



The day of your operation



The day of your heart operation is an important one for you. Heart surgeon Simon Kendall explains what's likely to happen once you arrive at hospital and through each stage of the day.

Preparing for surgery

Your nurse or consultant surgeon will let you know whether you're scheduled to arrive at the hospital during the evening before your operation or on the morning of your operation. It depends on various factors such as your mobility and health. Your nurse will explain things to you so you know when to come in.

When you come in to hospital, you'll see a nurse who will clip the hair on certain areas of your body such as your chest. You'll also have a shower using a special antiseptic soap. The nurse will provide everything you need including a towel and the soap, so don't worry about that.

Premedication to relax you

You'll be offered some pre-medication that will relax you. This is a sleeping tablet. If you come to the hospital in the evening and are having your operation in the morning, you'll probably have this the night before. If you arrive in the morning and/or are having your operation in the afternoon, you'll be offered pre-medication in the morning. There are generally two heart operations a day, the first in the morning and the second in the afternoon.

It's up to you whether you'd like to have the pre-medication or not. Most patients do have it, but you don't have to if you don't want to. It depends on how you're feeling and if you and your anaesthetist feel the pre-medication will be helpful to you. The medicine is designed to help you relax and, as a result, it may well be that you'll remember very little about your day of surgery.

Eating and drinking

In general, you'll have nothing to eat or drink from midnight of the night before your operation. In some hospitals, you'll be allowed to have a glass of water two hours before your surgery. Whether you can have a drink or not varies between anaesthetists, so if you're concerned about this, speak to your nurse. You're asked to fast because anaesthetic can make you sick. It's really important that you don't do anything that could make you sick while you're having the operation. This is because you can't cough when you're anaesthetised and fluid from your stomach could get into your lungs.

Ready for surgery

It's up to you and your family when you say goodbye before going for surgery. Some people say goodbye the night before, some stay at the bedside before you're taken to theatre, and others come to the theatre doors with you. Think about what you would prefer.

Once you're ready for surgery, a healthcare assistant from theatre will come to see you. They'll bring a trolley for you to lie down on. The healthcare assistant will then take you through to theatre. At the doors of the theatre, your anaesthetic nurse will ask you a list of final check questions to make sure you're the right patient for the right procedure and that all necessary precautions have been taken.

Before you go into the operating room, you'll go in to the anaesthetic room. Here, you'll see the anaesthetist and the anaesthetic nurse making their final preparations. The anaesthetists will insert a small drip into the artery in your wrist and another one into the vein on the back of your hand. This feels like a pin prick. You're now ready for your anaesthetic. The anaesthetist will inject anaesthetic into the drip into the vein and you'll quickly fall into a deep sleep.

Once you're asleep, the anaesthetist will put a tube through your mouth into your windpipe to connect you to a ventilator, so you continue to breathe. He or she will also insert another drip into the vein at the side of your neck. A nurse will insert a catheter (a tube) into your urethra and through to your bladder to collect urine. If you're a man, this will be done by a male nurse and if you're a woman, it will be done by a female nurse.

Your surgery will take a variable amount of time, but most heart surgery takes around three hours. This doesn't include the preparation in the anaesthetic room nor the time it takes to safely transfer you to the intensive care unit. The more complicated the procedure, the longer it will take.

After your operation

At the end of the operation, the theatre nurses will move you from the operating bed onto an intensive care bed in theatre and then take you through to the intensive care unit. Here, there'll be one nurse dedicated to caring for you. You'll still be under anaesthesia at this stage. For the next two to three hours, you'll be closely watched by an intensive care nurse. ►

This is to make sure that:

- your lungs are working well
- your blood pressure and pulse are stable
- there is minimal bleeding down the drains (tubes to drain fluids) that have been left around your heart during the operation

Drains are small tubes that are put in specific places to collect and drain away any fluid (like blood or pus) and air. They can also help identify any leaking or fluids that need further treatment.

Waking up

Once the nursing and medical team on the intensive care unit are satisfied with how you're doing, they'll turn off the sedation and you'll gently wake up.

You'll wake up in a large area with several beds. This is the recovery area. There'll be a nurse on hand to look after you. You may be able to see other patients recovering in their beds. When you wake up, you'll realise you have a tube in your throat. Lots of people feel very anxious waking up with this, and it's a natural reaction. It may help you to know that most people hardly ever remember this period of time. And, once you're strong enough to breathe, the anaesthetist or nurse will remove the tube.

There'll also be a drip in your neck, a catheter into your urethra to collect urine, chest drains, pacing wires and a dressing on your chest. If a vein was taken from your leg, you'll have a bandage on your leg.

Pacing wires are used temporarily if you've had heart surgery. They deliver an electrical current to your heart. The wires are put on to your heart and attached to a pacemaker. This is a small device that monitors your heartbeat and sends electrical signals to stimulate your heart to beat at a specific rate.

You'll be able to see your family. It can be quite disconcerting for family members to see you in the intensive care unit. For them, it will have been a long day with a lot of waiting around and the intensive care unit is a very busy environment. Some people prefer to ring on the first day to find out how you are and then visit you the next day. It's up to you and your family what you would prefer.

You'll stay in the intensive care unit overnight, then be taken to the cardiothoracic ward or the high dependency unit. The high dependency unit has one nurse for every two patients. The general ward has more patients but the hospital you're in will make sure that there are enough nurses working to care for everyone. This means a nurse won't be caring for more than eight people at a time.