

Cardiac Surgery

Patient Education Handbook



Preparing for Your Heart Surgery 2

Your Stay In Critical Care 7

Frequently Asked Questions 10

After You Leave the Hospital 12

Exercise 14

Sexual Activity 18

Medications 19

Medication Charts 24

After Cardiac Surgery 28

Breastbone Precautions 30

Activity & Exercise 32

Home Care 34

Return to Work 36

Heart Valve Surgery 37

Contact Information

Overlake Cardiothoracic Surgery

LOCATION

1135 116th Ave NE
 Building 3, Suite 605
 Bellevue, WA 98004

CONTACT

Office: 425.454.8161
 Fax: 425.467.3915

Your Heart Your Health

The Overlake Medical Center staff developed this book for you. We want to give you the information you need to have a healthier heart.

We have included:

- **Instructions** for your care after you leave the hospital.
- **Information** to help you enhance your daily living in ways that can improve your heart health.
- **Places to go** for further information and education.

Our staff will discuss particular parts of this book with you while you are in the hospital. We will also talk with you about any special needs you may have.

Please feel free to ask your doctor or nurse any questions you may have.

**We Are Here to Help You
Every Step of the Way.**



Preparing for Your Heart Surgery

This section contains information on the care you can expect to receive while you are in the hospital, as well as ways you can help in your own recovery.

If there is something you don't understand in this booklet, or at any time during your stay with us, please don't hesitate to ask your nurse or doctor. We are here to help make your stay as comfortable as possible for you and your family.



Daily Events What You Can Expect

Day of surgery

- Return to Critical Care Unit (CCU) for recovery.
- Sit on the edge of the bed.
- Drink clear liquids.
- Do breathing exercises to prevent pneumonia.
- Walk in hallway with nurse assistance.

After surgery

First day

- Sit up in a chair for meals.
- Eat regular foods.
- Have drainage tubes and most IV lines removed.

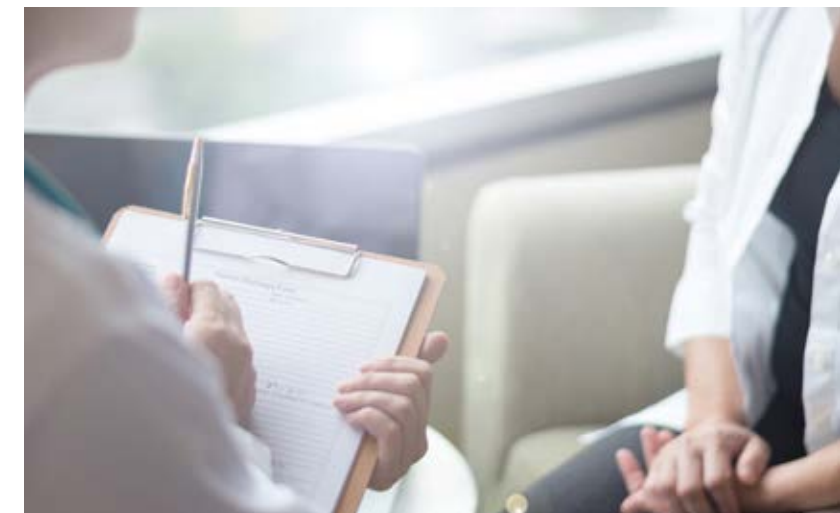
- Move from CCU to Cardiac, Stroke & Telemetry Unit.
- Continue breathing exercises and work on mobility.
- Tell your nurse the name of the person who will be taking care of you at home.

Second day

- Assist with your bathing and self-care.
- Walk three to four times in the hallways.
- Have your home caregiver meet with the nurse to learn about home care.

Third through fifth day

- Shower.
- Take longer walks in the hallways.
- Meet with your home caregiver and the nurse for discharge instructions.
- Have a bowel movement.
- Your hospital stay can range from three to five days.





Before Surgery

DATE: _____

TEMP: _____

WEIGHT: _____

DATE: _____

TEMP: _____

WEIGHT: _____

DATE: _____

TEMP: _____

WEIGHT: _____

DATE: _____

TEMP: _____

WEIGHT: _____

DATE: _____

TEMP: _____

WEIGHT: _____

Home Equipment

Please arrange to have a thermometer, blood pressure monitor and a scale at home after your surgery. Your doctor will want you to check your temperature and weight daily.

Caregiver

You will need someone to care for you at home for seven days (24 hours a day) after leaving the hospital. The nursing staff needs to communicate with and teach the identified caregiver as soon as you transfer out of the Critical Care Unit (CCU). The caregiver should plan to have time available for this important part of your surgical care.

Pre-Surgery Care

If possible, we will schedule a visit to the hospital before your surgery, where you will meet with a pre-admission nurse.

There are a number of things that we can do during this visit. These could include: lab work (blood tests), X-ray, EKG and/or other additional imaging.

You will identify your caregiver to the nurse at this time.

Your nurse will also teach you about what will happen during your surgery and what you might expect after your surgery.

Once all your questions have been answered, you will be asked to sign a surgical consent form, if one has not been signed. If you wish, you and/or your family may tour the CCU to become familiar with its location and the equipment used in your care.

The Night Before Surgery

Preparing or “prepping” your skin before surgery can reduce the chance that you get an infection at the surgical site.

Instructions

- Take a **shower** wash your body and hair with soap and shampoo.
- **Dry off** with a clean towel.
- **Wait** one hour. You can wear a clean bathrobe while you wait.
- **Wipe** your body with the special wipes provided at your pre-surgery visit. There are 3 packs of 2 cloths each.

1. Open the first pack

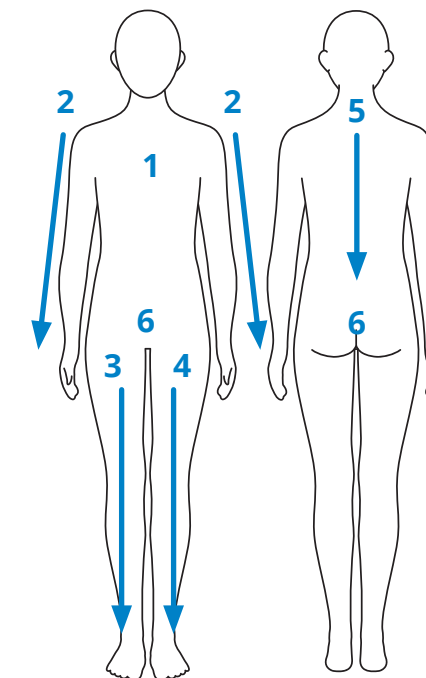
- Using **cloth #1**, wipe your neck, chest and abdomen. Wipe thoroughly in any fold. Throw cloth away.
- Using **cloth #2**, wipe both arms starting at the shoulder and ending at the fingertips. Thoroughly clean underarms. Throw cloth away.

2. Open the second pack

- With **cloth #3**, wipe your right leg, starting from the thigh and ending at the toes. Be sure to wipe well behind the knees. Throw cloth away.

3. Open the third pack

- With **cloth #4**, wipe your left leg, starting from the thigh and ending at the toes. Be sure to wipe well behind the knees. Throw cloth away.
- Using **cloth #5**, wipe your back starting at the base of your neck and ending at your lower back. Have someone help you. Throw cloth away.
- With **cloth #6**, wipe hips, buttocks and groin. Wipe gently and thoroughly, avoiding mucous membranes.



- 4. Allow your skin to air dry. It will feel sticky until it is completely dry.**
- 5. Put on clean pajamas and use clean sheets.**

After “prepping”

- **DO NOT** shower or bathe.
- **DO NOT** apply anything to your skin (for example, lotions, deodorant, powders or perfumes).
- **DO NOT** apply anything to your hair (for example, hairspray, mousse, gels or conditioners).
- **DO NOT** eat/drink after midnight except for water or gatorade.
- **NO** alcohol or recreational drugs for 24 hours before surgery).

Surgery Day

If you are instructed to go home before your surgery, you will be asked to arrive back at the hospital several hours before your surgery is scheduled. Check in at Main Surgery Check-In (second floor in Building 2) where they will be expecting you.

Leave any valuables, money, jewelry and credit cards at home. You will be asked to remove all jewelry, dentures, eye makeup, and contacts or glasses before surgery. It is especially important to remove rings, as your fingers may swell after surgery. Leave all your medicines at home unless otherwise instructed by your doctor or nurse.

Lab tests, X-rays and an electrocardiogram will be done when you get to the hospital if they were not done during a pre-admission visit. The anesthesiologist will visit to discuss your surgical anesthesia. On the morning of your surgery, you will shower with an antiseptic solution and a nurse or nursing assistant will prepare the incision areas.

About 45 minutes before surgery, you will move to the pre-operative holding area.

Your family may stay with you until surgery. There you will meet with the anesthesiologist. They will review your medical history and give you IV medications that will immediately put you to sleep.

During surgery, your family will be updated and provided instructions to wait for you in the surgery waiting room or in the critical care unit (CCU) waiting room. At the end of surgery, the surgeon will call with updates and instructions on where and when to meet. The surgeon will meet them there as soon as the operation is over and you arrive in the Critical Care Unit (CCU).

Once you arrive in the Critical Care Unit it will take 30 minutes to an hour to get you settled. As soon as you are settled, your family will be able to visit you. Visitors are limited to family and/or significant friends only. Remember, this is a time for you to rest. You need to conserve your energy for exhaling and not entertaining visitors.

Your Stay In Critical Care



After surgery, you will go directly to the Critical Care Unit (CCU). Under the constant observation of your critical care nurse, you will gradually wake up from anesthesia.

If you are on the breathing machine (ventilator), you will not be able to speak due to the breathing tube in your mouth. Your nurse will be able to assess your needs by watching you closely and asking “yes” and “no” questions. These questions can be answered by nodding or shaking your head.

Because patients may be disoriented as they come out of anesthesia, we use soft wrist restraints to help remind you not to pull on the breathing tube. If you are on the ventilator, as soon as you are awake and stable, the breathing tube and ventilator will be removed. This is usually within two to four hours.

The medications used for your comfort have memory loss (amnesia) properties.

Rarely do people remember being on the ventilator. All patients come out of surgery on intravenous (IV) insulin as high blood sugars are expected after the stress of the surgery. You will be treated like a patient with diabetes for approximately three days until your blood sugars return to the level they were before the surgery.

When you wake from the surgery, you will be very thirsty. You will be given ice chips at first, followed by water and then a regular diet. The thirst for water continues through the first day after surgery.

Soon after your surgery you will be sitting on the edge of the bed, drinking fluids, receiving family visitors, and practicing your breathing exercises.

Your nurse will remind you how to support your chest with a pillow as you move around, cough and deep breathe.

On the next day, your tubes and most monitoring lines will usually be removed. You will likely sit up in a chair for meals and walk in the room and hall. Later that day you may be transferred to the Cardiac, Stroke & Telemetry Unit on the 4th floor of Building 1.

Handwritten notes area with five horizontal lines.

After Surgery

Moving to the Cardiac, Stroke & Telemetry Unit (*Building 1, south*)

Transferring out of the CCU is another big step toward recovery. To make this transition a smooth one, we would like to familiarize you with your new environment.

Telemetry

Telemetry is where we will continue to monitor your heart after you transfer with a monitoring unit. This is done with a telemetry (or “tele”) monitoring unit. This unit is placed in a pocket on your gown and attached by wires to your skin. A monitor tech can then observe your heart rhythm continuously.

Because your condition has improved, you no longer will need one-on-one nursing care. If you need a nurse, please use your call button. Your needs are important and will be met. Your nurse will also be caring for several patients. If we cannot answer immediately, it is because we are busy with another patient or are telling the nurse on the next shift about the care you need.

Visiting hours are open, however hours and number of visitors are subject to change.

Keep in mind that visitors can be tiring for you and slow your progress. We suggest you encourage people to visit after you are home. Please speak to your nurse if you wish to place restrictions on visitors or phone calls.

The staff members on this unit are skilled in a variety of specialties, including cardiac care, heart rhythm monitoring and cardiac rehabilitation. During this part of your hospitalization, we will work closely with you and your family to prepare you for discharge.

Emphasis will be placed on eating well, increasing your activity and learning how to care for yourself after surgery.

As an active participant in your care, please read the following pages explaining important information that will speed your recovery. Remember, all questions are welcomed and encouraged.

Coughing and Deep Breathing

You will be instructed in coughing and deep breathing exercises and use of an incentive spirometer, before and after your surgery. These exercises are very important. They keep your lungs clear of secretions, helping to prevent pneumonia or other lung problems.

Deep breathing and coughing exercises should be done hourly while you are awake in the hospital. Because deep breathing and coughing can be painful after surgery, you will receive pain medication every three to six hours. Your nurse will offer you pain medication regularly. Please don't hesitate to use it.

Pain Medications

It is normal to have aches and pains after surgery. Your nurse will ask you regularly about your comfort level. Please let your nurse know if you are uncomfortable. One easy method to describe how you feel is to rate your discomfort using a pain scale.

Use a scale of 1 to 10. A rating of 0 on the scale means you are pain-free, and a rating of 10 means your pain is as bad as it can be.



Please tell your nurse if you remain uncomfortable after taking pain medication, have nausea or experience any visual disturbance. It may be necessary to change your medication or how often it is given. Remember to take pain medication with food. Keeping comfortable during recovery is important so that you can cough, deep breathe and move freely.

Other Medications

Constipation is a common problem after surgery. You will be offered medication to prevent this. Most likely your first bowel movement will be on the third or fourth day after surgery.

New medications will be started after surgery to help you and your heart recover. Often you are discharged home with these medications, rather than your usual medications.

Sleeping medications are available if needed. A good night's sleep is important for rest, so you can actively participate in the daily activities of recovery.

Other Aspects of Recovery

It is not uncommon to experience heart rhythm irregularity after surgery. If you feel fluttering sensations in your chest or dizziness, notify your nurse. After you leave the hospital, please contact your doctor. We can control irregular heart rhythm with medications. If your heart is not being monitored by a telemetry unit, one may be connected to evaluate the heart rhythm.

Fatigue is normal after surgery. Walking will actually help you regain your strength and you will feel less tired with time.

We will work with you to establish a routine that lets you rest regularly. Short naps in the morning and afternoon may be necessary, but too much sleeping during the day will prevent needed sleep at night.

After You Leave the Hospital

Ask your nurse or doctor if you should be on a special diet:

- Low Sodium
(2 to 3 grams)
- Low fat/low cholesterol
- High fiber
- Diabetic
- High potassium
- Other:

This chapter has general guidelines for people who recently experienced a cardiac event, or who have a history of heart disease. Before you leave the hospital, we will work with you to create individual guidelines for your own activity, exercise and diet. Activity means the routine things you do every day. When we say exercise we mean a regular exercise program. You should follow these guidelines unless your specific activity and exercise plan specifies something different.



Diet: Eat Smart for Life

You can reduce your risk of heart disease by eating a diet that is low in total fat, saturated fat and cholesterol. No matter what your cholesterol level, adopting a heart healthy diet will help keep heart disease from getting worse.

It is not easy for some people to change their diet. Eating habits are developed over a lifetime. Changing those habits can take time and practice. Heart healthy eating can become routine by using some basic facts, food lists and cooking methods.

For more detailed information on how to change your shopping, cooking and eating habits, you can ask to see a dietitian prior to discharge or after you leave the hospital.

Daily Living—Activity

After you leave the hospital, you may find that you tire easily or have little energy. The best way to promote healing and actually boost your energy level is to gradually increase your activity.

Start at the level you were at in the hospital. Gradually try

to do more. You should eat meals at the table and walk to the bathroom to brush your teeth, comb your hair, and tend to other self-care needs.

Being active during the day will help you sleep better at night. It also helps prevent other medical problems, such as pneumonia and constipation.

Three Simple Dietary Changes for Someone with Coronary Artery Disease

These three simple steps can help decrease the amount of work your heart needs to do.

Eat Smaller Meals

Large meals make the heart work harder. Three to four smaller meals are easier on the heart. Your heart must increase its work after meals in order to digest foods. Plan one hour of rest after meals.

Limit Caffeine

Caffeine may cause your heart to beat faster. Avoid drinking more than two cups of caffeinated coffee, tea or cola each day.

Limit Alcohol

Alcohol is a potential problem for your heart. If you do not drink alcohol, do not start. If you do drink, doctors usually limit their patients to one alcoholic drink per day.

Check with your doctor about what would be right for you.

Exercise

PRIOR TO DISCHARGE FROM THE HOSPITAL WE WILL DISCUSS THE IMPORTANCE OF JOINING A CARDIAC REHABILITATION PROGRAM.

Exercise is an important part of your recovery. When you exercise, you:

- Improve strength and flexibility.
- Build physical endurance.
- Allow your heart to work more efficiently.
- Prevent lung complications (pneumonia).
- Help control blood sugar levels.
- Lower your cholesterol.
- Manage stress.
- Sleep better at night.
- Lower high blood pressure.

You will be given a specific recommendation before you leave the hospital. Exercise programs for heart patients are designed to help the healing process and improve your heart's ability to do work (cardiovascular fitness and endurance). Such programs are designed based on the **F.I.T.T.E. Principle** (Fitness, Intensity, Time, Type, Enjoyment).

Frequency	<ul style="list-style-type: none">• Exercise daily at first.• When you are able to exercise for 30 to 40 minutes at a time, cut back to three to five days per week.
Intensity	<ul style="list-style-type: none">• Exercise at low to moderate intensity.• You should be able to carry on a conversation while you exercise. If not, you are working too hard.
Time	<ul style="list-style-type: none">• You may only be able to exercise for five to 10 minutes at a time in the beginning.• Your goal is to work toward exercising 45 to 60 min daily. Feel free to extend the duration as you rebuild your strength.
Type	<ul style="list-style-type: none">• At first, it is important for your recovery to perform aerobic exercise, which includes walking, jogging, swimming, cycling and dancing.• Later, with your doctor's permission, you may want to round out your exercise program to include anaerobic activities such as weight training, tennis, golf, basketball or baseball.
Enjoyment	<ul style="list-style-type: none">• Find activities that you enjoy.• Vary your activities to avoid boredom.

THE FOLLOWING ARE STANDARD EXERCISE GUIDELINES AS RECOMMENDED BY YOUR DOCTOR.

General Exercise Guidelines

Warm-up

You should always begin your exercise routine with five to 10 minutes of warm-up exercises. These exercises help get your heart and other muscles ready for the conditioning part of your routine. They also prevent muscle soreness.

Cool-down

Always end your conditioning program by slowing down the exercise you are doing, along with some cool-down exercises for five to 10 minutes. Your cool-down helps prevent muscle soreness, light-headedness, and a drop in blood pressure.

Conditioning

Following your warm-up, you can begin your main exercise of walking or other aerobic exercise. Start walking the day you leave the hospital. You may need to begin with several (four to six) short walks each day, gradually increasing them in length. Your goal is to take one 30 to 40 minute walk each day. Once you can do this, start to increase your pace.

Warm-ups & Cool-downs

- Hold each stretch for 15 to 30 seconds.
- Reach the position gently.
- Do not bounce.
- The stretch should feel tight, not painful.
- Do all the exercises on both sides.

Neck Stretch

Keep shoulders back. Tilt head to one shoulder; reverse to other side.

Neck and Back Stretch

Tuck chin to chest. Press upward with hands.

Elbow Cross

Grasp elbow from underneath; pull arm slightly upward and across the chest.

Hip and Waist Stretch

Keep knees slightly flexed. With one arm reaching overhead, bend directly to the opposite side.

Inner Thigh/ Low Back Stretch

Keep toes pointed up. Lean forward from hips, keeping back straight.

Calf Stretch

Use wall for balance. Do not push against the wall with your arms. With one foot forward and toes facing the wall, shift weight forward until stretch is felt in the back leg. Keep back foot down.

Quadriceps Stretch

Use wall for balance. Do not push against the wall with your arms. Grab ankle with hand; keep bent leg vertical. Push forward with hips to feel stretch.

Hamstring Stretch

Keep back straight; lean forward from hips until stretch is felt.



Rate of Perceived Exertion (RPE)

RPE is another way to determine how hard your heart is working (intensity). Perceived exertion is how you feel when you're doing an activity such as walking. To use the RPE scale, identify which number (six to 20) best fits you while you are exercising.

Avoiding Overexertion

Overexertion (exercise intolerance) means that your heart is not able to meet the demands put on it by physical activity. Avoid overexertion by following your exercise program and paying special attention to warm-up and cool-down exercise.

If you experience any of the following symptoms, SLOW DOWN – TAKE IT EASY!

- Nausea or vomiting immediately or soon after exercise.
- Persistent rapid heart rate (pulse) five to 10 minutes after stopping exercise.
- Symptoms of angina.
- Sleeplessness.
- Cold sweats.
- Severe or unusual tiredness (fatigue) that can last up to 24 hours.

CALL YOUR DOCTOR AND REPORT THESE SYMPTOMS.

Sports & Recreation

- No sports are allowed until your doctor specifically says that it is OK.
- **AVOID WEIGHTLIFTING.**
- Do not use health club facilities until approved by your doctor.
- If you are planning a vacation, talk with your doctor.

6	FEELS LIKE NO WORK AT ALL
7	Very very light
8	
9	Very light
10	
11	Fairly light
12	
13	Somewhat hard
14	
15	Hard
16	
17	Very hard
18	
19	Very very hard
20	
	FEELS LIKE MAXIMUM EFFORT

Call 9-1-1 if you experience:

- Chest discomfort that can feel like uncomfortable pressure, squeezing, fullness or pain.
- Discomfort or pain in one or both arms, the back, neck, jaw or stomach.
- Breaking out in a cold sweat with nausea and lightheadedness.

Energy Conservation

Conserve your strength and energy by using the easiest and most energy-efficient way of doing any task, whether it is cooking or mowing the lawn. To make your life easier:

Pace Yourself

A moderate, steady pace is best. Give yourself enough time so you do not have to hurry.

Set Priorities

Plan your day so that you get the most important things done. Do not spend energy on things that do not need to be done.

Rest Before You Get Tired

You will bounce back more quickly if you stop an activity before you feel fatigued.

Alternate Your Activities

Alternate work with rest, heavy with light work, and standing with sitting. Plan your rest periods, including a rest after any activity that tires you.

Sexual Activity

Sexual activity can usually be resumed two to four days following discharge from the hospital, but there is no set timetable. What is important is how you feel mentally and physically. If you have had a pacemaker or ICD implanted during this admission or if you have had open heart surgery, refer to your patient education booklet for arm use restrictions.

If you have any questions about resuming sex, discuss them with your doctor at your first office visit. Meanwhile, enjoy holding hands, hugging, touching and kissing. This will help you get in touch with your partner and bring you closer together.

Feelings

During the early part of recovery, you may not have any desire for sex. You or your partner may not be interested in sex right now because of:

- Medications that may affect your desire and/or ability to have sex.
- Feelings of depression, sadness, moodiness or anger.
- Worry or anxiety about your job, finances or family.
- Physical discomfort, or worry about hurting yourself.

These are common concerns for patients and will probably go away with time.

Physical Demands

During sexual activity, your heart rate (pulse), breathing rate and blood pressure increase. These are normal responses, but you may be much more aware of them now. If you do not get short of breath when climbing two flights of stairs or while taking a brisk walk, your heart is ready to meet the physical demands of sex. The heart works the hardest

during orgasm, which only lasts 15 to 30 seconds. Foreplay before intercourse should help your heart get ready for the increased workload.

Planning

Plan to have sex when you are rested, comfortable and relaxed. Wait three hours after a heavy meal or drinking alcohol.

Positions

Positions for intercourse should be familiar, comfortable, relaxing and permit free breathing.

Sexual Practices

Foreplay, oral-genital sex, masturbation, manual stimulation and intercourse are all medically safe. However, anal intercourse can cause increased heart rate and abnormal heart rhythms, and therefore should be discussed with your doctor.

The following are danger signs and should be reported to your doctor:

- Chest pain or angina during or after intercourse.
- Palpitations continuing 15 minutes after intercourse.
- Rapid heart and breathing rates lasting 20 to 30 minutes following intercourse.

Medications



Guidelines

Safe use of medication is important for your recovery and improving your health. Make sure to tell any new doctor about your complete medical history and all the medications you are taking.

What You Need to Know

- **Know what you are taking:** learn the names of your medications, what they look like and why you are taking them. Use the chart at the end of this chapter for easy record keeping.
- **Avoid constipation:** some medications (for example: pain medication and iron compounds) can cause constipation. See “constipation/fiber” under Diet for more information.
- **Know what to do:** understand the instructions before starting to take a medication, including when, how and how long to take it and what to do if problems occur.
- **Know if you have any allergies to medications.** Discuss all negative reactions to medications with your doctor or pharmacist. Keep a list in your wallet of all medications to which you are allergic or have had negative reactions, along with a list of your current medications.
- **Work with one pharmacy or pharmacist,** so that he/she is aware of your prescriptions and any changes.
- Tell the doctor or dentist what medications you are taking and if you have any medication allergies **before you have surgery,** dental work, emergency treatment or other medical care.
- **Plan ahead.** Do not wait until you run out of a medication before requesting a refill. Request refills during business hours during the week.

Safe Use of Medications

- **Don't take medications in the dark.** Always read the label before taking any new medication.
- **If you miss a dose** of your medication, don't try to "catch up" by taking two or three doses at once. Call your doctor or pharmacist for instructions if you miss more than two doses of a medication.
- **Check with your doctor before you stop taking a medication,** unless directed to do so on the prescription label. It can be dangerous to suddenly stop some medications.
- **Keep your medications to yourself.** Every person is different. It can cause serious problems if you take another person's medication or give your medicine to someone else.
- **Store medications** in the original labeled container, in a cool, dry place, away from bright light. Refrigerate only if directed to do so.
- **Be careful with alcohol.** Alcohol can increase the effect of tranquilizers, sleeping pills and pain

medications. Ask your doctor or pharmacist if it is safe to drink alcohol with your medications.

- For general aches and pains, take only acetaminophen (Tylenol) unless your doctor tells you differently.

Protecting Your Stomach

Some medications that you take every day may upset your stomach. Your doctor may order medications to protect your stomach. If you have signs of stomach discomfort or black stools, contact your doctor, but do not stop your medications.

For Example

Mr. Smith needs to take his medication at 8 a.m. and 8 p.m. His dosing schedule is to take his medication every 12 hours. Half that period would be six hours.

Today he got up early. At 12 noon, he realizes he forgot his morning medication. Since it is more than half the time until his next (8 p.m.) dose, he takes the missed dose of medication, and takes his regularly scheduled dose at 8 p.m.

Mrs. Jones is on a similar schedule (8 a.m. and 8 p.m.). She forgot her morning medication and did not remember until 3:30 p.m. She should NOT take the missed dose because it is less than half the time (less than six hours) until her next dose. At 8 p.m. she takes her regular evening dose and continues on that schedule.

If you have questions about a missed dose, call your pharmacist or the Overlake pharmacist. (See the Resources section for the phone number.)

If you need to take liquid or tablet antacids (like Maalox, Mylanta or Tums), take your regular medications first. Wait two hours, and then take the antacids.

If You Miss a Dose

- Do not take doses at once.
- If it is less than half the time until your next dose, skip the missed dose and go back to your regular schedule.
- If it is more than half the time until your next dose, take it as soon as possible.

Nitroglycerin

Nitroglycerin is a commonly prescribed heart medication, but not usually required after heart surgery, unless a radial artery graft was used. It works by increasing the supply of blood and oxygen to the heart. It comes as a pill, spray, ointment or skin patch. Headaches are a common side effect. Let your doctor know if you are having this problem. Alcohol will increase the side effects of dizziness and headache.

Taking Nitroglycerin Pills for Chest Pain (Angina)

- Take nitroglycerin if you have chest pain that does not go away with rest.

- Put the nitroglycerin under your tongue and let it dissolve. Do not swallow it.
- Nitroglycerin acts quickly. Your chest discomfort should go away within minutes.
- If the discomfort persists, take a second tablet five minutes after the first tablet.
- If the discomfort is still present, take a third tablet five minutes after the second tablet.



If your pain is not relieved after three tablets, call 9-1-1.

Vasodilators

Vasodilators are used to control high blood pressure or heart failure. The medications are designed to lower your blood pressure. Before some activities, people taking vasodilators need to take steps to avoid dizziness or fainting. Discuss your medications thoroughly with your physician, nurse practitioner and pharmacist.

Vasodilator Guidelines

- Get up slowly in the morning or after lying down for a long time.
- Remember to warm up before any activity. (See "Activity" for more information). Plan to be up and around for a while before beginning any aerobic activity.
- Avoid hot water—use only warm water. Avoid long showers or baths.
- Be sure to drink fluids throughout the day to avoid dehydration.

Other forms of Nitroglycerin

Imdur (Isosorbide Dinitrate)

Imdur or isosorbide dinitrate is a long-acting nitroglycerin. This medication is prescribed if your surgeon uses your radial artery as a bypass graft. It helps prevent muscle spasms in this artery that could cause a heart attack. Imdur is usually prescribed indefinitely.

Coumadin (Warfarin)

Coumadin is a powerful drug that acts as an anticoagulant or “anti-clotting agent.” It is used to prevent blood clots from moving or forming.

Although you are taking an anticoagulant drug, your blood will still clot if you accidentally cut yourself. The amount of Coumadin you take is determined by a blood test called Prothrombin Time or PT-INR. Based on the results of this test, your doctor will set the amount of Coumadin you should take. The amount may vary at different times.

When you first start Coumadin therapy, you need to have your PT-INR checked at least twice a week. After your blood levels stabilize, you can be tested once a month.

Your PT-INR must remain between 2.5 and 3.5 if you have a mechanical heart valve. It needs to be 2 to 3 if you are taking Coumadin for other medical reasons. To keep your PT-INR in this range, your doctor may change the amount of Coumadin you take.

How to Use This Medicine

- Follow directions exactly—never omit a dose!
- Coumadin is to be taken at the same time each day, either late afternoon or with your evening meal.
- You can take Coumadin with or without food.
- If you miss a dose, contact your doctor.
- Keep all appointments for your scheduled blood tests. This test should be performed in the morning.

- Inform your dentist or surgeon that you are taking Coumadin. He or she may consult with your follow-up doctor so a proper adjustment in your Coumadin therapy can be made.
- Do not take any new medications without first contacting your doctor. Many medications (including tranquilizers, sleeping pills, oral contraceptives, antibiotics, and over-the-counter cold, cough, and allergy medications) may interfere with the action of Coumadin.

- Avoid an excess of foods high in vitamin K while on Coumadin. See “Coumadin/Food Interactions.”
- If you plan to drink alcohol, please discuss with your doctor.

Side Effects

- Coumadin may cause reduced appetite, nausea, mild stomach cramps, diarrhea or skin rash. These are normal side effects. If they continue or become bothersome, check with your doctor.

Coumadin/Food Interactions

Vitamin K is a fat-soluble vitamin that is necessary for normal blood clotting. Coumadin reduces the amount of vitamin K in the blood.

High amounts of vitamin K in your diet may interfere with the action of anticoagulant drugs. The most important factor in maintaining drug action is to keep the amount of vitamin K in your diet at a **CONSTANT LEVEL**. Patients taking Coumadin should not remove vitamin K containing foods from their diets, but should keep eating the same amounts.

Based on current information, the following foods contain high amounts of vitamin K. If you eat **MORE THAN ½ CUP COOKED** or **1 CUP RAW** or any of these foods **DAILY**, you should consult your physician about limiting the following foods in your diet.

Please be aware that several herbs and vitamins can also interact with Coumadin. The following list contains some of the herbs known to interact with Coumadin. Let your physician know if you are taking or considering taking any herb.

Additional information regarding Coumadin is available from your nurse.

High Vitamin K Content:

Green Leafy Vegetables

Broccoli
Brussels Sprouts
Endive
Green Cabbage
(Chinese Cabbage)
Cauliflower
Kale
Parsley
Spinach
Turnip Greens
Watercress

Other Sources

Beef or Pork Liver
Green Tea
Chickpeas
(Garbanzo Beans)
Cranberries and
Cranberry Juice

Vitamins

Vitamin E >400 IU
Herbs
Chondroitin
Ginko
St. John’s Wort
Red Clover

CHECK WITH YOUR DOCTOR IMMEDIATELY IF YOU DEVELOP UNUSUAL BLEEDING.

Serious bleeding problems from Coumadin therapy are rare. The signs that indicate a bleeding complication are:

- Abnormal bleeding from the gums, nose, or cuts that do not stop bleeding after a reasonable amount of time.
- Bloody or black tarry stools.
- Vomiting of blood or coffee-ground appearing material.
- Sudden onset of painful swelling in the joints.
- Bruises which appear without any apparent cause.
- Red or black-brown cloudy urine.

IF ANY OF THESE SIGNS OCCUR, CALL YOUR CARDIOLOGIST OR YOUR LOCAL FOLLOW-UP PHYSICIAN IMMEDIATELY.

Medication Chart

MEDICATION

Why: _____ Dose: _____ How Often: _____

Other Instructions: _____

SCHEDULE			
Morning	Afternoon	Evening	Night

MEDICATION

Why: _____ Dose: _____ How Often: _____

Other Instructions: _____

SCHEDULE			
Morning	Afternoon	Evening	Night

MEDICATION

Why: _____ Dose: _____ How Often: _____

Other Instructions: _____

SCHEDULE			
Morning	Afternoon	Evening	Night

MEDICATION

Why: _____ Dose: _____ How Often: _____

Other Instructions: _____

SCHEDULE			
Morning	Afternoon	Evening	Night

MEDICATION

Why: _____ Dose: _____ How Often: _____

Other Instructions: _____

SCHEDULE			
Morning	Afternoon	Evening	Night

MEDICATION

Why: _____ Dose: _____ How Often: _____

Other Instructions: _____

SCHEDULE			
Morning	Afternoon	Evening	Night

MEDICATION

Why: _____ Dose: _____ How Often: _____

Other Instructions: _____

SCHEDULE			
Morning	Afternoon	Evening	Night

MEDICATION

Why: _____ Dose: _____ How Often: _____

Other Instructions: _____

SCHEDULE			
Morning	Afternoon	Evening	Night

Medication Chart

MEDICATION

Why: _____ Dose: _____ How Often: _____

Other Instructions: _____

SCHEDULE			
Morning	Afternoon	Evening	Night

MEDICATION

Why: _____ Dose: _____ How Often: _____

Other Instructions: _____

SCHEDULE			
Morning	Afternoon	Evening	Night

MEDICATION

Why: _____ Dose: _____ How Often: _____

Other Instructions: _____

SCHEDULE			
Morning	Afternoon	Evening	Night

MEDICATION

Why: _____ Dose: _____ How Often: _____

Other Instructions: _____

SCHEDULE			
Morning	Afternoon	Evening	Night

MEDICATION

Why: _____ Dose: _____ How Often: _____

Other Instructions: _____

SCHEDULE			
Morning	Afternoon	Evening	Night

MEDICATION

Why: _____ Dose: _____ How Often: _____

Other Instructions: _____

SCHEDULE			
Morning	Afternoon	Evening	Night

MEDICATION

Why: _____ Dose: _____ How Often: _____

Other Instructions: _____

SCHEDULE			
Morning	Afternoon	Evening	Night

MEDICATION

Why: _____ Dose: _____ How Often: _____

Other Instructions: _____

SCHEDULE			
Morning	Afternoon	Evening	Night

After Cardiac Surgery

Doctor's Appointments

You will continue to mend long after you leave the hospital. Be sure to confirm follow-up appointments with your cardiologist and your surgeon. During these visits, your doctor will check your progress and answer your questions. If needed, they will make changes in your medications or treatment.

Usually your surgeon will want to see you two to three weeks after you leave the hospital. Your cardiologist will see you three to four weeks after you leave the hospital. Timing of these appointments will be included in your discharge materials.

Activity

As you heal from surgery, you will be doing more and more activity. See the "Typical Daily Schedule" in this section and the "Activity" section for specific advice.

Diet

Most patients find they are not very hungry after surgery. Until your appetite returns, you may eat whatever you like. We strongly recommend a high-protein diet during your recovery.

Liquid drinks such as "Ensure" or "Carnation Instant Breakfast" give protein as well as the calories you need.

Most people find them easy to use and digest. Products specially made for people with diabetes are available at pharmacies.

See the "Diet" section for more information on heart-healthy eating.

Medications

- Take your medications as prescribed.
- Use the "Medication Chart" and follow "Guidelines for Taking Medications" in the "Medications" section.

When to Call Your Doctor

Call your doctor if you notice:

- Oral temperature greater than 101°F for four days.
- Tenderness or new drainage from incisions.
- Weight gain of 5 pounds or more over one week.
- Shortness of breath.
- Popping, grating or shifting of the sternum (breast bone).
- New or increased swelling of ankles, legs and/or hands.
- Irregular heart rate that is persistent.
- Heart rate less than 50 or more than 120 beats per minute at rest.
- Dizziness, lightheadedness or fainting.
- Discomfort not relieved by your pain pills.
- Increasing fatigue or sleeplessness.
- Nausea, vomiting, diarrhea or constipation that persists.

Quitting Smoking

The most important step smokers can take to help recovery and prevent further injury is to quit smoking. Call 425.688.5259 for information on our next smoking-cessation class.

Cardiac Rehab

Your doctors may suggest you join a cardiac rehabilitation program. Cardiac rehab provides different levels of activity and exercise. There are several programs in the area. Ask your surgeon or cardiologist for a referral.

Every Day

- Weigh yourself before breakfast. Your weight should continue to drop after you leave the hospital. Most people lose 10 pounds from their pre-surgery weight.
- Take your pulse and temperature.
- Use your incentive spirometer.
- Wear support stockings when up—remove at night.
- Do your walking program as directed.

Typical Daily Schedule *(times are general guidelines)*



When You Awake

- Take your pulse and temperature.
- Urinate and weigh yourself.
- Take your pain medication with food.
- Shower.
- Put on white stockings and clothing.
- Use your incentive spirometer.

Morning

- Eat breakfast.
- Take scheduled medications.
- Rest.
- Use incentive spirometer.
- Walk #1 (start with five minutes, add one minute each day).

Midday

- Walk #2 (start with five minutes, add one minute each day).
- Eat lunch.

Afternoon

- Consider taking pain medication.
- Rest or nap.
- Use incentive spirometer.

Evening

- Walk #3 (start with five minutes, add one minute each day).
- Eat dinner.
- Consider taking pain medication.
- Rest or nap.
- Use incentive spirometer.
- Walk #4 (start with five minutes, add one minute each day).

Bedtime

- Take off white stockings.
- Take pain medication.
- Take other medication as directed.

Breastbone Precautions

If your incision is down the center of your chest, these guidelines are for you.

Your breastbone (sternum) will need two to three months to heal completely and become solid. You need to protect it while it heals. The main rule is **DO NOT USE YOUR ARMS TO PUSH**. The following will help you go about your daily tasks while protecting your breastbone.



Protect Your Breastbone

- Continue using breastbone precautions for two months, or as directed by your doctor.
- Do not pick up anything heavier than ½ gallon of milk, until your surgeon gives you permission to do so. This is usually in about eight weeks.
- Avoid extending your chest forward or throwing your shoulders back. Do not pull your arms back beyond an 80-degree angle.
- Do not drive for three to four weeks and then only after your doctor gives you permission to do so.
- Be careful opening or closing sliding doors or car doors.

Getting Out of Bed

1. Cross arms over your chest and bend your knees.
2. Lift your head off the bed.
3. Place leg closest to the edge of bed over the side of bed, followed by your other leg.
4. Take slow breaths in and out.
5. Lean forward, using your legs to stand. Do not push on bed with hands or elbows.

Getting Into Bed

1. Holding a pillow to your chest, lower yourself onto the side of bed. Do not use your arms for support.
2. Once sitting on the side of bed, move your shoulder down to the bed. Bend your legs and put them up on the bed.
3. Roll onto your back.

Getting Into a Chair

1. While holding a pillow or crossing your arms over your chest for support, lean slightly forward and lower into a chair.

2. Wriggle back into chair as necessary. Do not use your arms to scoot back in the chair.

Getting Out of a Chair

1. Shift to the edge of the chair.
2. Place one foot slightly forward, then lean forward with your arms across your chest.
3. Stand using your legs. This is best done with feet planted widely apart. Do not use your arms to push up from the chair.

Chest Splinting and Coughing

1. Hold a small pillow or folded bath towel over your breastbone.
2. To do an effective cough, practice the 1-2-3 method:

1. Take a few slow, deep breaths.
2. Hold your breath.
3. Tighten your abdominal muscles and cough.

Lifting

It takes about two months for your breastbone (sternum) to heal. Until then, protect the wound by avoiding lifting anything heavier than 10 pounds (about the same as a gallon of milk) for eight weeks. When your doctor says it's OK to do so, you may gradually increase the weight. Do not use two hands to pull open or close sliding doors or do any weightlifting until the breastbone is completely healed and your heart and lungs are back to health.

Housework

Ask for help with childcare, cooking and cleaning until after your two-week doctor's appointment. After two weeks, you may slowly begin with light housework and cooking, gradually increasing, as you feel stronger. Remember the lifting limitations above.

Sports & Hobbies

Sports and activities that are strenuous or place stress on the breastbone must be avoided until later in the recovery period.

Golf can be started with gentle pitching and putting at six to eight weeks after surgery. Add long irons and woods six to eight weeks after surgery. Plan on riding an electric cart for your first few rounds and use a pull cart for your clubs thereafter.

Do not go bowling until after you have permission from your surgeon. This may not be until three months after your surgery.

If breastbone discomfort occurs with activity, stop for one to two weeks and then try again.

Sexual Activity

Sexual activity can usually be resumed following your first office visit, two weeks after discharge from the hospital. (See the "Activity and Exercise" chapter in this book for more information.)

Driving

In general, patients can drive three to five weeks after surgery. You must be doing well with your walking, your breastbone must be pain free and not be taking narcotic pain medications (i.e. tramadol, oxycodone, hydromorphone). Begin by driving short distances. Discuss driving with your surgeon at the first office visit.

Activity & Exercise



It is very important that you continue the regular, progressive exercise program that you started in the hospital. Exercise will help you make a full and complete recovery from your heart surgery and help you maintain a healthy lifestyle.

The information in this section will help you make a gradual, steady recovery. As your ability to exercise improves, you can look forward to your energy level and feeling of well-being improving, too.

Your Most Important Rules Are:

1. Proceed slowly, adding time and distance to your walks.
2. Avoid excess.

For the first few weeks after surgery, your exercise program will consist of walking. Walk within your home, if possible, for the first few days. After that, walk outside when the weather is suitable. Avoid walking on inclines and hills for the first few weeks. If there are not any flat areas around your home, arrange for someone to take you to an indoor mall for your walks.

If you have physical limitations that prevent you from walking, a stationary exercise bicycle is a good substitute.

A Typical Walking Program

Follow these general guidelines to create a schedule of exercise that works for you. Talk to your surgeon for further recommendations.

- **Begin with four walks of five minutes each** for the first one to two days at home. (Walking to the bathroom, kitchen, etc., does not qualify as an official “walk.”)
- **Increase each walk by one minute every day**, (i.e. four five-minute walks today, four six-minute walks tomorrow, etc.)
- **When you are up to four walks of 10 minutes each**, decrease the number of walks to three per day and again increase each walk by one minute.
- **When you are up to three walks of 15 minutes each**, decrease the number of walks to two and again increase each walk by one minute.
- **When you are walking two 30-minute walks per day**, you may take just one walk daily.
- **Gradually increase this up to 45-60 minutes** during which you should be walking two miles or more. *Feel free to extend the duration as you rebuild your strength.*

Remember to take your pulse before and after the walks. If it rises more than 20 beats per minute, you are either walking too far or too fast and you need to make adjustments.

Walking Journal				
DAY	WALK #1 (minutes)	WALK #2 (minutes)	WALK #3 (minutes)	WALK #4 (minutes)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				

Home Care

Care for Your Incision

- Keep your incisions clean and healthy by showering daily and gently washing the incision areas with soap and water. Avoid soaking the incision. Use warm, not hot, water. Avoid a tub bath for one month.
- Your chest incision may be slightly red, tender and swollen for several months. It may tingle, feel numb or itch near your incision. This is normal. Check the area daily and tell your doctor if you have any increased redness, swelling, tenderness or drainage.
- Your leg incision(s) will take a little longer to heal. Keep your legs up when you are sitting, with your ankles at heart level. Slight swelling is common for several weeks. “Black and blue” marks (bruising) and slight drainage are usual. They will slowly go away. Call your doctor if the bruising or drainage increases or changes in color or consistency.

- If you are out in the sun, use sunscreen and keep your incision covered. It may take six to 12 months before the healing skin on your incisions is less sensitive.

Reduce Swelling

- Wear your elastic stockings when you are up during the day. They help reduce the swelling in your legs. Continue to wear the stockings until your doctor tells you not to (usually about three weeks after surgery).
- Put them on first thing in the morning and remove them at bedtime.

- Wash them with a mild soap, such as dish washing liquid so that you can wear a clean pair daily.

Incentive Spirometer

Lung problems are the most common problem after heart surgery. To avoid problems, use your incentive spirometer while you are awake, every two to four hours for at least three to four weeks.

Remember to:

- Exhale the largest breath possible.
- Then draw the largest breath possible into your lungs.
- Hold it for 5 seconds.
- Take a few normal breaths.
- Repeat 5 to 10 times.

If you had a heart catheterization before your surgery and you experience bleeding at the puncture site in your groin, do the following:

- Lie down flat and remain calm.
- Apply direct pressure over the site with your hand.
- Call 9-1-1 if the bleeding does not stop immediately with direct pressure.
- Continue hand pressure from the site until the bleeding completely stops.
- Call your doctor after bleeding has stopped.

Constipation

Pain medication or lack of exercise often causes constipation. Many people find they are constipated after surgery. You should have a bowel movement at least every other day. See “Constipation/Fiber” in the “Diet” section for advice. If the problem continues, please call your surgeon.

Pain Medication

Pain medication not only prevents pain, but also helps relieve muscle aches and the general stiffness that can occur after surgery.

Take your pain medication with food to avoid nausea.

Your doctor will prescribe pain medication to take at home. Continue to take it as you need it to keep comfortable. Take it 30 minutes before an activity that may be uncomfortable, such as walking. Do not wait until you are in pain.

As you are more active and healing continues, you will gradually need less pain medication. Ask your surgeon about other options.

Emotions

Emotional ups and downs are common for you and your family members after surgery. Many patients and their families feel anger, depression, frustration and mood swings. This is normal.

Talking about your feelings with family and friends can help.

The information in the “Stress Management” section of this book may help you and those who care about you through this time. Talk to your doctor if these feelings continue for a long time.

Exercise is also helpful. Start your walking program and keep it up.

Mental Fuzziness

Some people have difficulty remembering things after surgery. This is a common side effect of your surgery and should improve with time. Talk to your doctor if you are concerned about memory loss.

Vision Changes

People often have mild changes to their vision after surgery. If you find that such changes are still present two months after your surgery, call your surgeon.

Loss of Appetite

Your appetite may be poor after surgery. The surgery itself, pain medications, lack of regular exercise, and/or constipation often causes lack of appetite or nausea. It is important to eat regularly even though you may not feel hungry. Your body needs calories to repair itself. See “Diet” at the beginning of this chapter for more information.

Vision Changes

You might notice pain in your neck, shoulder or back especially during the first week after surgery. This is

usually caused by the surgery itself and from your restricted arm movements. Try the following to help neck and shoulder pain:

- **Heat:** warm shower or heating pad.
- **Stretching:** gentle neck and shoulder stretches; shoulder shrugs.
- **Massage:** gentle massage.

Call your doctor if the pain continues.

Clothing

Wear clothes that are comfortable and allow you to maintain sternal precautions. For those women who feel they need support, sports bras or loose-fitting bras may help prevent irritation of the sternal incision.

Weight

It is common to be discharged home from the hospital weighing more than you did prior to surgery. This is due to water retention. You will need to weigh yourself every morning before breakfast. Your weight should be coming down. Usually your weight is five to 10 pounds below your pre-operative weight within three weeks of surgery.

If you are gaining weight, or failing to drop back to your pre-surgery weight, notify your surgeon.

Return to Work



If you have a desk job, you can expect to return to part-time work (three to four hours per day) three or four weeks after surgery. Some people find it better to return to work mid-week and ease back into the demands of the job.

If your job requires heavy lifting or pushing, you must wait until your breastbone is fully healed (approximately three months) before returning to work. Talk with your surgeon at the first visit after surgery about when you can plan to return to work.

Your employer may need permission from your doctor before you can return to work. Ask your personnel department or supervisor.

Some employers need a brief note from your doctor. Others have a specific form to fill out. Your doctor will be happy to provide whatever you need.

Heart Valve Surgery

Medications

If you have a mechanical valve, you will need to take Coumadin (an anti-clotting medication) for your lifetime. If you have a tissue valve, your surgeon will determine whether you need to take Coumadin. If you do, it will usually only be for two months.

While taking anticoagulants, you must:

- Follow your doctor's instructions exactly.
- Get regular blood tests to check how well your blood clots.
- Avoid getting bruised or cut.
- Tell your doctor if you have bruising, bleeding or heavy menstrual flow.
- Tell your doctor or dentist you are taking an anticoagulant.

Overlake's anticoagulation clinics usually perform Coumadin management tests for patients. You can make arrangements with the clinic before you leave the hospital.

Bacterial Endocarditis

People with new heart valves can get a serious infection called bacterial endocarditis.

You can get this infection following dental work (even routine cleaning) and exams where tubes or objects are inserted into your body.

Call your doctor immediately if you have any of the following signs of an infection:

- Chills
- Fatigue
- Fever
- Joint pain
- Loss of appetite
- Weight loss
- Night sweats
- Increased sweating

Protect Yourself Against Bacterial Endocarditis

- *Tell your doctor or dentist you have had heart valve surgery. They will give you antibiotics to take before and after the exam or procedure.*
- *Take good care of your teeth with regular brushing, flossing and visits to your dentist.*
- *Floss your teeth gently; do not use a water pik or toothpicks.*



Medic Alert Bracelet or Necklace

All heart valve surgery patients should wear a medic alert bracelet or necklace to tell others:

- You have a heart valve implant.
- You are on anticoagulants.

See the "Resources" section for contact information.

Community Resources

Cardiac Rehabilitation

Your doctor may advise you to join a cardiac rehabilitation program. These programs have supervised exercise for heart patients.

EvergreenHealth Cardiac Rehabilitation
425.899.3770

Valley Medical Center Cardiac Rehabilitation
425.690.3516

Overlake's anticoagulation clinics usually perform Coumadin management tests for patients. You can make arrangements with the clinic before you leave the hospital.

Support Groups

Mended Hearts

Created for patients, spouses, family members, friends and medical professionals, Mended Hearts brings together all of us faced with the realities of heart disease to form a network of caring individuals. Call 1.888.HEART99 (1.888.432.7899) or visit mendedhearts.org.

Classes

Smoking Cessation

If you smoke, quitting is one of the most important steps you can take to protect your health now and in the future. *To learn more about smoking cessation, please ask your care providers for information or call the Washington State Tobacco Quit Line 1.800.QUIT.NOW (1.800.784.8669)*

Advanced Care Planning

In this interactive, virtual workshop, we will walk you through the process of advance care planning and your preferences in the event of a serious illness or accident. *Visit [Advance Care Planning | Overlake Medical Center & Clinics](http://AdvanceCarePlanning | Overlake Medical Center & Clinics) (overlakehospital.org)*

National Organizations

American Heart Association

Patient information: HeartHub is the American Heart Association's patient portal for information, tools and resources about cardiovascular disease and stroke. Go to hearthub.org or visit the American Heart Association at americanheart.org or call 206.632.6881 (Seattle chapter).

Medic Alert

The MedicAlert Foundation is a non-profit healthcare informatics organization dedicated to providing services to members that protect and save lives. Medic Alert bracelets and other jewelry relay vital medical information to emergency personnel. *For more information, visit medicalert.org.*

Overlake Cardiothoracic Surgery

1135 116th Ave NE
Building 3, Suite 605
Bellevue, WA 98004

Office: 425.454.8161
Fax: 425.467.3915