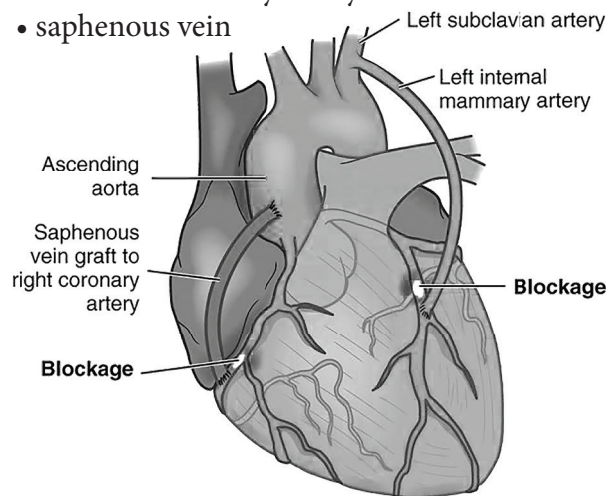


CABG - Common Type of Grafts

- internal mammary artery
- saphenous vein



(Lewis, 2014, p. 752)

What is CABG and Why do you need it:

Coronary artery bypass surgery helps restore blood flow to damaged parts of the heart. A CABG is an alternative intervention when stenting or ballooning a damaged artery is not an option. It is also used when there are a larger number of blood flow blockages (>3 vessels) or when the blockages are located in places that cannot be reached by other means (PCI - percutaneous coronary intervention [stenting]) (Lewis, 2014, p. 752)

What to expect:

Before the surgery you will be given general anesthesia. This consists of receiving medications that help you relax and then make you unconscious. You will essentially be in a deep sleep for the surgery and therefore you will not be aware of what happens during the surgery.

CABG requires opening the chest cavity and being placed on a heart-lung machine. This machine takes over the job of the heart and lung while in surgery. The surgery involves using other blood vessels to bypass the damaged ones. These other blood vessels are commonly acquired from veins in the legs or the internal mammary artery (see picture).

There are some cases where this surgery can be performed without the the heart-lung machine and this surgery is referred to as an “off pump: CABG” (Lewis, 2014, p. 752)

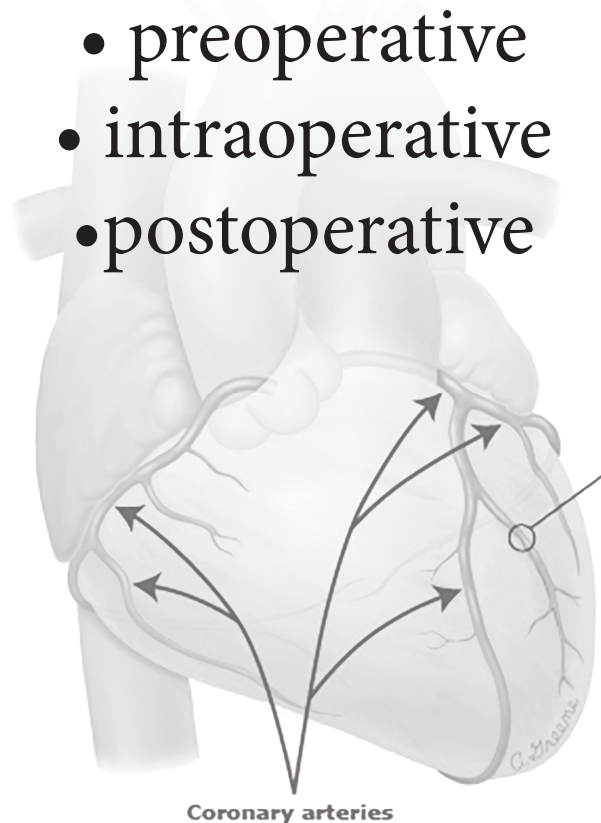
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CABG Coronary Artery Bypass

What you need to know!

- preoperative
- intraoperative
- postoperative



Coronary arteries

Preoperative Care

- Current recommendations are to continue to take daily aspirin prior to CABG surgery (preventive of blood clot formation). (Aranki, MD & Aroesty, MD, 2016).
 - Consult with doctor about other blood thinning medications such as Coumadin.
- Stop smoking – cigarette smoke contributes to mucous development in the lungs making it difficult to remove after surgery
- You will need to find someone to stay with after you get home from the hospital.
 - home health aide --> expensive
- You will need to stop eating or drinking by midnight the night before the surgery.
 - Although, you may take your normal pills with a small sip of water.
 - If you are diabetic, check with your doctor about your diabetic medicines.
- Your doctor will explain the surgery to you and ask you to sign a consent form
 - You may meet other members of the heart team, such as the anesthesiologist, the doctor who will give you drugs to put you to sleep for the surgery. (Staff, n.d.)
- You will need to have several pretests run including a coronary angiogram which is a special type of x-ray wherein dye is used to visualize the blood vessels of your heart. (Mankad, M.D., 2015)

Intraoperative Care

- You will be asked to wear a hospital gown, use the bathroom and take off any jewelry that could interfere with the procedure
- An intravenous (IV) line will be started in your arm or hand to be able deliver fluids and medications. Additional IV lines will be inserted into your neck and wrist to monitor your heart and blood pressure and be able to draw blood samples
- You will lie on your back on the operating table where the anesthesiologist will monitor your heart

rate, blood pressure, breathing, and blood oxygen level during the procedure.

- Once sedated (put into a deep sleep), a breathing tube will be inserted via the throat and you will be connected to a ventilator, which will breathe for you during the surgery.
- A catheter will be put into your bladder to drain urine (esp. because it last around 4 hours) which will avoid distension of the bladder (full bladder of urine which can increase blood pressure and heart rate). (Kantor, MD, 2007)
- The skin over the surgical site will be cleaned with an antiseptic solution from chest from just below the Adam's apple to just above the navel.
- The sternum (breastbone) will be split open and the doctor will spread the two halves apart to expose your heart. At this point the surgeon will start the heart-lung machine.
- A small length of blood vessel will be removed from your leg or chest and the surgeon will begin sewing it to your heart vessels. When finished, the surgeon will start your heart and turn off the heart-lung machine. The surgeon will wire shut your breastbone and use stitches or staples to close the wounds.
- Potentially you may have two or more small pacing wires on your chest which if required can be used to help control your heart beat. They will be removed before you go home.
- Two or three chest tubes will be in place and connected to a machine that helps drain air and blood. The tubes will be in place for about a day.

Postoperative Care

- After surgery you will be moved to the Intensive Care Unit.
- You will still have a breathing tube and the nurse may use a small tube to suction mucous from your lungs and mouth to prevent a build-up in your lungs. As you become stronger and more able to breathe on your own you will be weaned from the machine that is helping you to breathe. Once you

are breathing on your own, the tube in your windpipe will be removed. We will monitor your breathing and provide breathing aids as necessary (a mask or nasal cannula)

- It is important to treat the pain and you will be provided pain medication. Proper pain management aids in how quickly you recover.
- You must take deep breaths and cough 10 to 20 times an hour to prevent fluid build-up in your lungs. You will learn to use an incentive spirometer, a simple device to help train yourself to deep breath and evaluate the depth of your breaths.
- Walking as soon as you're able after surgery is important and may speed up your healing. Be sure to ask for help when you need it. You will walk, with help, the day after surgery.
- Approximately, after a day or two in the ICU, you will move to a regular hospital room for another three to five days.
 - You will have an IV, oxygen and a monitor for your heart. An x-ray, blood work, or other tests, may be also be needed.
- If a graft was taken from your leg, you may notice swelling in that leg. Elevating the leg and wearing special socks called "compression stockings" can help to reduce swelling.
- Anemia (a low number of red blood cells) is normal after surgery but it may make you feel tired.
- After one to two days the dressings over your chest and leg wounds will be removed
 - Staples will be taken out five to seven days after surgery and most of the stitches will dissolve.
- You will have the opportunity to speak with a dietitian to review foods that you should and should not eat. It is important to understand heart healthy food choices in order to keep your heart strong.
- You will slowly start walking more, begin exercises to help you heal and learn what to do when you get home
- You will need to see your surgeon about four weeks after you go home. You will receive a letter about this within two weeks.