

After Open-Heart Surgery: In the Hospital



The length of your hospital stay after open-heart surgery depends on what type of surgery you had and your needs. It may be as short as 3 to 4 days. If you have complications, you may stay in the hospital several weeks or longer. Read on to learn more about what to expect during your recovery in the hospital after open-heart surgery.



Right after surgery

After your surgery, you are moved to a recovery area called the intensive care unit (ICU). There, hospital staff watch you closely. When you first wake up:

- You may feel very sleepy, thirsty, or cold, and sick to your stomach. It's also common to be confused and disoriented for a time after heart surgery.
- You will likely have a tube in your throat that is connected to a ventilator to help you breathe. You won't be able to talk while the tube is in place. The tube will be removed as soon as you are awake enough to breathe on your own and it's safe to do so. This tube is removed as soon as possible. Most often, the goal is to remove this tube within 4 to 6 hours of your surgery unless you need this breathing support for a longer period of time. You may need oxygen for some time while you recover. Oxygen may be delivered by small tubes that go in your nose (nasal cannula) or by a mask that covers your nose and mouth.
- You will have an IV (intravenous) line in your arm or hand to get fluids and pain medicine. You will also most likely have an IV in your neck. It's also used to give you fluids and medicines and to measure pressures inside your heart to help you recover. You will have an arterial line, usually in your wrist artery (radial artery). This is to monitor your blood pressure and to take regular blood samples.
- You will be connected by wires to several machines. These monitor your heartbeat, temperature, blood oxygen level, and other vital signs. You may also have a small external pacemaker attached to temporary pacing wires. This is in case you have certain irregular heartbeats (arrhythmias) that need a pacemaker. Some people need a permanent pacemaker after open heart surgery. This is usually implanted before you leave the hospital.
- Tubes (drains) in your chest remove air and fluid.
- A tube (catheter) drains urine from your bladder.
- You may have a tube in your stomach. This helps prevent bloating and vomiting. It will be removed when the breathing tube is removed.

- Your wrists may be gently strapped down, so you don't pull out any tubes or wires by accident.

Family members may be able to visit you in the ICU immediately after surgery. They should know that you will have tubes and wires connected to your body. You will look pale, and your face and body will look very puffy. This is all normal. You won't be able to talk to them because of the tube in your throat. A nurse can help you communicate if you need to.

The next few days

- A nurse is always available in the ICU. You are monitored at all times.
- As the time passes, you may feel more awake. But you may not be able to sleep well. The ICU is a busy place. The lights are always on and it can be noisy. Staff may wake you up in the middle of the night for blood tests and X-rays. This is so that the results are available for your doctor first thing in the morning. The nurses also may have to check your blood sugar every hour or so, even if you don't have diabetes. This is very important to reduce the risk for complications.
- You will get pain medicine, but you may still feel some pain. Tell a nurse right away if you do feel pain. Don't wait until the pain gets bad to mention it.
- The breathing tube in your throat is removed when you can breathe on your own. When the breathing tube is removed, you'll likely get oxygen through a mask or small prongs in your nose. Other drains, tubes, wires, and monitoring devices are removed when you no longer need them.
- You may hear or feel clicking in your chest when you breathe or move. This is normal and will go away with time. The breastbone is cut (separated) during surgery to allow the surgeon to reach your heart. Afterward, it is rejoined with wires. After the breastbone heals, the noise should go away.
- When you're ready to leave the ICU, you may go to a coronary care unit (CCU) for more special care. Or you may go to a regular hospital room. You will still be attached to a small portable heart monitor, but you should find it easier to sleep.

Managing pain

You will be given pain medicine to help you manage pain after surgery. You may be given oral pain medicine on a regular schedule. Tell your nurse if the medicine isn't controlling your pain.

In certain cases, you will give yourself pain medicine through a PCA (patient-controlled analgesia) pump. This pump allows you to push a button to get a safe dose of pain medicine. The medicine is delivered through an IV line. You can only get a certain amount of medicine each hour, so you can't get too much.

Breathing and coughing exercises

You will have some fluid in your lungs after the breathing tube is removed. If this fluid collects in your lungs, you could develop pneumonia. To prevent pneumonia, a respiratory therapist or nurse will help you learn deep breathing and coughing exercises. Do these exercises as you are told to. Holding a pillow tightly to your chest when you do your coughing exercises also helps.

For breathing exercises, you may use a device called an incentive spirometer. Using this device helps your lungs recover. There might be phlegm or secretions in your throat, especially if you smoke or have smoked in the past. It can sometimes be difficult to get the phlegm or secretions out of your throat, but it's very important to do so. Your healthcare team may give you breathing treatments containing special medicine to help you get rid of the phlegm.

Activity

Once the breathing tube is out and your vital signs are stable, a nurse or physical therapist will help you start moving around. This will happen early in your recovery while you are still in the ICU. Moving around helps your circulation, decreases soreness, and helps prevent blood clots and pneumonia.

You may start by just sitting on the edge of the bed or moving with help from the bed into a chair. When you're well enough, a staff member will help you get up and walk. At first, you will become tired easily. Tell the nurse if

you feel dizzy or can't breathe.

You may start cardiac rehabilitation (rehab) in the hospital. This is a program of exercises and education. It will help you recover after surgery and regain strength. It will also help you reduce your risk for future heart problems. Most of your rehab will take place after you go home and are recovering from your surgery.

Eating

At first, you will be given only liquids to drink. This is to prevent vomiting. As you are able to eat, you will be given solid foods. You will likely not have an appetite while you are in the hospital. You may feel nauseated, or just have no desire to eat. This is normal.

When you eat, you may notice you have lost your sense of taste. This should go away in a few days or weeks as the anesthesia and pain medicines wear off. Pain medicines can slow your bowels and make you constipated. If you feel constipated, tell your nurse. You might be given a stool softener and a laxative to help you move your bowels.

Going home

Your healthcare provider will tell you when it's OK for you to go home. Have a family member or friend ready to drive you. Make sure you have a contact number for your healthcare provider or hospital. This is in case you have problems or questions after the surgery.

Before leaving the hospital, you will be given instructions for how to care for yourself at home. This includes caring for your incision and healing breastbone, taking medicines, and being active. You may need oxygen at home. If so, you will be told how to use it.

You will also be given dates and times for follow-up appointments with your surgeon, cardiologist, and primary care doctor.

Your healthcare provider may recommend cardiac rehab after surgery. Rehab helps you get stronger before going home and may last several days, or up to several weeks. You may continue it as an outpatient as your recovery continues.

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