

Things to check prior to your surgery:

1. Make sure to bring all your reports including documents, CDs and scans with you when you come to hospital for admission.
2. **If any further tests are requested after consulting Mr Joshi – It is your responsibility to inform his secretary when the tests are done for Mr Joshi to review.**
3. Know your medications and your allergies. Inform the staff about them.
4. Stop the following medications in consultation with Dr Joshi
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5. Bring your CPAP machine to hospital if you use one at home
6. Your admission time in the hospital isam/pm. This allows time for the doctors and paramedical staff to visit you and also for checking your test results.

Things to remember after discharge from hospital – follow up and visits

1. Make sure that you have an appointment to see Mr. Joshi in 2-4 weeks from discharge. This can be organized by the ward staff prior to you leaving hospital. If the appointment cannot be made for some reason, please call Mr. Joshi’s room to arrange one. (For some cases, the follow up appointment can be between 4 to 6 weeks)
2. Please ensure that you have a request form for Chest X ray before you leave the hospital. Mr Joshi will need to see your chest X ray on follow up visit at 4 weeks.
3. Make sure that you have the list of medications on discharge. You need to bring this list at your follow up appointment with Mr Joshi at 4 weeks for it to be reviewed

4. Please make an appointment to see your referring cardiologist or specialist at 6 weeks from discharge. **Please take your list of medications and other documents, such as discharge summary, reports, operation letter** etc to the appointment.

Medications and dressings

1. Your medications may not be the same as before your operation. The blood pressure medications are generally stopped or the dose may have been reduced. This will need to be restarted or adjusted at you visit to your cardiologist or GP according to your blood pressure.
2. You may have been started on blood thinners (such as warfarin). This medication may be required for 3 months for tissue valves or lifelong in case of mechanical valves. It is your responsibility to understand the effect of these medications and how to monitor their effects and side effects. You will be educated by the pharmacist while you are in the hospital. If this has not taken place, please notify Mr Joshi. Following are the general guidelines for monitoring of the medications:
 - For tissue valves - Target INR is 2.0-3.0
 - For mechanical aortic valve – Target INR is 2.0-3.0
 - For mechanical mitral and tricuspid valve – INR is 2.5-3.5
3. If you have been started on blood thinner medication for irregular heart rhythm (atrial fibrillation), it will need to be followed up with your cardiologist.
4. You will be discharged home with the dressing on your chest wound and leg wounds. The chest wound dressing will be removed at your follow up visit with Mr Joshi. The leg wound dressing may need to be changed. The arrangement for dressing changes will be made while you are in the hospital.
5. Any sutures on chest wound or staples on leg wounds will be removed by your GP. Generally, they are removed after 7-10 days of operation. You will be advised about the time of removal of sutures or staples on discharge.

Medical or surgical issues following surgery: (This is a guide only. Consult your GP or attend your nearest ED if you develop a problem and unsure about what to do)

1. If you get any discharge, redness or unusual pain in the chest wound, you should see your GP. It is your responsibility to notify Mr Joshi of such an event. You may either call his secretary or notify him by email. Infection of the bone is a serious condition that requires specialist input. Not all infections in the chest wound are bone infections but have the potential to cause it.
2. If you develop any discharge, redness or pain in the leg wound – consult your GP. Depending on the seriousness of the infection your GP will notify the relevant specialist.
3. If you develop fever with chills or rigors, consult your GP. This may be a sign of infection. Mr Joshi should be notified of this event.
4. There is risk of developing irregular heartbeats after heart surgery. Generally, the risk of this occurring is low from two weeks after the operation. You may feel palpitations (abnormal awareness of heart beating) or dizziness or you may not feel any symptoms. If you do have any symptoms, consult your GP and notify Mr Joshi's secretary. You may require admission for further assessment under a cardiologist for few days.
5. If you feel unwell and are not able to access a GP, visit the Emergency department at Sir Charles Gairdner Hospital. If you are unable to go to SCGH, attend your nearest ED at any hospital and ask the doctors to inform Mr Joshi.
6. You shall receive "chest pain card" from ward prior to your discharge if your operation is done at **St John of God Hospital, Subiaco**. The number to contact in case of emergency is 0411707017. In case of urgent situation go to nearest ED
7. If your operation is done at **Mount hospital** you can contact staff at Wandoo ward for urgent advice on 93271383 or call 1800668681. In case of emergency go to nearest ED.

Side effects of the operation

Heart surgery is a major operation requiring prolonged surgery and anaesthesia. This is a major medical procedure and causes stress to human body. Like any other injury, it takes time for the body and mind to recover from a heart operation. It usually takes 6-8 weeks to feel normal again after major open-heart surgery.

What problems/issues may arise after your operation:

- **Loss of sleep:** Most patients will experience loss of sleep or irregular sleep. Some may be disturbed by strange dreams. You can discuss this with your doctor while you are in hospital and sleeping pills can be prescribed at the discretion of Mr Joshi.
- **Loss of appetite:** Most patients experience loss of appetite or a change of taste. This may occur due to medications, anaesthesia or from the effects of major operation on the body etc. It may take couple of weeks for this to get better.
- **High blood sugar:** This may be a problem for patients with Diabetes. The stress of surgery will usually cause your blood sugar levels to go high. Your diabetes medications or their dose may need to be changed for short time to control these. You should consult your GP if you have persistently high or low blood sugar or your medications were altered.
- **Swelling of the legs:** During your operation, intravenous fluid is given. Your body tends to retain fluid after major operation which may cause swelling of the legs and build up of fluid in and around the lungs. You will be started on diuretic medications that will make you pass more urine to remove excess fluid from your body. In some patients, where the vein graft is taken from legs, the swelling of the legs may persist longer. Very rarely the swelling may remain permanently. Generally it does not cause any functional problems i.e. any difficulties in the movement or use of legs.
- **Numbness in leg:** This is usually seen in patients in whom vein grafts are taken from their legs. There is a small nerve that runs along the vein which may get damaged during

harvesting (removal and preparation for graft) of the vein. The injury to the nerve may or may not recover completely and may cause lifelong numbness along the inner side of the leg. This usually does not cause any functional problems.

- **Leakage of fluid from leg wound:** This should have stopped by the time of discharge from hospital. In some patients, it may require ongoing dressing changes.
- **Irregular/fast heart beat:** Your heartbeat may increase abnormally after heart surgery. **Do not panic if this happens.** This is not un common after heart surgery and is usually caused by the inflammation from surgery. Depending on individual patient, treatment with medications may be required. This may require admission to the hospital.
- **Numbness on the inner side of thigh:** This may be experienced by patients who have had incision in the groin during the surgery. This occurs due to damage to the nerve at the surface. This may persist or may recover. Occasionally, injury to this nerve may cause skin irritation or pain. There is no effective treatment for managing this injury and usually well tolerated by most of the patients.

Patient Full Name (please print)

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Patient Signature (Signing here means that you have read and understood the document)

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Date

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