



Cardiothoracic Surgery Discharge Information

Incision Care

Steristrips

Your skin incision has been closed with stiches under the skin which will dissolve over time. You will not need to have your stitches taken out. You have small flesh-colored strips over the incision to help support the suture line and these should be left in place until they start to loosen by themselves. You can gently pull them off after two weeks if they have not fallen off on their own. If these tapes haven't fallen off by the time you return for your post-op visit, we will remove them.

Skin Staples

Occasionally, your wound may have been closed with skin staples. If this is the case, your surgeon will remove your skin staples 7-14 days after surgery.

Wound Appearance

Your incision may seem swollen and puffy, especially in the back toward the spine. There may be a ridge at or just above the incision. This is perfectly normal and will flatten out over the next 6-8 weeks.

Bathing

You should not bath or soak in a tub until the wound is completely healed. Remove the dressing 48 hours after discharge from the hospital and wash incision with an antibacterial soap. **You may shower** and simply pat the incision dry and apply a new dressing if needed.

Thoracoscopy (VATS) Patients Only

Patients undergoing thoracoscopy have only two or three one inch wounds that are closed with sutures under the skin that dissolve, plus steristrips over the wounds. These smaller wounds heal the same as the larger major thoracotomy incision and require the same care.

Chest Tube Wounds

The chest tube site can be found just below the ribs. Treat these small slits in the skin the same way you do the larger surgical incision. Sometimes the chest tube sites do drain small to moderate amounts of clear or cloudy yellow-pink fluid for a week or more, especially when you cough or bend over. Gently wash the chest tube site with antibacterial soap and water. Then just pat dry and apply a sterile dressing over this area and change as often as necessary to keep dry. The drainage usually stops on its own in a short time.

Wound Infection

Rarely chest wounds become infected. If you are concerned that you may have a wound problem (redness around the incision or drainage of pus, call us as soon as possible. Also call us if you develop a fever over 100.4 degrees, your cough worsens, or you have increased shortness of breath.

Topical Healing Lotions

Patients often ask if there is a certain type of lotion or cream that should be rubbed into the incision to promote healing. Once the area has healed, a vitamin enriched lotion may be gently rubbed into the incision but is not needed for most patients. This technique should only begin several weeks after the surgery.

Incision Pain

A warm pack or heating pad on the incision may provide some pain relief. Caution should be taken to avoid burning the skin.

Skin Nerve Pain (Intercostal Neuralgia)

Your incisional pain will change in character over the next few weeks. The skin sensation nerves lie under the ribs. These nerves become compressed during surgery when the ribs are spread. As the nerves start to function again, they may become quite irritable and this may result in a “pins and needles” sensation, a burning pain, or an area extremely sensitive to touch. The degree of pain varies from person to person. This pain usually resolves over the first 1-4 weeks, but it can take up to 2-3 months. Numbness may also persist for months. This skin nerve injury pain occurs to some extent in all patients. Many patients find warm baths or a heating pad helpful. Ibuprofen (Motrin® or Advil® 2 tablets (400 mg total)) three times per day purchased over-the-counter may also help, in addition to the stronger prescription pain medication you are already taking.

Medications

Pre-operative Medications

Unless instructed otherwise, you should resume all the medications (except pain medications) that you were on before you came to the hospital. You will need medicines for hypertension, diabetes, and other conditions after surgery as you did before your operation.

Pain Medications

You will be given a prescription for a strong narcotic pain medication upon hospital discharge. Usually, this is the same pain medicine that you have been receiving in the hospital. Medications commonly prescribed include Vicodin[®] (hydrocodone plus acetaminophen), Percocet[®] (oxycodone plus acetaminophen), plain generic oxycodone, or Dilaudid[®] (hydromorphone). Be sure you have enough pain medication at all times. Call the office for a refill early since prescriptions for some of these medications cannot be called in by telephone or faxed into your pharmacy. You must have an original prescription each time, which we can mail to you. Fortunately, some of these medications can be called in such as Vicodin.[®]

This medication is intended to be your only pain medication. Do not take additional pain medications that you already have at home. Since your prescription may already contain acetaminophen, don't take additional medications containing acetaminophen or ibuprofen to avoid inadvertent overdose. You may substitute these medications instead of your prescription medications, but do not take them together.

Most people want to know when they should stop taking the narcotic pain medication. The answer is different for each patient. If you feel you are ready, try taking an over the counter analgesic such as Tylenol[®], Advil[®] or Motrin[®] instead of your prescribed pain medication. If this works, use the narcotic pain medication just for when you really need it, such as at bedtime. Many people find that after a few weeks they can wean off the use of the narcotic medications by slowly switching over to or alternating with over the counter medications.

Heart Medications

An occasional patient may develop a heart rhythm disturbance (atrial fibrillation or atrial flutter) in the hospital following surgery. We treat this disturbance with special heart rhythm medicines and convert the heart back to a normal regular rhythm before discharge. The tendency for this rhythm problem to occur usually goes away 2-4 weeks after surgery. Consequently, if you developed this problem in the hospital you will usually be sent home on one or two different heart rhythm medications to take temporarily for 4-6 weeks.

Commonly prescribed medications include digoxin (Lanoxin[®]), procainamide (Procanbid[®]), diltiazem (Cardizem[®]), or amiodarone (Cordarone[®]). Be sure to take the medications exactly as prescribed until all of the pills are gone. We usually do not give refills on the prescription. The most common side effect is nausea, which is minimized if you take the medication on a full stomach. If you are concerned that you are having significant side effects, call your surgeon.

Antibiotics

An occasional patient will be sent home with an oral antibiotic pill, usually to complete a course of the same antibiotic started in the hospital. Be sure to take all of the prescribed medication to clear up the infection. Commonly prescribed medications include Zithromax® (azithromycin), Augmentin® (amoxicillin plus clavulanate), Cipro® (ciprofloxacin), or Levaquin® (levofloxacin). The pharmacy will give you an information sheet on each medication dispensed, especially antibiotics. Be sure to read this information thoroughly.

Antibiotics can cause a variety of common side effects such as nausea, diarrhea, cramps, change in the taste of food, sore mouth or tongue, vaginal infections, and many others. To minimize any nausea, vomiting, or diarrhea, take the antibiotic on a full stomach and drink plenty of liquids with it. Also eating yogurt (containing active cultures) two or three times a day may help if you develop diarrhea. If you have more than just mild side effects or are concerned, call your surgeon immediately.

An occasional patient, who is taking an antibiotic we prescribe at discharge, will develop burning or pain in the tongue, mouth or throat, sometimes with a red, shiny tongue. This may be caused by an overgrowth of normal mouth fungus, a condition commonly known as “thrush”. If you have any of these symptoms, call us promptly. We can call in a prescription for a very effective topical antifungal medication which will relieve this problem quickly.

Special Antibiotic Precautions

Patients are commonly sent home after lung surgery with Levaquin® or Cipro® antibiotics. These are both in the fluoroquinolone family drugs and are highly effective, excellent antibiotics that target many of the serious bacteria which cause infections. These medications are safe and seldom have any significant side effects. However, like all strong drugs, there are some rare but potential serious side effects you should be aware of when you use them.

Side effects may include: headache, nausea (especially if taken on an empty stomach), constipation, diarrhea, difficulty sleeping, dry mouth, ear problems, dizziness or lightheadedness and hypersensitivity to sunlight. There are other much less common side effects that should be listed in more detail in the drug information provided by your pharmacist when they fill your prescription. Please read this information thoroughly.

A recently recognized rare, but serious side effect of Levaquin® and the other drugs in this class is possible swelling or tearing of a tendon (the fiber that connects bones to muscles in the body), especially in the Achille’s tendon of the heel. These effects may be more likely to occur if you are over 60, if you take an oral steroid medication, or if you have had a kidney, heart or lung transplant. Stop taking Levaquin® and call your surgeon at once if you have sudden pain, swelling, tenderness, stiffness or movement problems in any of your joints or tendons.

Post-Operative Topics

After you go home, you may wish to have someone at home with you at least part of each day for the first one or two weeks to help with meals, bathing, etc. Often it is possible for you to stay with a relative or friend for several weeks until you are really back on your feet. If no one is available, let us know so that we can begin making arrangements for a home health aide or home healthcare referral. Sometimes placement in a temporary rehabilitation facility is an option.

Constipation

Many people get constipated following surgery from the pain medications. This is the most common problem experienced after discharge. Increase fluid intake and fiber in your diet. We recommend all patients start taking stool softeners (such as Metamucil®) two to three times per day as directed on the label while you are still taking narcotic pain medicine. Don't wait until you are constipated to start. Also, increase physical activity such as walking.

Over the counter laxatives such as Miralax®, Milk of Magnesia®, or Dulcolax® may also be used.

Sleeping Problems

Occasionally patients will have problems sleeping at night after discharge home. Be sure you are not napping too much during the day. Naps should be limited to a total of one hour per day. Be sure to exercise by walking frequently, especially outside of your house, so you are tired and sleepy by evening. Finally, most people find that just before bedtime taking a warm bath and drinking some milk products (milk, milkshake, ice cream, etc.) will relax them, making them drowsy and promote a good night sleep. Taking a dose of pain medication just before bedtime also helps, especially if the reason for sleeping poorly is incisional pain. If all else fails, you may purchase over-the-counter Benadryl® and occasionally use 25mg to 50mg at bedtime to help you sleep. Read the medication label on the Benadryl® before you take it in case any precautions pertain to you.

Fever

Take your temperature in the evening if you feel feverish especially in the first couple of weeks you are home. Call us if you have a temperature over 100.4°F degrees. Many patients experience night sweats early after surgery that produce enough perspiration to dampen your bedclothes. They are not usually caused by a fever. Although frustrating and worrisome, these sweats are of no significance and will resolve on their own; however, check your temperature if they occur.

Leg Swelling

For the first 4-6 weeks following surgery, many patients notice swelling of their ankles and sometimes their lower legs. This is usually the result of sitting for longer periods of time with their legs hanging down. This problem is quite preventable if you sit with your legs elevated on a footstool or recliner. If you have swelling, it will also tend to resolve by sleeping at night with your legs elevated on a pillow or two.

You also should try wearing the tight-fitting stockings that you brought home from the hospital (TED hose). Wearing these stockings during the day will usually decrease leg swelling (edema) quite rapidly.

Blood Clot in the Leg

Very rarely, a patient will develop a red, swollen, sore leg after surgery. This could be a sign of a blood clot forming. You should call us if you notice this happening. You should also call us if you have increasing cough, pain, or shortness of breath. We must be kept informed of your progress, especially if your condition worsens.

Post-operative Depression

It is relatively common and normal for patients undergoing any type of major surgery to feel blue and slightly depressed in the early period after surgery, especially after they first arrive home. This is a common and very natural reaction generally related to the frustration of not being able to return rapidly to normal activities after surgery. This feeling is absolutely natural and passes quickly within a few days or weeks. The best remedy is to not sit in the house and brood, but rather to spend as much time as possible keeping busy, especially outside of the house walking, going to the shopping mall, the movies or dinner. At home, keeping busy with reading or other hobbies will take your mind off your surgery and the inconvenience of your convalescence. Remember this early depression is very common and normal and will pass.

Diet

You should resume the same diet that you were on prior to surgery. While a well-balanced diet does provide all the vitamins and minerals your body needs, you may wish to take a vitamin supplement with iron. Often, many foods may taste bland or even unpleasant after surgery. This is usually caused by medications and will pass with time, especially after you no longer require strong pain medication. In addition, you should drink plenty of fluids like water and juice, to help keep your bowels moving.

Activities

A sensible balance of rest and activity is the key to recovery. Keep in mind that you will have good days when you seem to have a lot of energy, and days when you feel as though you are backsliding. This is normal convalescence. Try not to overextend yourself and slowly increase your activities every day.

Household Tasks and Lifting

Although you may perform light tasks around the house, you should stop if you tire or have pain. You should lift no more than 10 pounds for about 6 weeks following surgery. "Lifting" may also include such tasks as vacuuming and lawn-mowing, so be sensible.

Exercise

Walking is the single best exercise for anyone. Beginning upon your discharge from the hospital, we recommend that you do it daily, preferably two to three times per day. You should start by going short distances and gradually work your way up to a mile or more per day. If the weather outside is rainy or too hot,

most communities have air conditioned shopping malls that are perfect for walking. Going for walks outside of your home is preferable as it will improve your self-confidence, feeling of well-being, and generally hasten recovery. We encourage an early return to normal activity.

Sports

You should not engage in any strenuous sports such as weight-lifting, tennis or jogging, for the first 6 weeks after surgery. Then, restart these sports gradually. Other activities such as walking or riding a stationary bicycle are accepted and encouraged.

Golf is initially restricted to some extent after surgery. Putting practice may be started as soon as you are comfortable. After 2-3 weeks you may start chipping practice. However, you should wait 6 weeks before beginning drives, and then start at a driving range. It may be 8 weeks before you are playing a full 9 or 18 holes of golf.

Driving

Driving should be left to someone else as long as you are taking narcotic pain medicine. You may, however, take car trips as a passenger. If the trip will last for over an hour, get out and walk every hour to stretch your legs. Always wear your seatbelt. Your driving restriction should only last 2-3 weeks.

Social Activity

Resume your social and recreational activity slowly at first. Fatigue is the best gauge of overdoing. When you first return home, limit the number of visits by well-meaning, enthusiastic friends, but then gradually ease up these restrictions as you gain back your strength.

Sex

Sexual activity is like exercise. Your capacity to tolerate it will return as you continue your recovery. There is no set time when you may resume sexual activity. Touching, hugging and massage are all wonderful for your mood and morale and are good alternatives until you feel ready for intercourse. Certain medications may affect sexual performance, so be patient. If you have questions, discuss this with your surgeon.

Travel

Depending on the type of surgery you had, there may be restrictions on air travel for a short time after surgery. Ask your surgeon before making reservations. Generally do not travel further than 250 miles until you have returned for your initial first post-op clinic visit 2 weeks after hospital discharge.

Work

Most people can return to work approximately 6-8 weeks after surgery. An earlier return may be possible depending on the type of surgery you had and your type of work. If your job is particularly strenuous, light duty work should be done until at least 8 weeks after surgery.

Alcohol

Alcohol consumption is discouraged but not prohibited. Be cautious about drinking alcohol while on narcotic pain medications since they interact and cause bad side effects. Use alcohol in moderation, and never together with narcotic pain medication.

Smoking

Tobacco is strictly forbidden. It is necessary to avoid all smoke while you are healing, and it is very strongly recommended that you stop smoking entirely. You must avoid tobacco use to preserve lung function. Avoid second hand smoke also. If you have had surgical removal of a lung cancer, continued smoking substantially increases the risk of a second lung cancer developing later. We will be very happy to refer you to a smoking cessation program to help you remain tobacco free.

Cold and Flu Exposure

You should avoid large crowds or anyone with a known cold or flu until 6-8 weeks following your surgery. Your immune system is minimally depressed for a few weeks after surgery, but will return to normal by 4-6 weeks. If you develop a cough with significant phlegm production during this period, contact your surgeon.

Flu Shot/ Pneumonia Shot

Many people ask about getting a flu shot. We recommend that you obtain a flu shot yearly. However, you should ask your family doctor or oncologist first. Also, inquire about a pneumonia shot (Pneumovax®), which is given once every five years.

Emergencies

If you develop a sudden, serious and apparently life threatening problem such as severe shortness of breath, chest pain suggesting angina or a heart attack, immediately call 911 for an ambulance and go directly to the nearest emergency room. After you are stabilized, your emergency room doctor may call your surgeon to inquire about more information about your medical condition.

Follow-Up

We will be communicating with your family doctor and consulting doctors about your progress, what surgery you had and what medications you are taking. You should contact your family doctor for a follow-up visit within the first 1-2 months after returning home from surgery. If your doctor has not yet received any updates from us when you return to see them, have them call our office, and we can fax any information they need.

A clinic appointment with your surgeon will be made for 2-4 weeks after discharge. The specific follow-up appointment time will almost always be set up for you before you leave the hospital. Before you arrive for your clinic follow-up appointment you will get a chest x-ray. Please follow instructions given to you on where to go and when to obtain this x-ray.

Just for Women

Bras

Wearing support undergarments for the first few weeks can put an uncomfortable amount of pressure on the incision. Many women have found that using an athletic support bra is very comfortable. You should buy the bra two sizes larger around the chest than your normally wear. The cup size will remain the same. Look for a bra that hooks in the front for ease of application.

Menses

Women who have not reached menopause may find their periods disrupted by the stress of surgery. This is not uncommon, and should resolve on its own within a month or two. If it has not returned to normal by that time, you should see your gynecologist for an evaluation.

Hormone Replacement

If you are on a hormone replacement regimen, you should continue to take them as directed unless otherwise instructed by your surgeon.