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Facts about the Heart Hospital

1950 - Providence designates hospital rooms for the Waco Heart Clinic. Under the leadership of William Roddy, M.D., Waco's first clinic begins providing care for indigent children diagnosed with heart disease.

1966 - Dr. R. W. Crosthwait, Jr. joins the Providence Medical Staff as Cardiovascular Surgeon.

1969 - Dr. R. R. Angel joins the Providence Medical Staff as Cardiovascular Surgeon.

1970 - Waco's first coronary care unit opens at Providence in order to provide specialized care for critically ill heart patients.

1971 - Dr. Charles A. Shoultz, Jr. joins the Providence Medical Staff as Waco's first cardiologist.

1973 - Dr. Charles A. Shoultz performs Waco's first cardiac Catherization on March 3. Dr. M. Wayne Falcone joins the Providence Staff in August.

1973 - History is made on March 6, when Drs. R. W. Crosthwait, Jr., and R. T. Angel perform Waco's first open-heart surgery at Providence.

1974 - Waco's first cardiopulmonary department opens—later established as the Mid-Tex Cardiovascular Institute.

1981 - The R. W. Crosthwait, Sr. Cardiopulmonary Rehabilitation Center opens to enhance the recovery and improvement of life for Providence patients.

1982 - Waco's first coronary angioplasty is performed at Providence.

1993 - Waco's first cardiac stent procedure is performed at Providence.

1996 - Waco's first Electrophysiology lab opens at Providence.

1997 - Waco's first Automatic Implanted Cardiac Defibrillator is implanted at Providence.

1998 - The Cardiac Team at Providence joins forces with over 1,000 health centers nationwide to offer free Early Heart Attack Care training to Waco and surrounding communities.

1999 - Waco's first Chest Pain ER opens at Providence.

2001 - Congestive Heart Failure Clinic opens at Providence.

2002 - Waco's first Excimer Laser System is installed—providing Cardiologists with the newest technology in catheterization procedures.

2007 - The F.M. & Gloria Young Tower opens at Providence.



The Recovery Period

Congratulations! You are going home to begin your recovery period. The material provided below covers frequently asked questions and important phone numbers for you to keep nearby.

Quick Guide on How to Handle Questions or Concerns:

*Needs immediate attention:

Go to the local emergency room or call 911

- Chest pain (angina like) similar to pre-operative pain
- Heart rate faster than 150 beats per minute with shortness of breath or new irregular heart rate
- Shortness of breath NOT RELIEVED BY REST
- Chills or fever
- Coughing up bright red blood
- Sudden numbness or weakness in arms or legs
- Sudden severe headache
- Fainting spells
- Severe abdominal pain
- New onset of nausea, vomiting, or diarrhea
- Bright red stool

Urgent problems:

*Call your surgeon for:

- Weight gain more than 1-2 pounds in a day for 2 days
- Worsening ankle swelling or leg pain
- Worsening shortness of breath
- Sharp pain when taking in a deep breath
- Elevated temperature higher than 101° for at least 2 times in a 24 hour period
- Persistent bleeding or oozing from incisions
- Wounds that are warm to the touch, swollen or have any drainage

Call your cardiologist for:

- Irregular/abnormal heart rhythm
- High or Low Blood Pressure
- Questions regarding blood pressure or heart rhythm medications

***For general questions or if unsure who to call Contact Crystal or Missy at 254-751-4361 * from 8-4:30, Monday through Friday.**

- For Questions regarding post operative recovery
- Discharge instructions
- Management of symptoms
- Draining or reddening wounds
- Incisional care
- Questions related to surgery



Important Contact Information



Cardiovascular Surgeon

Dr. McBride, Dr. Young or Dr. Helmer

254-741-6333

Cardiologist

Dr. Shoultz

254-399-5400

Dr. Shoultz Jr.

(Waco Cardiology)

Dr. Falcone

Dr. Attas

Dr. Lundeen

Dr. Brown

Dr. Pitts

Dr. Cross

Dr. Day

Dr. Garrido

254-755-8095

CALL YOUR PRIMARY CARE PHYSICIANS

For any other medical problems: sinus problems, headaches, diarrhea, constipation, pain with urination, etc...

OTHER FREQUENTLY CALLED NUMBERS

Providence Cardiac Rehab:

254-751-4792

Providence Congestive Heart Failure Clinic:

254-751-4284

Providence Protimed Clinic:

254-751-4741

You will need to follow-up with your surgeon in 2-3 weeks to evaluate wound healing (you may see the nurse unless you have complications) and follow-up with your cardiologist. After discharge you will follow up with your cardiologist to review your cardiac medications and long term cardiac care.



It Is Perfectly Normal To...

- Have a loss of appetite. It takes several weeks for your appetite to return. Many patients notice that their sense of taste is diminished or almost absent. It will return. Some patients even complain of nausea at the smell of food for a week or two after surgery.
- Have some swelling, especially if you have an incision in your leg. That leg will tend to swell more for some time. Elevating your legs will help.
- Have difficulty sleeping at night. You may find it difficult to fall asleep, or you may find that you wake up at 2:00 or 3:00 am and cannot fall back to sleep. This will improve. Taking a pain pill before bed sometimes helps.
- Have problems with constipation. You may use a laxative of your choice. Add more fruits, fiber, and juice in your diet.
- Have mood swings and feel depressed. You may have good days and bad days. Do not become discouraged as this will get better with time.
- Have a lump at the top of your incision. This will disappear with time.
- Notice an occasional “clicking noise” or sensation in your chest in the first days after surgery. This should occur less often with time and go away completely within the first couple of weeks. If it gets worse call your surgeon.
- Experience muscle pain or tightness in your shoulders and upper back between your shoulder blades. This will get better with time. Your pain medicine will also help relieve this discomfort.
- Remember it takes 4-6 weeks to start feeling better.
- Remember to take all of your medications as prescribed by your doctor.
- If an artery in your chest called the mammary artery was used during your surgery, you may experience numbness to the side of your incision. This is normal.
- Follow your exercise program given to you by your physician therapist in the hospital.

"I swing big, with everything I've got. I hit big or I miss big. I like to live as big as I can." - **Babe Ruth**



Taking Care of Yourself after Leaving the Hospital

Care of surgical incisions:

While in the hospital, follow your doctor's instructions. After discharge, wash your incisions daily with mild soap and warm water. Avoid vigorous scrubbing. Keep in mind that incisions may sunburn easily. Be sure to protect your incisions from over exposure to sunlight during the first year after surgery. The scar will pigment more (be darker) if exposed to sun. Do not apply any lotions, creams, oils or powders on your incisions, unless prescribed by your cardiac surgeon.

Check your incision daily. Notify your surgeon at 254-741-6333 if you notice any of the following:

- Increased redness or swelling around the edges of the incision line.
- Brown, yellow/green, thick or foul smelling drainage from your incisions (watery, pink drainage from the leg incision is considered normal and is OK.)
- A persistent fever greater than 101°

Care of your leg incision:

If your surgery involved taking a bypass graft from your leg, follow these guidelines:

- Care for your leg incision as described above.
- Avoid sitting in one position or standing for prolonged periods of time.
- You can also lie on a couch and elevate your legs on the arm of the couch
- They need to be higher than the level of heart (TOES ABOVE YOUR NOSE).
- Check your leg daily for swelling. The swelling should decrease when you elevate your leg, but it might recur when you stand. If you continue to have leg swelling or it becomes worse, notify your surgeon.

You owe it to yourself to be the best you can possible be - in baseball and in life. -- **Pete Rose**



Becoming Active Again

Stop any activity immediately if you feel short of breath, notice irregular heartbeats, feel faint or dizzy or you have chest pain. Rest until the symptoms subside. If they do not subside within 20 minutes, notify your physician.

Showers:

Take daily showers and clean incisions with soap and water. NO LOTIONS OR POWDERS ON OR NEAR THE INCISIONS. Avoid soaking in baths or swimming for 2 weeks. Avoid extremely hot water. NO HOT TUBS FOR 6 WEEKS.

Dress:

Wear comfortable, loose-fitting clothes that do not put undue pressure on your incisions. Females should wear support bra, during the day and night, for two weeks.

Rest:

You need a balance of rest and exercise for your recovery. Plan to rest between activities and to take short naps as necessary. Try sitting up in a chair as often as possible to avoid lying in bed all day. Resting also includes sitting quietly for 20-30 minutes. Rest 30 minutes after meals before exercising. ***be careful to not get your days and nights mixed up.**

Walking:

This is one of the best forms of exercise because it increases circulation throughout the body and to the heart muscle. It is important to increase your activity gradually. Walk at your own pace. Stop and rest if you get tired. Each person progresses at a different rate after heart surgery. Physical therapists will provide you with an individual plan for exercise before your discharge. It is important to pace your activities throughout the day. Do not try to do too many things at one time. In poor weather lower than 40° or above 80°, you can walk at indoor shopping malls.

Stairs:

Unless your doctor tells you differently, you can climb stairs. Take them at a slow pace. Stop and rest if you tire. When using the handrail do not pull yourself up with your arms. Use your legs.

Sexual Activity:

For many people this is about 4 weeks after discharge, unless instructed differently by your doctor. Please ask your nurse for more detailed information, if needed.

If you don't know where you are going, you might wind up
someplace else.-- **Yogi Berra**



Becoming Active Again continued

Driving:

You can ride as a passenger in a car at anytime. Avoid driving for 4 weeks or motorcycle riding for 3 to 4 months after surgery. This time period is recommended to allow your breastbone (sternum) to heal. Also your movements might be limited and slow before the 6 weeks are up. When traveling, be sure to get out of the car every 2 hours and walk around for a few minutes.

Lifting:

You should not put too much strain on your sternum while it's healing. Avoid lifting, pushing, or pulling anything heavier than 10-15 pounds for 6 weeks after surgery. This includes carrying children, groceries, suitcases, mowing the grass, vacuuming, and moving furniture. Don't hold your breath during any activity, especially when lifting anything or when using the rest room.

Work:

Check with your surgeon before returning to work, but most patients will begin to feel like returning to light work 4 to 10 weeks after surgery. If your job requires lifting over 50 lbs. you will not be able to return to full duty for 3 months.

"Fans, for the past two weeks you have been reading about a bad break I got. Yet today, I consider myself the luckiest man on the face of the earth...And I might have been given a bad break, but I've got an awful lot to live for." - **July 4, 1939 at Yankee Stadium on Lou Gehrig Appreciation Day**



When to Resume Your Usual Activities

Weeks 1-6

Light housekeeping:

- Dusting
- Setting the table
- Washing dishes
- Folding Clothes

Light Gardening:

- Potting plants
- Trimming flowers

Needlework

Reading

Cooking meals

Climbing stairs

Small mechanical jobs

Shopping

Restaurants

Movies

Church

Attend sports events

Passenger in car

Walking

Treadmill

Stationary bike

Shampooing hair

Playing cards/games

After 6 Weeks

Continue activities of weeks 1-6 (but you may be able to tolerate more).

Return to work part-time (If your job does not require lifting, and returning is approved by your surgeon).

Heavy housework:

-Vacuuming

-Sweeping

-Laundry

Heavy Gardening:

-Mowing lawn

-Raking leaves

Ironing

Business or recreational travel;

Fishing

Light Aerobics

(no weights)

Walking dog on a leash

Driving a car or small truck

Boating

After 3 Months

Continue activities of weeks 1 to 3 months (but you may be able to tolerate more).

Heavy Housework:

-Scrubbing Floors

Heavy Gardening:

-Shoveling snow

-Digging

Football/Soccer

Softball/Baseball

Tennis

Bowling

Hunting

Jogging

Bicycling

Golfing

Weight Lifting

Motorcycle riding

Push-ups

Swimming

Water skiing

Skydiving

* Keep in mind that all of these activities should not involve lifting more than 10 pounds until 6 weeks after surgery.

** Visitors: Limit your visitors for the first couple of weeks. If you get tired, excuse yourself and lie down. Your visitors will understand.



Cardiac Rehabilitation Program

About the Center

R.W. Crosthwait, Sr. Cardiopulmonary Rehabilitation Center is a natural continuation of the medical services offered at Providence Health Center. The Rehabilitation Center is designed to help each individual regain and maintain his or her maximum quality of life through carefully monitored physical conditioning, an emotionally supportive environment and enhancement of continued compliance to physical guidelines.

The two-phase outpatient program is offered in an attractive setting with team support and individualized instruction and utilizes a combination of progressive exercise, education and counseling.

Program Eligibility

The Rehabilitation Center serves a broad spectrum of patients, including:

- Those who have suffered heart attacks.
- Those who have undergone cardiac surgery.
- Those who suffer from coronary artery disease, such as angina (chest pain).
- Those who have one or more coronary high-risk factors: hypertension, diabetes, overweight, smoking, elevated blood fats (cholesterol/triglycerides), sedentary or stressful lifestyle or a family history of any of the above.
- Those whom the attending physician feels would benefit from physical conditioning.

Program Benefits

Whether recovery or prevention is the primary concern, the R.W. Crosthwait, Sr. Cardiopulmonary Rehabilitation Center provides a structured program and education to assist patients in achieving the most rewarding life possible.

How Do I Become A Participant

Patients with a written prescription from their physicians may participate in the cardiopulmonary rehabilitation program. Prior to entering the program, patients must undergo a resting and working (stress) EKG, a blood analysis (cholesterol/triglyceride-lipid profile), anthropometric (body fat) and girth measurements and a risk factor analysis. Once tests are completed, results are given to the program's medical director and staff who work together to design and individualize a program for each patient.

* Those who undergo cardiac surgery will be contacted by their nurse about the rehabilitation program.



6-Week Conditioning Program

When to Exercise

Any time of the day is fine, but be sure to space your sessions evenly throughout the entire day (e.g. do not do all your conditioning in the morning). In addition, wait at least 1 hour after meals, ½ hour after bathing, and ½ hour after taking an Isordial before you walk or engage in other physical activity.

Signs and Symptoms

Be alert for dizziness, shortness of breath, spreading (angina like) chest pain, and excess fatigue before, during or after exercise.

Exercise at a comfortable pace that does not leave you breathless. You should be able to carry on a conversation while you exercise. Try to exercise continuously for the prescribed length of time, but do not hesitate to pause and rest if necessary.

1. WALKING-LEVEL GRADE:

Week 1: Walk 3-5 minutes continuously, 5-6 times a day.

Week 2: Walk 5-10 minutes continuously, 4-5 times a day.

Week 3: Walk 10-15 minutes continuously, 3-4 times a day.

Week 4: Walk 15-20 minutes continuously, 2-3 times a day.

Week 5: Walk 20-25 minutes continuously, 1-2 times a day.

Week 6: Walk 30 minutes continuously, 1 times a day.

2. Cycling:

Week 1: Cycle _____ minutes continuously, _____ times a day.

Week 2: Cycle _____ minutes continuously, _____ times a day.

Week 3: Cycle _____ minutes continuously, _____ times a day.

Week 4: Cycle _____ minutes continuously, _____ times a day.

Week 5: Cycle _____ minutes continuously, _____ times a day.

Week 6: Cycle _____ minutes continuously, _____ times a day.

3. Other



6-Week Conditioning Program continued

After 6 Weeks:

Continue to increase the duration of each exercise session.

_____ minutes each week until you are exercising.

_____ minutes continuously _____ times a day.

At this time, it is necessary to exercise everyday. Four to five days per week are enough. In addition, you should consult your physician for further instructions concerning your exercise program and general physical activities.

Patient Signature

Physical Therapist Signature











