



Preparing for Open Heart Surgery at Southcoast

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Class Overview



Introduction of Team



About Heart Surgery



Cardiac Surgery Timeline



What to expect (Pre-op, during your hospital stay & after discharge)



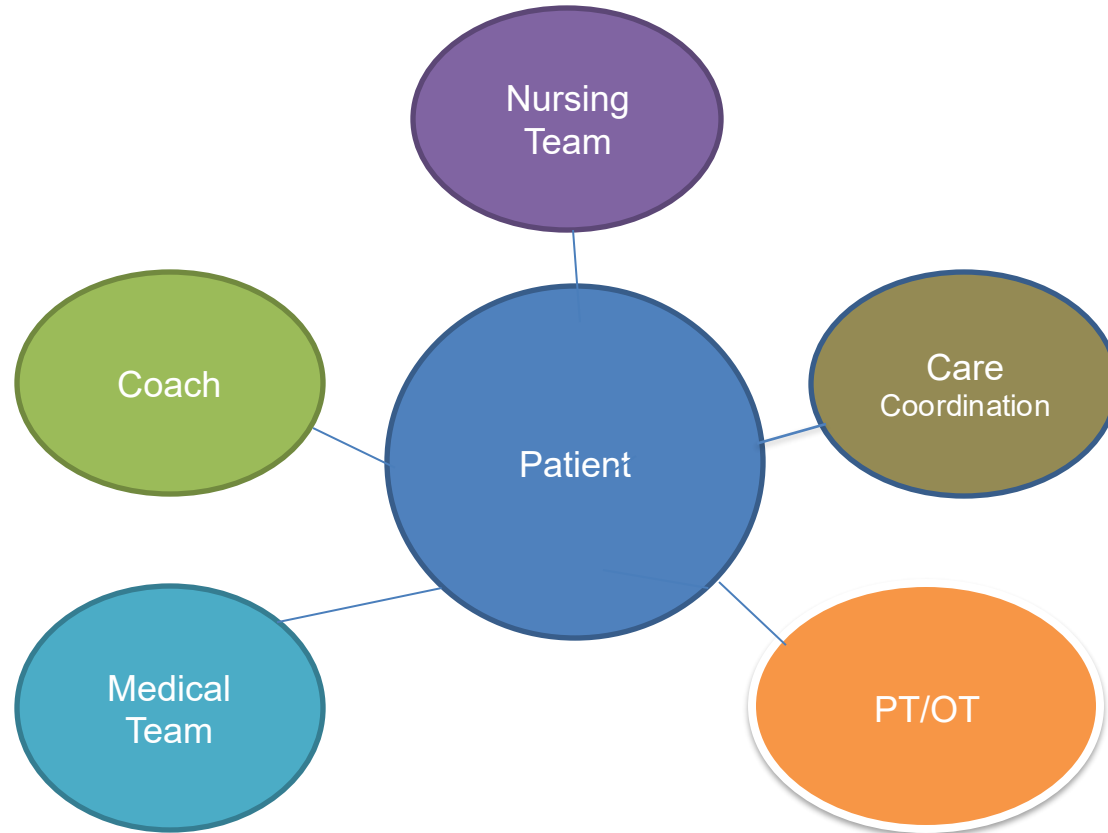
Exercise Program



What next?



Cardiothoracic Surgery Team





Meet the Cardiothoracic Surgeons!



Pictured (Left to Right):
Dr. Lee, Dr. Gerogiannis, Dr. Kriegel



Meet some more members of the team!

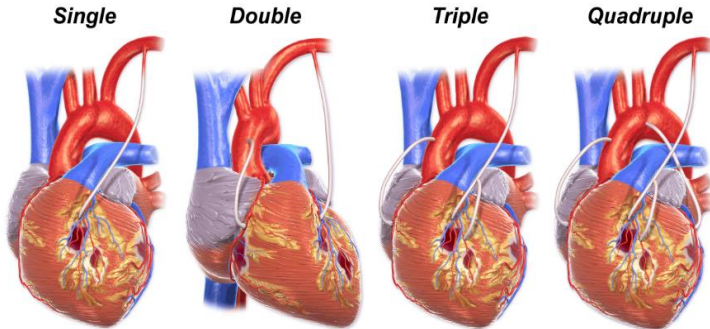




About your heart surgery

Coronary Artery Bypass Surgery (CABG)

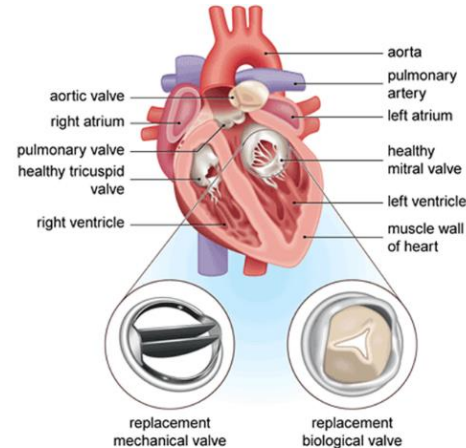
- + Bypasses a blockage
- + Involves taking a part of a vein or artery from another area to bypass the blocked artery
- + After the new artery or vein is grafted, blood flows around the blocked area and again takes blood and oxygen to your heart muscle



Coronary Artery Bypass Graft (CABG)

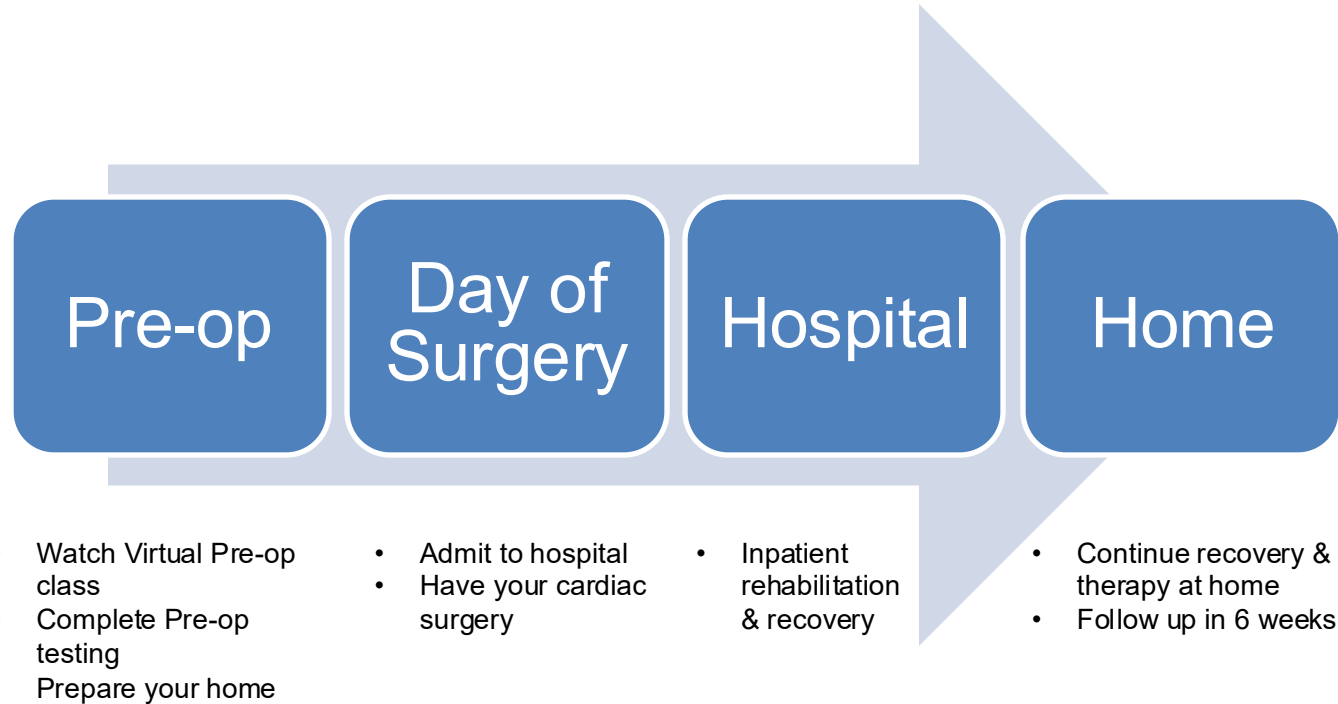
Valve Surgery via Median Sternotomy

- + 4 valves in your heart that act as one-way doors that allow blood to travel in and out of the heart's chambers each time it beats
- + A damaged valve causes your heart to pump harder, and you may feel pain, shortness of breath or dizziness





Cardiac Surgery Timeline





What to Expect: Pre-admission Testing

Medical History
& Physical

Meeting with
your Case
Manager

Lab work,
testing &
Imaging

Dental
Clearance

Optional Tour
of the
Cardiovascular
ICU



What to expect: Pre-admission Testing

Important steps to prevent infection

1. Mupirocin ointment is ordered and to be applied to each nostril 2x/ day for 5 days before surgery
2. Hibiclens wash to reduce bacteria on the skin before surgery
 1. Specific instructions will be given to you at your pre-op visit
 2. Wash to be completed 5 days before surgery and on the morning of surgery





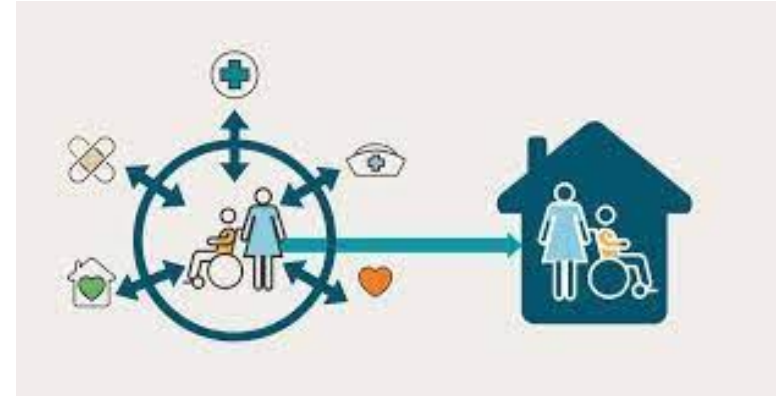
What to expect: Preparing for Surgery

- + Pick your coach!
 - + Who is going to be your “go-to” person that will assist you following surgery?
- + What to bring:
 - + Personal hygiene items
 - + Loose comfortable sneakers (not new or tight)
 - + Eye wear if normally worn while walking
- + Questions your family should ask:
 - + What is the time of your surgery?
 - + When and how often can they visit after surgery?
 - + What items are allowed in the cardiac surgical intensive care unit?
 - + What should they do with your clothing, dentures, glasses, hearing aids or other items you may want with you during your stay in the hospital?



Preparing your home for discharge **BEFORE** surgery

- + Prepare meals and freeze ahead of time
- + Remove clutter and scatter rugs.
- + Create clear paths
- + Check the need for railings for stairs outside and within home
- + Confirm coach, transportation home and help at home following discharge





What to Expect: Day of Surgery

Arrive at the
hospital &
Register

You will be
brought to
the pre-op
area by the
nursing staff

Your
surgeon will
see you and
answer any
questions

You will be
transferred
to the
Operating
Room

You will
wake up in
the CVICU



What to Expect: During Surgery

During surgery an incision is made in the center of your chest from below your neck to below your breastbone, called your sternum

After the surgery has been completed, your surgeon wires your breastbone back together

These specially designed wires will remain in your chest

Your incision will be stitched together and covered with a dressing which will be changed by your nurse



What to Expect: Day of Surgery



You will wake up in the Cardiovascular Intensive Care Unit (CVICU)



You will have many lines and tubes attached to you, but these lines and tubes will slowly be discontinued throughout your recovery.



You will have a urinary catheter to drain your bladder, chest tubes in place and a line in your neck and wrist to monitor the pressures within your heart.



Equipment at the bedside





What to Expect: Night of Surgery

The day of your surgery is called Post-op Day # Zero

The goal is to come off the breathing machine

If all criteria are met, you will be placed in a chair position while still in bed

If you can tolerate chair position in bed you may progress to a standing trial with your medical team assisting

Everyone progresses at a different rate post-operatively so do not be discouraged if you don't meet this criteria right away



Pain scale

DESCRIBE YOUR PAIN

10	As bad as it could be, nothing else matters
9	Can't bear the pain, unable to do anything
8	Awful, hard to do anything
7	Focus of attention, prevents doing daily activities
6	Hard to ignore, avoid usual activities
5	Interrupts some activities
4	Distracts me, can do usual activities
3	Sometimes distracts me
2	Notice pain, does not interfere with activities
1	Hardly notice pain
0	No pain



In-hospital Rehabilitation: Post-op Day #1



- The day after your surgery, Post-op Day#1, you will have your Physical Therapy Evaluation which involves:
 - Interview
 - Strength and sensation assessment while in bed or in the recliner chair
 - Walking and activity tolerance assessment
- The Goal: Stand and walk the length of the hallway or to the best of your ability with the assistance of your Physical Therapist and nursing staff.



In-hospital Rehabilitation

- + You will be seen by Physical Therapy every day (including the weekends) until discharged from the hospital or your therapy goals have been met
- + It is expected for you to be out of bed and in the recliner every day and throughout the entire day, especially for meals.
- + You will walk 4 times a day – everyday
- + Once you are considered appropriate to transition to a less acute stage of monitoring, you will transfer to the Cardiovascular Step-Down Unit to continue your recovery.

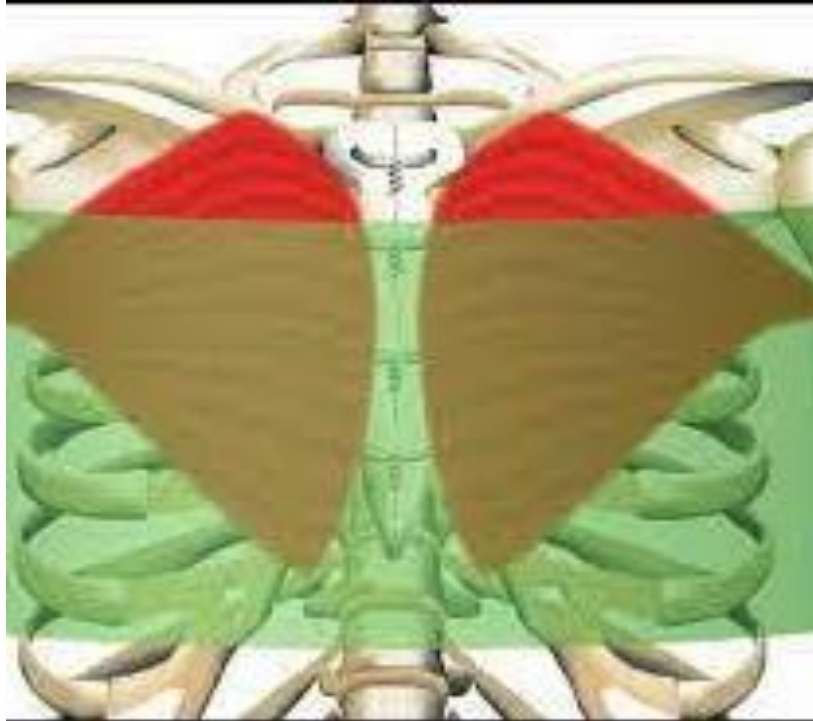
+ Physical Therapy will focus on:

- + Bed mobility
- + Transfers
- + Walking
- + Climbing the Stairs
- + Upper Body and Lower Body Strengthening
- + Endurance Training

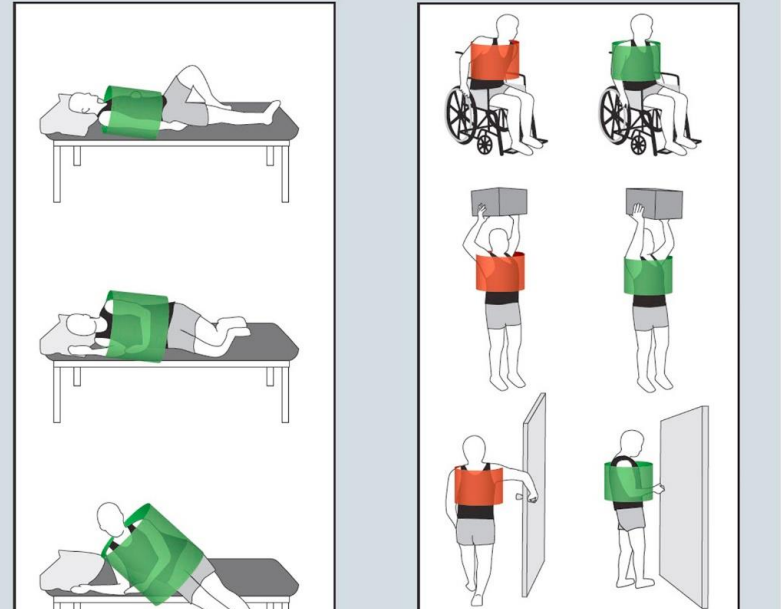




“Keep your Move in the Tube”



Keep Your Move in the Tube™





Why “Move within the Tube?”

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- + Reduces strain on the breastbone
 - + Stabilizes the breastbone
 - + Reduces risk of infection
 - + Reduces length of stay in the hospital
 - + Reduces re-admission
 - + Reduces pain
 - + 3x Increase in the likelihood of home DC
 - + Less home services
 - + Improved functional performance from initial evaluation to final treatment session
- + Previously used sternal precautions were found to be:
 - + Restrictive and functionally limiting
 - + Prohibit common shoulder joint and shoulder girdle movement
 - + Reinforces fear of activity which leads to substantial muscle atrophy that occurs during short-term disability
 - + May decrease quality of life
 - + May delay discharge
 - + May be unable to return home



Moving within the Tube

- + For weightbearing activities:
 - + While weightbearing, we advise you to keep your move in the tube.
 - + The idea is not to put stress on the wires that are used to hold the sternum together while it heals.
 - + Keep your elbows at your side and stay within the tube.

- + For non-weightbearing activities:
 - + If you are not bearing any weight or lifting with your arms you can move outside the tube
 - + This includes reaching above your head and performing functional tasks such as:
 - Upper and lower body bathing/dressing
 - + Undergarments, compression stockings, etc
 - Reaching overhead for lightweight miscellaneous needs
 - + Please avoid any positions that cause increased discomfort or pain



Discharge- What Now?

The goals for you as the patient at time of discharge are:

- + To be independent with bed mobility, transfers, ambulation and stairs (if applicable)
- + Ambulating functional home or community distances without an assistive device unless clearance received
- + Maintain your “Keep your Move in the Tube” precautions without cues
- + Pain is within a controlled range that is suitable for home DC
- + Independent with pacing strategies with mobility





Durable Medical Equipment

What if I am not independent?!

+ If you are unable to perform certain tasks without assistance, Physical Therapy and/or Occupational Therapy will review equipment or other strategies that may assist you and your coach to allow you to complete these tasks safely and with more ease.





Car Transfers & sleeping positions

- + It is okay to sit in the front passenger seat ✓
- + You do not need to disengage the airbags to sit in the front seat ✓
- + Place your heart pillow between your chest and the seat belt to protect your incision ✓
- + Discuss with your surgeon when you may be able to begin driving
- + You do not need to sleep on your back and **IT IS** okay to sleep on your side
- + For comfort, place a pillow behind your back for support and a pillow between your knees





Discharge

HOME DISCHARGE

- + If there are no barriers to discharge, you will be expected to go home with your family/friends or with the support of your “coach”.
 - + Your care coordinator will set-up any additional services or equipment you may need.
- + Your nursing team will provide appropriate discharge paperwork that they will review with you.

REHAB DISCHARGE

- + If you are unable to return home at the time you are medically ready to discharge,
 - + You will continue your medical and physical rehabilitation at a facility equipped to assist you with your needs with hopes of you returning home quickly!





Thank you!

We look forward to meeting you soon! Please reach out to your Cardiothoracic Team/Provider if there are any questions or concerns after this presentation.





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