

coronary artery bypass graft

A coronary artery bypass graft (CABG) is an operation to improve blood flow to your heart. It involves using healthy blood vessels taken from another part of your body to get round (bypass) a narrowed or blocked artery.

After a coronary artery bypass graft:

- you'll have a wound in your chest from the surgery, and wounds where blood vessels were removed from other parts of your body
- you may have some pain in your chest, back or shoulders
- you'll usually feel tired for the first few weeks
- you may have less appetite than usual for the first few days

It usually takes 2 to 3 months to fully recover. You should be able to get back to most of your normal activities after about 6 weeks.

Recovering in hospital

Most people spend about a week in hospital. You'll usually be moved from intensive care to a ward after 1 or 2 days.

You'll have some pain or discomfort. You'll be given pain relief to help with this.

You'll have help from nurses and physiotherapists to start getting out of bed and moving around from the day after the operation.

You can go home once the doctors are happy you can safely get around and are recovering well.

Recovering at home

You'll have follow-up appointments to check how you're recovering. You may also be given an exercise programme and support to help you recover (cardiac rehabilitation).

Your care team will give you advice about things to do to help your recovery.

Do

try to arrange for someone to help look after you for the first few days after you go home

follow your care team's advice about caring for your wounds while they heal

take painkillers if you need them

start being active, such as going for walks, as soon as you feel well enough

follow your care team's advice about exercise to help you build up your fitness

[eat a healthy, balanced diet](#) to help keep your heart healthy

keep taking any medicines you're prescribed, including your medicines for coronary heart disease – follow your care team's advice about any changes to your medicines

if you have a bus, coach or lorry licence, [tell DVLA that you've had a coronary artery bypass graft](#)

Don't

do not do any heavy lifting for 3 months

do not drive for at least 4 weeks (or 3 months if you have a bus, coach or lorry licence)

do not smoke –

do not drink more than the recommended amount of [alcohol](#)

Complications of a coronary artery bypass graft (CABG)

Wound infection

There's a small chance that the wound in your chest or the wounds where blood vessels were removed could get infected after the operation. This can be treated with antibiotics.

Bleeding

If you have bleeding after the operation you may need more surgery. Some people may need a blood transfusion.

Problems with your heart rhythm

Some people get an irregular heartbeat ([arrhythmia](#)) after having a coronary artery bypass graft. This usually gets better after a few days.

Kidney problems

A coronary artery bypass graft can affect how well your kidneys work. This usually gets better after a few days. It's more likely to happen if you already had kidney problems before the operation.

If it does not get better it can lead to [kidney failure](#), which may need to be treated with [dialysis](#).

Memory problems

It's common for people to find they have problems with their memory after the operation. This usually gets better without treatment after a few months.

Heart attack or stroke

It's possible to have a [heart attack](#) or a [stroke](#) during or soon after the operation. If this happens you'll need emergency treatment.

What happens after coronary artery bypass surgery?

In the hospital

After the surgery, you may be taken to the recovery room and then the intensive care unit (ICU) to be closely monitored. Machines will constantly display your electrocardiogram tracing, blood pressure, other pressure readings, breathing rate, and your oxygen level. Coronary artery bypass surgery (CABG) requires a hospital stay of at least several days.

You will most likely have a tube in your throat to help with breathing through a ventilator (breathing machine) until you are stable enough to breathe on your own. As you continue to wake up from the anesthesia and start to breathe on your own, your healthcare provider can adjust the breathing machine to allow you to take over more of the breathing. When you are awake enough to breathe completely on your own and you are able to cough, your provider will remove the breathing tube. In most cases, the breathing tube is removed soon after the operation, usually the same day or by early the next morning. Your provider will also remove the stomach tube at this time.

After the breathing tube is out, a nurse will help you cough and take deep breaths every couple of hours. This will be uncomfortable due to soreness, but it's very important that you do this to keep mucus from collecting in your lungs and possibly causing pneumonia. Your nurse will show you how to hug a pillow tightly against your chest while coughing to help ease the discomfort.

The surgical incision may be tender or sore for several days after a CABG procedure. Take a pain reliever for soreness as recommended by your provider. Aspirin or certain other pain medicines may increase the chance of bleeding. Be sure to take only recommended medicines.

Your provider may deliver medicines through the IV to help your blood pressure and your heart, and to control any problems with bleeding. As your condition stabilizes, they will gradually decrease and then stop these medicines.

Once your provider removes the breathing and stomach tubes and you are stable, you may start to drink liquids. You can gradually include more solid foods as you can tolerate them. Your nurse will help you sit up on the side of the bed and dangle your feet. If you

are able to do this, the nurse will help you sit up for a while in a chair.

When your provider determines that you are ready, you will be moved from the ICU to a postsurgical nursing unit. Your recovery will continue there. You can gradually increase your activity as you get out of bed and walk around for longer periods. This helps prevent complications from the surgery, such as pneumonia or blood clots in your legs. You can eat solid foods as soon as you can tolerate them.

A member of your care team will arrange for you to go home and schedule a follow-up visit with your provider.

At home

Once you are home, it will be important to keep the surgical area clean and dry. Your healthcare provider will give you specific bathing instructions. They will remove the stitches or surgical staples during a follow-up office visit, if they were not removed before leaving the hospital.

Don't drive until your provider tells you it's OK. You may have other activity restrictions.

Call your provider right away if any of these occur:

Fever of 100.4°F (38°C) or higher, or as advised by your provider

Chills

Redness, swelling, or bleeding or fluid leaking from any of the incision sites

More pain around any of the incision sites

Fast or irregular pulse

Leg swellings

Arm and leg numbness

Lasting nausea or vomiting

Call doctor right away if you have any of these:

Trouble breathing

Warning signs of a heart attack, such as:

Chest pain

Shortness of breath

Mild pain in 1 or both arms, neck, or jaw

Cold sweat

Lightheadedness

Your provider may give you other instructions after the procedure, depending on your situation.

When your recovery time ends, your provider may advise that you start a cardiac rehab (rehabilitation) program. This helps you get back to a normal lifestyle. Cardiac rehab starts in the hospital with simple walking. It goes on to help you with a regular exercise routine and a healthy diet. These healthier habits can prevent heart problems in the future.