.hc-sc.gc.ca
- **Diabetes Canada:** www.diabetes.ca
- **American Heart Association:** www.americanheart.org
- **UnlockFood.ca:** www.unlockfood.ca
- **Canadian Obesity Network:** www.obesitynetwork.ca
- **Ottawa Public Health:** www.ottawa.ca

YOUR PHYSICAL ACTIVITY PROGRAM

The physiotherapist has developed a physical activity program of morning exercises and daily walking for you to complete during your first few weeks following surgery.

The program has been designed to help your recovery, build your endurance and prepare you for cardiac rehabilitation.

This physical activity program will be modified and progressed when you start Cardiac Rehabilitation, according to your abilities and personal goals.

Regular physical activity will help to:

- Lower blood pressure
- Improve endurance, fitness and energy level
- Improve blood cholesterol
- Manage weight
- Manage stress

Expect to:

- Feel tired for the next few weeks
- Gradually increase your activity level
- Need frequent rest periods

IMPORTANT

Abnormal responses to exercise may include:

Nausea, headaches, dizziness, chest pain or palpitations

If you notice any of these, stop and rest until the symptoms decrease.

If these symptoms persist, call 911 or go to your nearest emergency room.

Call the nursing coordinator at the 24-hour access number:

613-696-7000, press 0 and ask for the Nursing Coordinator.

Physical Activity Tips

BREATHING:

- Breathe steadily and in a relaxed manner while you exercise.
- Avoid straining and **never hold your breath**.

PACE AND INTENSITY:

- Walk at a pace that allows you to maintain light conversation during the activity.

TERRAIN:

- Walk on flat ground to start. If hills are unavoidable, walk more slowly when going uphill.

EATING:

- It is best to wait up to an hour after a meal before you exercise. This is because extra energy is required for digestion.

WEATHER:

- Avoid exercising in extreme temperatures.
- If it is very hot and humid, walk during the cooler part of the day such as in the morning and later at night.
- If it is extremely cold or windy, exercise indoors using stationary equipment or walk in the hallways of your house/apartment or in a mall.
- If you do choose to exercise outdoors in colder weather, walk during warmer times of the day and cover your face with a scarf to help warm the air before it reaches your lungs.

POSTURE:

- It is important that you keep good posture. This can encourage a better healing position and help prevent pain. It will also allow your lungs space to fully expand when you take a deep breath
- Try to keep your shoulders back and relaxed. Avoid slouching forward.

LEGS:

- Do not cross your legs as this slows down circulation and will increase the risk of developing blood clots in your legs.

YOUR ACTIVITY PROGRAM

Your activity program has two parts: a morning exercise routine and a daily walking program.

The day you return home from the hospital, you should rest. The next day, do your exercises in the morning and then start your walking.

MORNING EXERCISE ROUTINE

Breathing Exercise

Sit straight on a chair with your feet flat on the floor, back supported and shoulders down.

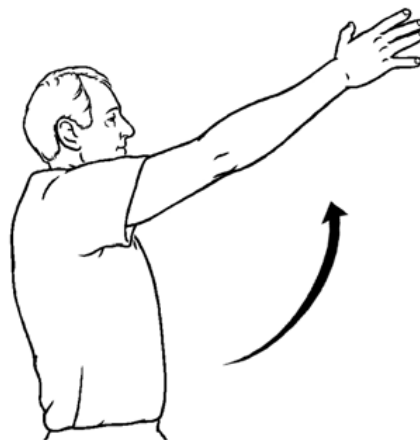
- Take as deep a breath as you can through your nose and then breathe out through your mouth.
- Maintain good posture.
- Repeat five times.
- You can try to cough after this exercise to help clear your lungs of mucus.



Breathing Exercise

Sit straight on a chair with your feet flat on the floor, back supported and shoulders down.

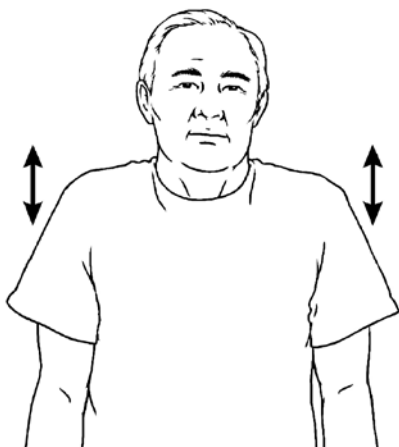
- Breathe in as you lift your arm up forward as high as it will go unless you have been instructed otherwise
- Breathe out while lowering your arm down.
- Repeat five times.
- Do the same exercise with the other arm.



Shoulder Exercise

Sit straight on a chair with your feet flat on the floor, back supported and shoulders down.

- Lift both shoulders up as high as you can. Let them relax down.
- Repeat three times.



Shoulder Exercise

Sit straight on a chair with your feet flat on the floor, back supported and shoulders down.

- Squeeze your shoulder blades together as far back as you comfortably can.
- Repeat three times.



Neck Stretching Exercise

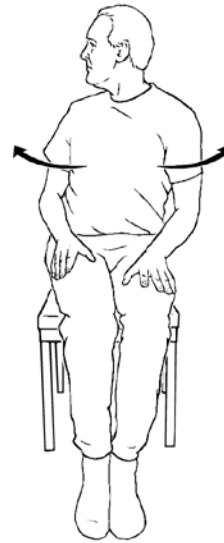
Sit straight on a chair with your feet flat on the floor, back supported and shoulders down. Keep your head facing forward.

- Bring your ear towards your shoulder until you feel a stretch at the side of your neck
- Hold three seconds.
- Repeat on the other side.
- Repeat three times.



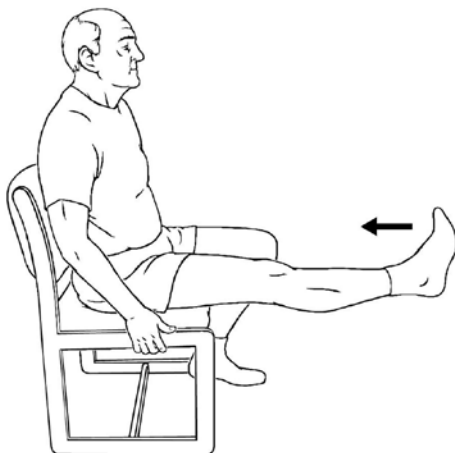
Trunk Rotation

- Sitting on a chair, hands resting on your lap.
- Gently rotate your trunk to one side and hold for three seconds.
- Repeat to the other side.
- Repeat three times.



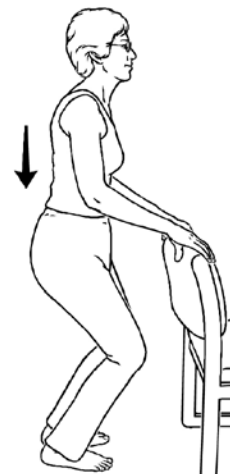
Ankle Exercise

- Sit with your back straight and hands on your lap or at your sides.
- Straighten one knee, pulling your toes towards you.
- You will feel pulling in your calf and the muscles in your thigh will tighten.
- Move your ankle back and forth ten times then lower your leg slowly.
- Repeat three times with each leg.



Mini-Squat

- Holding a solid surface, place your feet shoulder width apart and keep your back straight.
- Bend your knees and hips slightly, keeping your heels on the ground.
- Squat slightly as though you are sitting on a chair.
- Return to a standing position.
- Repeat ten times.



DAILY WALKING PROGRAM

- Take two walks of equal duration each day.
- The first day, walk _____ minutes in the morning and repeat the same in the afternoon.
- Increase the duration of your walk by _____ minute (s) per day / every other day for _____ days.
- At the end of _____ days, you will be walking _____ minutes twice a day, at a comfortable pace.
- Once you can walk _____ minutes comfortably, start to increase your speed gradually over the next _____ weeks, until you can walk _____ miles or _____ kilometers in _____ minutes.
- Walk at a pace that is brisk but allows light conversation without becoming too short of breath.
- Continue this program until you begin cardiac rehabilitation.

Stretching:



- After your walks, stretch your calf muscles. They are likely to get tight as you begin to increase your daily activity.
- Stand straight close to a solid surface on which you can use your hands for balance.
- Place one leg behind the other, with both your feet pointing forward.
- Bend the knee that is forward while keeping the back knee straight until you feel a stretch in the back of your calf.
- Hold for 30–60 seconds. Repeat with the other leg. Repeat 2 to 3 times.

Your Physiotherapist: _____

CARDIAC REHABILITATION

Cardiac rehabilitation is a program of exercise, education and counseling that will help you to make healthy heart living part of your everyday life. Before you leave the hospital, please make sure you have information from or an appointment with Cardiac Rehabilitation.

More information can be found on the Heart Institute website in the “For Patients & Family” section. For any questions about cardiac rehabilitation, please call 613-696-7068.

Keeping track of your recovery and activity in the Activity Log. It will help both you and your health care team see how much you have improved.

ACTIVITY LOG						
Date	Morning Exercises ✓ when completed	Minutes Recommended per Walk	Walking Log (minutes) a.m. / p.m.		Calf Stretch ✓ when completed	Comments or Problems
Day you go home	REST TODAY					
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ACTIVITY LOG

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ACTIVITY LOG

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GETTING THE MOST FROM YOUR FOLLOW-UP CLINIC APPOINTMENT

Your follow up clinic appointment is:

Date and Time: _____

Location: Second Floor Clinic

Phone Number: _____

GET THE MOST OUT OF YOUR FOLLOW-UP CLINIC APPOINTMENT:

- Bring your guide to the appointment
- Bring your updated medication list
- Make a list of your questions and concerns
- Bring a family member or friend with you
- Ask questions if you are not sure you understand the information

YOU MAY WANT TO ASK YOUR DOCTOR ABOUT:

- Returning to work issues
- Returning to driving
- Changes in medication
- Limitations in your activity
- What further follow-up appointments you will have

QUESTIONS FOR YOUR DOCTOR ABOUT YOUR RECOVERY AND PROGRESS:

NEXT STEPS

KEY MESSAGES

- Enroll in a Cardiac Rehabilitation Program
- Use the Heart Institute's Heart Healthy Living Guide to help you manage your cardiac risk factors
- If you have not contacted your family doctor, do so

CARDIAC REHABILITATION

At the Heart Institute, you have received the best available cardiac care to treat and manage your heart condition, but we have not cured your heart disease. The next steps are up to you. You can dramatically reduce your risk of future heart problems by making a few simple but important changes to your lifestyle.

We encourage all patients to enroll in some form of rehabilitation. Your Heart Healthy Living Guide has a full list of cardiac rehabilitation programs available for you.

THE HEART HEALTHY LIVING GUIDE

When you are discharged from the hospital, make sure you receive your copy of the Heart Healthy Living Guide. In the guide you will find:

- Information about cardiac rehabilitation programs
- Information about Heart Wise Exercise programs in your community
- A list of important community resources to help you get on track to heart healthy living
- Your pocket medication record form

YOUR FAMILY DOCTOR

Your family doctor is an important partner in your overall care. Your family doctor will be sent a summary letter about your surgery and recovery along with an overview of your treatment plan.

Make an appointment to see your family doctor within the first few weeks after your discharge from the Heart Institute.

If you do not have a family doctor, ask your nurse for help on how to go about finding one.

PERSONAL MEDICATION INFORMATION

Fold this form & keep it in your wallet. It will help you:

- Reduce confusion and save time
- Improve communication
- Improve medical safety

Always keep this form (or an updated version) with you, and take an updated list with you to all doctor visits, all medical tests and all procedures.

Update your list as changes are made to your medications.

When you are discharged from the hospital some of your medications may have been changed. These changes will be reviewed with you.

Pharmacy Name and Phone Number: _____

YOUR NAME	ADDRESS
BIRTH DATE	
PHONE NUMBER	

ALLERGIC TO	DESCRIBE REACTION

IMMUNIZATION RECORD	
Please tick <input checked="" type="checkbox"/> if you have had the following vaccines and write the date, if possible.	
VACCINE	DATE
<input type="checkbox"/> Flu	
<input type="checkbox"/> Pneumonia	
<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Hepatitis	

List all of the prescription medications that you are currently taking, and over-the-counter (non-prescription) medications, such as: vitamins, aspirin, Tylenol® and herbals (such as ginseng, ginkgo biloba, and St. John's Wort). Include prescription medications taken as needed (such as nitroglycerin or Viagra®).

NAME OF MEDICATION	DOSE	WHEN TAKEN	REASON FOR TAKING

WE'LL BE KEEPING IN TOUCH

Interactive Voice Response Information for all Patients Discharged Home after Cardiac Surgery

WHAT IS INTERACTIVE VOICE RESPONSE (IVR)?

Automated telephone calls from the University of Ottawa Heart Institute are made to patients in their home as a way to remain connected to patients living in the community.

WHAT IS THE PURPOSE AND WHAT ARE THE BENEFITS?

The purpose is to obtain information on your progress in the early days of your recovery. These calls will provide an opportunity to assess you at home and will maintain a connection with the Heart Institute until you are seen by your doctors.

HOW DOES IT WORK?

The system will call you by name and ask you a series of questions that require a yes or no answer. The questions will evaluate how you are progressing. A nurse will review the answers on a database from Monday to Friday and will call you if further assessment is required. You will be called at 3 and 10 days after discharge. You do not have to stay by your phone. The system will try to reach you three times. Your family member may take the call for you, particularly on day 3 if you are resting.

WHO TO CONTACT IF YOU HAVE QUESTIONS?

The Cardiac Surgical Nursing Coordinator will be happy to answer your questions from Monday to Friday, 8:00 a.m. to 4:00 p.m.: 613-696-7000, press 0 and ask for the Nursing Coordinator. If you have a concern off hours and weekends, you may call a nursing coordinator at the same number.

WHAT MAKES WOMEN DIFFERENT?

Men and women can be very different when it comes to matters of the heart, and that's just as true for matters of heart health. Heart disease is RISING among women. The good news is that the majority of risk factors that cause heart disease such as smoking, diabetes, physical inactivity, high blood pressure, high stress levels and high cholesterol can be controlled or treated.

If you are receiving this booklet from the University of Ottawa Heart Institute and have been diagnosed with heart disease, we highly recommend that you participate in one of our cardiac rehabilitation program options, including our Women at Heart Program, after your discharge from hospital. This simple step can significantly decrease the chances of a future cardiac event and improve your chances of leading a healthy life in your future. This includes women who have had a heart attack, had a stent inserted, had heart surgery or a heart disease diagnosis, such as SCAD (Spontaneous Coronary Artery Dissection). Even if you have had a treatment for your heart disease, you still have heart disease and would greatly benefit from attending our rehabilitation program after your treatment.

DID YOU KNOW? After a heart attack, heart surgery or a heart disease diagnosis, attendance in a cardiac rehab program can reduce the chances of you being re-admitted to hospital by 31%! It also lowers your mortality by 25% (Cdn. Guidelines for Cardiac Rehabilitation and CVD Prevention, March 2009). Despite this clear benefit, women are only half as likely as men to attend and adhere to the program. Many women don't know they are at risk after an event or even after a treatment they received. That can change beginning right now, with you.

KEY MESSAGES:

- Know your risk factors. It's never too late to start making healthy changes.
- When in doubt, check it out! Call 911 or seek immediate medical care if you think you are having any possible heart related symptoms.
- Attend a free cardiac rehabilitation program (on-site and home program options available)
- Join the Women at Heart Program: led by women with heart disease for women with heart disease

The Heart Institute's Canadian Women's Heart Health Centre aims to provide leadership in the development, implementation and evaluation of cardiovascular prevention and management strategies to improve women's cardiovascular health.

For more information or to enroll in a program right now please call: 613-696-7068

You can also visit our website for more information:

Visit www.ottawaheart.ca/clinical-department/cardiac-prevention-rehabilitation or www.yourheart.ca to learn more about the programs we offer for heart disease prevention and support!

HEART INSTITUTE PATIENT ALUMNI

WE CAN HELP. WE'VE BEEN THERE.

The Patient Alumni are a diverse community of current and former University of Ottawa Heart Institute patients and their families, friends and caregivers. We gratefully support the Institute by sharing information on advancements in the prevention and treatment of heart disease and by designating funds towards projects and services that improve patient comfort and care.

By joining the Alumni, you will become part of a very unique community!

The Heart Institute is the only hospital in Canada that has formed an alumni group to stay in contact with discharged patients and their families. For over 40 years, the Heart Institute has delivered world-class care to thousands of patients. As Alumni members, we wish to stay in touch, stay informed, and contribute to the Institute's quality of care and future success.

WHY JOIN THE ALUMNI?

Alumni membership is free of charge, thanks to the partnership and financial support of the Heart Institute and its fundraising Foundation.

As an Alumni member, you'll get up-to-date information through our:

- e-letters
- Websites
- Lectures, courses and special events

By joining, you will also be able to share information and experiences with other Alumni members through our unique private social networking site, at <http://community.ottawaheart.ca>

For more information and access to free membership, visit our website, ottawaheartalumni.ca

Or contact us at:

Email: alumni@ottawaheart.ca

Telephone: 613-696-7241



UNIVERSITY OF OTTAWA
HEART INSTITUTE
INSTITUT DE CARDIOLOGIE
DE L'UNIVERSITÉ D'OTTAWA



PATIENT ALUMNI
ASSOCIATION DES
ANCIENS PATIENTS

NOTES
