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At MountainView Hospital, we have developed a heart program focused on your individual needs. The Cardiovascular Surgery Team at MountainView consists of surgeons, nurses, rehabilitation therapists, case managers and ancillary staff members who have dedicated their careers to the care and treatment of heart patients. Once your cardiologist identifies your need to have surgery, your journey begins with the Cardiovascular Surgery Program at MountainView. This journey continues during your stay with us, your discharge home and throughout the recovery process. At MountainView, your heart is in good hands.

There are a number of people who play a major role in your care, including our clinical coordinator, your surgeon and your cardiologist. Once your surgery has been scheduled at MountainView, you and your family have the opportunity to tour the facility and meet the nurses in the intensive and progressive care units who will be caring for you. We also offer extensive education prior to your surgery so that you know what to expect and feel comfortable and confident in the process. At MountainView, we believe that you are the key component to a successful recovery, and will actively involve you in your care.

The care we provide in surgery and immediately afterwards is geared toward improving your quality of life. Our educational program, led by the clinical coordinator, is designed to equip you with the skills necessary to maintain your cardiovascular health. We monitor your progress closely and coach you on how to balance exercise and rest, pain management and healthy lifestyle choices to support your new lease on life. Once you have been discharged home, you will begin working with the specialists at our Center for Cardiac Rehabilitation.
Dr. Michael Wood

Our Medical Director, Dr. Michael G. Wood is board-certified in surgery and thoracic surgery. Dr. Wood focuses on adult cardiac surgery, valvular heart disease, coronary artery disease, surgery of the thoracic aorta, minimally invasive cardiac surgery and off-pump coronary artery bypass surgery.

A New York native, Dr. Wood earned his Bachelor of Science in Biochemistry from Lafayette College in 1991 and received his medical degree from New York Medical College in 1995. While attending New York Medical College, Dr. Wood was accepted into the Alpha Omega Alpha Honor Medical Society, a professional medical organization, which recognizes and advocates for excellence in scholarship and the highest ideals in the profession of medicine. After completing his general surgery residency at the University of Southern California in 2002, Dr. Wood completed a fellowship in cardiac and thoracic surgery at New York University in 2004. While training at New York University under the direction of cardiac surgeon Dr. Stephen Colvin, Dr. Wood developed and refined advanced techniques in mitral valve repair and minimally invasive heart valve surgery.

Following the completion of his training, Dr. Wood moved to Las Vegas. In November 2012, Dr. Wood began a new group for cardiovascular surgery based at MountainView Hospital. Since 2004, Dr. Wood has been a pioneer of bringing innovative cardiac surgery skills to Southern Nevada. Currently, Dr. Wood is one of only two cardiac surgeons in the Las Vegas Valley to routinely employ minimally invasive surgical techniques for heart valve surgery. Dr. Wood is passionate about providing our community and patients with world-renown cardiac care right here in Southern Nevada.

Dr. Arnold Chung

Dr. Arnold D. Chung is a board-certified cardiothoracic surgeon originally from Seven Hills, Ohio. He completed a seven-year combined Bachelor of Arts and Doctor of Medicine program at Boston University and the Boston University School of Medicine, graduating in 2002. He then underwent training in general surgery at Fletcher Allen Health Care in Burlington, Vermont. His interest in cardiothoracic surgery was piqued during this period, and he furthered his surgical education at the University of North Carolina, a fully accredited three-year program in cardiothoracic surgery. Realizing the increasing patient demand for greater access to minimally invasive techniques when dealing with lung cancer, Dr. Chung undertook a one-year fellowship at Cedars-Sinai Medical Center. Under the supervision of Drs. Robert McKenna, Clark Fuller, Ali Mahtabifard and Harmik Soukiasian, Dr. Chung developed the skills necessary to surgically treat the most challenging thoracic pathologies. He is grateful for the opportunity to bring his expertise and experience to Southern Nevada.

Dr. James D. Daugharthy

Dr. James B. Daugharthy is a board-certified surgeon in general, cardiovascular and thoracic surgery. His practice is focused on complex adult cardiac, thoracic and vascular surgery. He was the first surgeon to bring the techniques of off-pump coronary artery surgery to Las Vegas. He also began the first program for endovascular surgery of the abdominal and thoracic aorta, and the first pediatric cardiac surgery program in Nevada.

A native of Baltimore, MD, he moved to Las Vegas in 1979. After completion of his medical degree at Loma Linda University in California in 1971, he obtained his general and vascular surgery training at Riverside County General Hospital and the Sunset Kaiser Foundation Hospital in Los Angeles, California. He returned to Loma Linda University for his cardiovascular and thoracic surgery fellowship. This included extensive training in pediatric, transplant coronary and valvular surgery. He was a founding partner and managing director of Cardiovascular Surgery Associates here in Las Vegas for more than 35 years.

Dr. Daugharthy has now moved his practice exclusively to MountainView Hospital’s Cardiovascular and Thoracic Surgery Associates. As one of the most experienced cardiac surgeons in Nevada, he brings a wealth of knowledge and skill in the treatment of complex cardiac, thoracic and vascular surgery cases.
Clinical Coordinator

Aside from our expert trained surgeons and staff, the cardiovascular and thoracic surgery program at MountainView Hospital provides dedicated clinical coordination. Consisting of two advanced practice nurses (APN) and a physician assistant (PA), the clinical coordinators performs patient, family and staff education, and offers direct patient care throughout all phases of the cardiovascular and thoracic surgery experience.

This registered nurse with advanced certifications and training is an integral part of assisting patients and their families through the surgery process. The clinical coordinator works closely with patients, physicians, and hospital staff to ensure the highest quality of care is consistently delivered. In addition, the clinical coordinator works with case management, social services and home health agencies to identify patient and family needs prior to discharge in order to make the transition from hospital to home as seamless and comfortable as possible.

The clinical coordinator arranges appropriate physician follow-up appointments, provides patient-specific home care instructions, and is available for consult with patients by telephone after discharge. At MountainView Hospital, we are dedicated to providing a personalized experience for our cardiovascular and thoracic surgery patients!
Pre-Admit
Pre-admit is a department in the hospital that initiates the hospital experience for many of our patients. Pre-admit is responsible for the preoperative screening and testing that almost all of the cardiovascular and thoracic surgery patients require. In addition, the pre-admit staff completes the initial health history, reviews preoperative instructions and orders, and ensures that patients are ready to begin their journey through our facility.

Cardiac Catherization Lab
The cardiac catheterization lab consists of highly skilled registered nurses and radiology technicians who assist cardiologists in numerous percutaneous cardiac procedures. From cardiac angiography to implantable pace makers, the cardiac catheterization lab team provides a highly-skilled service to thousands of cardiac patients each year. For cardiac surgery patients, the cardiac cath lab provides the diagnostic information needed to successfully identify and treat multiple different cardiac illnesses.

Cardiovascular and Thoracic Operating Room Team
The cardiovascular and thoracic surgery team consists of highly skilled registered nurses, surgical technicians and anesthesiology technicians who work in concert during surgery to provide a safe and comfortable operating room experience for patients while providing the surgeon and anesthesiologist with all of the support and assistance required during complex cardiovascular and thoracic surgeries.

Intensive Care Unit Three (ICU III)
ICU III is the intensive care unit where all cardiovascular and thoracic surgery patients who require intense monitoring are cared for. The registered nurses in this unit are some of the most highly trained and skilled nurses in the facility. Having received additional training and certifications, the nurses in ICU III recover patients from cardiac bypass graft (CABG), valve, lung, and vascular surgeries. In this unit, patients begin their path to recovery.
**Progressive Care Unit (PCU)**

PCU is an intermediate care unit that complements ICU III and continues to provide highly skilled and comprehensive care to our cardiovascular and thoracic surgery patients. The nurses in this unit have also received additional training in cardiac, lung and thoracic surgical nursing. These nurses ensure that the transition from the intensive care unit is seamless and that patients continue to receive the highest quality of care possible.

**Case Management**

Case Management is an important part of every patient’s hospitalization. It is a process that ensures that care is appropriate, timely, cost effective and that the patient is achieving the best possible care. Patients and direct caregivers are assisted through the healing process to discharge by a team of healthcare professionals using a coordinated, collaborative approach.

The Case Management Team consists of a skilled registered nurse (Case Manager), a clinical social worker and a utilization review nurse. These healthcare workers emphasize a team approach for quality patient care. They work with the doctors, the bedside nurses, dieticians and therapists to facilitate a holistic approach in achieving optimal care for you, the patient and for your family. If you have questions about this resource, please contact the Director of Case Management at (702) 962-7680.
**Pre-Registration**

Pre-Registration will save you time and help us expedite your admission into the hospital.

Please go to our website to pre-register: www.mountainview-hospital.com or call our pre-registration phone number at (702) 304-3150.

**Important Phone Numbers**

<table>
<thead>
<tr>
<th>Service</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Physician Referrals/Consult-A-Nurse</td>
<td>(702) 962-5021</td>
</tr>
<tr>
<td>MountainView Hospital Main Number</td>
<td>(702) 962-5000</td>
</tr>
<tr>
<td>Pre-Registration</td>
<td>(702) 304-3150</td>
</tr>
<tr>
<td>Financial Counselor</td>
<td>(702) 962-9064</td>
</tr>
<tr>
<td>Cardiac Rehabilitation</td>
<td>(702) 962-7620</td>
</tr>
</tbody>
</table>

**My Important Phone Numbers:**

Physician: ________________________________

Pharmacy: ________________________________

Support Person: __________________________
Minimally Invasive Valve Surgery

MountainView uses minimally invasive techniques for the repair and replacement of aortic and mitral heart valves. The many potential advantages of this approach include:

- Smaller incision
- Smaller scar
- Decreased pain
- Decreased risk of infection
- Decreased blood loss
- Decreased length of hospital stay - the average recovery time after minimally invasive surgery is one to four weeks, while the average recovery time after traditional heart surgery is six to eight weeks. This means a quicker return to physical activities and driving.
- Minimally invasive valve surgery reduces or eliminates the need to divide the breastbone.

Right mini anterior thoracotomy performed in the second intercostals space for aortic valve procedures

Right mini later thoracotomy performed in the 5th intercostals space for mitral valve procedures

Carpentier-Edwards PERIMOUNT Magna Ease
Aortic Heart Valve ©

Carpentier-Edwards Physio Tricuspid Annuloplasty Ring
CORONARY ARTERY SURGERY

Right coronary artery

Left anterior descending artery

BYPASS SURGERY

Before

Blocked coronary artery

After

Vein grafts woven in to bypass blockage
HEART VALVES

Normal mitral valve

Narrowing of mitral valve (mitral valve stenosis)

Blood is unable to flow freely from the left ventricle to the aorta during aortic stenosis.
**Pre-op Teaching**

- Surgical Procedure
- Consents
- Nothing to eat after midnight
- I.S. instruction/T, C & DB
- TED hose
- Meds: Antibiotics (Nasal & IV), laxative, sleeping pill, pre-op sedation
- Surgical sites/Skin prep
- Monitoring lines, tubes & equipment
- Progressive Mobilization
- Pain Management
- Sternal Precautions
- Dreams/Hallucinations
- ICU Visitation
- Progression of diet (nausea/anorexia)
- Video 1 - “Preparing For Your Surgery”
- Video 2 - “First Days of Recovery”

**Post-op Teaching**

- Risk Factor Modification (check all that apply:)
  - [ ] Diabetes
  - [ ] Hypertension
  - [ ] Smoking (within last 12 months)
  - [ ] Hyperlipidemia
  - [ ] Family history
  - [ ] No identified risk factors
- Leg Swelling/TED Hose
- Incision Care
- Bathing instructions (showers; NO baths)
- Activity Guidelines (alt rest with activity)
- Anticoagulation (Valve/A Fib)
- SBE Prophylaxis (Valve)
- Pain Management (pills/heating pad)
- Mood/Cognitive changes
- Sternal Precautions (lifting restrictions/driving limitation)
- Smoking Cessation (if applicable)
- Outpatient Cardiac Rehab
- When to notify your Physician
- Video 1 - “Heart Surgery: Getting Ready To Leave The Hospital”
- Video 2 - “From Hospital to Home”
- Video 3 - “Rehabilitation”
As you leave the hospital to continue your recovery at home, feelings of anxiety and apprehension are common. Take a deep breath, you are doing great!! This discharge instruction guide has been designed to help answer questions frequently asked by patients and their family members. Remember, not all cardiac surgeries are the same, and each patient responds to surgery differently. As a result, your specific discharge instructions may include additional information not provided in this guide. Always follow specific physician discharge instructions in addition to these general discharge guidelines.

It is very common to:

- Not have much of an appetite. It may take several weeks for your full sense of smell and taste to return.
- Experience difficulty sleeping at night. You might have difficulty falling asleep, or find that you awake early in the morning and cannot fall back asleep. Make sure that you get plenty of exercise/activity during the day. Taking a “pain pill” prior to going to bed sometimes helps.
- Experience some swelling after surgery, especially in the legs. Keeping your legs elevated while seated and wearing your elastic TED hose, if prescribed, can help decrease leg swelling.
- Experience constipation. Pain pills and surgery in general will increase the occurrence of constipation. Drinking an adequate amount of fluid, adding more fruit and fiber to your diet, and using an over the counter laxative can help relieve constipation.
- Experience emotional changes and temporary depression. Postoperative depression and emotional changes are as common as preoperative anxiety and fear. You will experience good days and not so good days. Don’t let these mood swings get you down, it will get better!!
- Have a small “knot” or “bump” at the top of your sternal incision. This will go away over the next four to six weeks.
- Experience an occasional “clicking” or unusual sensation in your chest immediately after surgery. This is normal. This sensation should resolve in the first couple of weeks after surgery. If this persists, let your surgeon know.
- Experience muscle pain and/or weakness in your shoulders, upper back and arms. This will improve dramatically with time. Take your pain medication as prescribed for discomfort.
- Experience numbness and/or tingling on the left side of your chest. This is especially common if your surgery involved the use of the left internal mammary artery as a conduit for bypass surgery.
- It may take up to two to three months for symptoms to fully resolve.

Remember:

- It might take four to six weeks to start feeling better.
- Take all of the medications prescribed by your physicians upon discharge. Never stop a medication without being instructed to do so by your doctor.
- If you have any questions or concerns, contact your surgeon immediately.
- You will need to follow-up with all of your doctors after you are discharged. Call and make follow-up appointments as soon as you are discharged if an appointment has not been made for you.

Appointments should include:

1) Surgeon
2) Cardiologist
3) Internal Medicine/Primary Care Physician
**Care of your chest incision**
- Shower daily. No tub bathing or swimming until cleared by your surgeon. You may wash your incision with soap and water and then pat dry with a clean towel. This is the time to examine your incision, taking note of any redness, swelling or drainage. If you experience any of these symptoms, contact your surgeon immediately. Do not use new soaps, lotions or creams on your incision unless instructed to do so by your surgeon.

**Care of your leg incision following vein harvesting**
- Care for your leg incision exactly as described above.
- Avoid crossing your legs as this makes it more difficult for blood to return to your heart.
- Elevate your legs while sitting.
- Do not sit or stand in one position for too long. It is important for you to be up and active as much as possible during the day.
- If leg swelling does not improve after elevating your legs, or if the swelling increases dramatically, inform your surgeon and cardiologist immediately.
- If prescribed, continue to wear your elastic TED hose stockings while out of bed for the next two weeks.
- You may wash the stockings with mild soap and water.

**Medicines**
- You will be given prescriptions for all of the medicines you will need to take at home before you are discharged.
- In addition, your doctor will tell you if and when to resume your home medications.
- If you have any questions regarding your medications, ask your doctor or nurse about them before you leave.
- Take all medications exactly as they are prescribed to you.
- Do not stop taking medications without a doctor's instruction to do so.
- Do not take any new medications unless instructed to do so by your doctor. Verify the safety of “over the counter” medications with your doctor and pharmacist.
- Keep a medication list in your wallet that includes the names of your medications, dosages and the times the medications are to be taken.

**Common Side Effects of Medications**
- If you develop any of these side effects while taking your prescribed medications, notify your doctor immediately.
  1) Excessive nausea and/or vomiting
  2) Diarrhea
  3) Stomach pain
  4) Dizziness or loss of consciousness
  5) Confusion or hallucinations
  6) A slow or fast pulse (heart rate)
  7) Skin rash or hives
  8) Unusual bruising and/or bleeding
**Conditions requiring immediate medical attention**

- Unrelieved chest pain/tightness (angina-like) that is not similar to your postoperative incision pain.
- Heart rate faster than 150 beats per minute or less than 60 beats per minute that is associated with shortness of breath.
- Shortness of breath that is not relieved with rest.
- Chills or a fever greater than 100.5.
- Coughing up bright red blood.
- Sudden weakness or numbness in arms or legs.
- Sudden severe headache.
- Fainting or loss of consciousness.
- Severe abdominal pain, nausea, vomiting, or diarrhea.
- Bright red stool.

**Activity**

- Stop any activity immediately and rest if you develop:
  1) Shortness of breath
  2) Notice irregular heart beats
  3) Feel faint or dizzy
  4) Develop chest pain
- If any of these symptoms persist after resting, notify your doctor.
- Gradually increase your activity. Begin with four 10-15 minute walks daily and increase as tolerated.
  Walking is one of the best methods of exercising after your open heart surgery because it increases circulation throughout the body and increases blood supply to the heart muscle. Do not walk outside if it is above 80 degrees or below 40 degrees. During these periods of poor weather you can walk in your house, in the mall, or on a treadmill.
- Ensure plenty of rest in between periods of exercise or activity. A balance between exercise and rest is a must.
- Wear loose fitting, comfortable clothing that does not put unnecessary pressure or stress on your incisions.
- Unless instructed not to do so by your doctor, it is safe for you to use stairs. Take them slowly and one at a time.

**Driving**

- You may not drive for one month. Minimally invasive surgeries may allow for driving earlier in your recovery. You may ride as a passenger in a car. Wear your seat belt.
- It is important that your breast bone heal correctly prior to driving, riding a bicycle outdoors, or driving a motorcycle.
- If you are a passenger in a car for an extended amount of time, be sure to get out of the car every two hours or so and walk around for a few minutes.

**Lifting**

- It is important not to lift anything heavy (greater than 10 pounds) for six weeks after surgery. You do not want to put too much pressure on the breast bone as it heals. It is important that you do not push or pull excessively with your arms for six weeks after surgery for the same reason.
- Light house work such as dusting, setting the table and washing dishes is allowed. Heavy housework such as vacuuming, sweeping, laundry and yard work are not permitted for the first six weeks.
- Your physician will tell you when you may resume a regular work out pattern or specific exercises that require heavy lifting and/or the potential for physical contact.
Sexual Activity

- You may resume sexual activity as soon as you feel comfortable doing so.
  Please remember:
  1) It is normal to feel nervous about resuming sexual activity.
  2) Allow for a gradual return of sexual activity.
  3) Have sex when you are fully rested and comfortable.
  4) For the first six weeks, avoid positions that place tension on the arms or chest.
  5) Some routinely prescribed medicines can contribute to difficulties with arousal or performance.
    If these issues persist, speak to your doctor.

Cardiac Rehabilitation

- Cardiac rehabilitation is a structured program that involves a team of physicians, nurses, exercise
  physiologists, physical therapists and nutritionists. The program is structured to assist patients who
  have undergone cardiac surgery to safely and confidently resume normal activity and exercise.

Cardiac Rehabilitation

- Phase I of cardiac rehabilitation begins immediately after your surgery while still in the hospital. The
  goals of phase I cardiac rehab focus on improving mobility and pulmonary function abilities. This phase
  of cardiac rehabilitation continues until discharge.
- Phase II of cardiac rehabilitation is an outpatient program provided here at MountainView Hospital and
  requires a physician's referral. The referral will be obtained from your physician while you are still in the
  hospital. At your follow-up appointment, you and your doctor will decide if you are ready for phase II
  cardiac rehabilitation. This cardiac rehabilitation program usually begins two to six weeks after surgery
  and involves monitored exercise instruction three times per week for 10 to 12 weeks.

  The goals of phase II cardiac rehabilitation are:
  1) Improve functional capacity and endurance
  2) Provide education on lifestyle change
  3) Reduce fear and anxiety about increasing activity or exercise
  4) Assist in making optimal social and psychological adjustments
  5) Review of medications
  6) Individual goal setting
  7) Nutrition counseling
  8) Stress Management
  9) Safe performance of activities including sexual activity, vocational and recreational pursuits.

- Your spouse or other family members are encouraged to attend these sessions with you.

Diet

- It is generally recommended that you follow a low fat, low cholesterol, no added salt diet after cardiac surgery.
- Less than 30 percent of your calories should come from fat.
- You should begin diet modification once your normal appetite has returned.
- If you are diabetic, it is important to follow a diabetic diet that includes modifications for low fat, low sodium and low
  cholesterol intake.
- Nutrition classes are available at MountainView Hospital.
What do I need to do differently now that I have a prosthetic heart valve?
After receiving a prosthetic heart valve, many patients imagine having to dramatically change their lifestyle and daily routines. However, this is usually not the case. In fact, many patients will notice a significant improvement in their physical strength because they are no longer affected by the symptoms produced by their heart valve disease. Typically, preoperative symptoms of heart valve disease will begin to improve in the first couple of weeks following surgery. The majority of the benefit after heart valve surgery is not fully recognized by the patient from several weeks to months after discharge from the hospital.

How will I know how much physical activity I can tolerate?
In addition to nutrition and diet education, which you will receive while still in the hospital, your physician has also referred you for our outpatient cardiac rehabilitation program. This program is extremely valuable to help you set realistic and obtainable goals for increasing your exercise tolerance and physical fitness. The outpatient cardiac rehabilitation staff is specially trained in developing safe and effective cardiac exercise programs that are tailored to the individual. This exercise program uses continuous cardiac monitoring and is performed in the presence of nursing and rehabilitation staff.

Will I receive an ID card for my implanted heart valve or valve repair product?
Mechanical heart valves are required by the Food & Drug Administration (FDA) to be registered. Bioprosthetic (tissue) valves and rings are not required by the FDA to be registered, however, most valve companies provide this service for you. You will be provided with a temporary ID card that contains all the necessary information about your valve or ring. At the time of surgery all of the valve or ring product information is sent to the manufacturer along with your patient information. The company will then send you a permanent valve identification card that you can place in your wallet or purse for easy reference.

Are there any specific safety concerns associated with prosthetic heart valve?
All prosthetic heart valves and heart valve repair products are safe for X-ray examinations, airport security systems, cell phones, electric appliances and magnets. None of these items or procedures will have any affect on the reliability of your implant.

Will I require anticoagulation or “Coumadin” after my heart valve surgery?
Patients who receive a mechanical heart valve will require life long anticoagulation with Coumadin. Specific instructions and additional education will be provided for all patients requiring anticoagulation therapy with Coumadin. Tissue valves and valve repair products typically do not require long-term anticoagulation therapy. However, there are situations when short-term anticoagulation (one to three months) is recommended for tissue valve recipients. Your doctor will be able to provide more information regarding these special situations.

Will I need antibiotics prior to undergoing dental or surgical procedures?
All patients who have undergone valve replacement or repair are at an increased risk for developing an infection of the heart valve called endocarditis. As a result, the American Heart Association recommends antibiotics to be given prior to dental procedures involving the gum tissues, teeth, or other soft tissues in the mouth. This includes routine professional cleanings. Please remember to provide your dentist with a copy of your heart valve prosthesis ID card in order to facilitate appropriate antibiotic coverage.
COUMADIN THERAPY PATIENTS

If you are being sent home on the anticoagulation medicine “Coumadin” the following information is important for you to understand in order to make your anticoagulation therapy as successful as possible and reduce the chance of complications.

What do anticoagulants do?

An anticoagulant helps modify how your body develops blood clots. As a result, anticoagulants can help prevent the formation of blood clots in arteries, veins and heart. Anticoagulants are also used for patients who currently have a blood clot. Anticoagulants do not dissolve blood clots but rather prevent their formation or enlargement and allow the clot to dissolve on its own. Anticoagulants are used in heart surgery patients primarily for patients who receive a prosthetic heart valve or who develop atrial fibrillation after heart surgery.

What Blood Tests Will You Need?

The blood tests needed to adjust your Coumadin therapy are called prothrombin time (PT) and international normalized ratio (INR). These two tests help determine your Coumadin dose and therapy goals. These tests are performed at a lab or by home health care personnel usually once a week to once a month and sent to your doctor. Prior to discharge from the hospital, arrangements will be made for your laboratory tests. Important things to remember regarding your lab tests (PT/INR):

- Always have your INR checked when scheduled.
- Go to the same laboratory every time (different labs can produce different results).
- If you are planning a trip, talk to your doctor about making the appropriate arrangements for lab testing prior to leaving.

How to Take Coumadin (Warfarin)

1. Take the dose as instructed once a day.
2. Take the dose at the same time every day.
3. The medication can be taken before or after food.
4. If you forget to take a dose and remember within eight hours, take the dose. If it is past eight hours, wait until the next scheduled dose and take only the dose for that day. NEVER TAKE A DOUBLE DOSE!
5. If you forget to take your dose for more than two days, contact your doctor as the dose may need to be changed.
6. When you take your daily dose, check the date off on your home calendar.
7. Refill your Coumadin prescription one week before the end of your supply to avoid missing a dose.
8. Continue to take your Coumadin until instructed to stop by your doctor.

Precautions When Taking Coumadin (Warfarin)

1. Talk to your doctor or pharmacist regarding the use of all other medications and vitamin supplements as many medications affect the action of Coumadin. Specific medication or supplements that affect Coumadin include:
   - Prescription medications.
   - Non-prescription medications including aspirin, acetaminophen, ibuprofen, non-steroidal anti-inflammatory drugs (NSAIDS), cough and cold medications, antacids, laxatives, or other medications for pain and discomfort.
   - Vitamin preparations containing Vitamin K (phytonadione), or large amounts of vitamin E or C.
Diet

Vitamin K is used by the body to maintain normal blood clot formation. When you are taking an oral anticoagulant such as Coumadin (Warfarin), eating foods rich in Vitamin K can work against the medication. The following guidelines will help control the amount of Vitamin K you are getting from the foods you eat and help the medicine perform well:

1. Avoid grapefruit and cranberry products.
2. If you eat liver, spinach, turnips, broccoli, or other green leafy vegetables be sure to eat a consistent amount from week to week.
3. Tell your doctor if you plan to radically change your diet (such as adopting a vegetarian diet or a new diet focused on weight loss or gain).
4. The following supplements should be avoided while taking Coumadin:
   - Garlic
   - Ginseng
   - St. Johns Wort
   - Ginger
   - Feverfew
   - Chondrotin sulfate
   - Ginko biloba
   - Fish oil
5. In addition, do not take any vitamin supplements that provide more than 100 percent of the Recommended Daily Allowance (RDA).
6. Avoid routine heavy drinking of beverages that contain alcohol. Heavy drinking is considered to be more than 2 ounces of liquor, 10 ounces of wine, or 24 ounces of beer a day.
7. If you drink tea, black tea is recommended as it is not high in Vitamin K.
8. If you wish to increase the number of daily servings of vegetables in your diet plan, choose vegetables that are not high in Vitamin K, such as corn, squash, potatoes, carrots, cucumbers, celery, peppers, pumpkins and tomatoes.

Daily Activities

Be careful when conducting your daily activities as you will be at an increased risk of bleeding while taking Coumadin (Warfarin).

1. It is recommended that you use an electric razor to shave and avoid blades.
2. Use a soft toothbrush. Brush and floss gently to avoid bleeding gums.
3. Avoid situations where you may be hurt at home or at work. Even minor injuries must be closely observed as the risk of bleeding is dramatically increased while taking Coumadin (Warfarin).
4. Call your doctor if you sustain an injury to your head or experience injury from falling.
**Emergencies**

1. Keep your doctor's name and phone number with you at all times.

2. Call your doctor if signs of bleeding develop, such as vomiting blood, having bloody or black stools, bleeding from the nose or mouth, bloody urine, heavy menstrual bleeding, feeling tired or looking pale, sudden change in hearing or vision, severe headache, numbness of one side of your face or body, or significant bruising is noticed.

3. Always wear or carry some form of identification that indicates you are taking Coumadin (Warfarin). In an emergency, you may not be able to speak for yourself.

4. Falls that cause bruising or injuries that result in bleeding need to be taken very seriously as your risk of bleeding is dramatically increased.

5. If you do cut yourself and the cut is small, apply direct pressure to the site until the bleeding stops. This may take up to 20 minutes. If the bleeding has not stopped after 20 minutes, continue to apply direct pressure and go to the nearest emergency room for treatment. If the cut is large, or the bleeding is significant, call 911 immediately.

**Other Considerations While Receiving Coumadin (Warfarin)**

1. It is important to avoid pregnancy while on Coumadin (Warfarin). Use at least two forms of birth control while taking Coumadin.

2. If you are planning on becoming pregnant, talk to your doctor about the risks and ways to reduce those risks. Tell your doctor right away if you become pregnant.

Tell all doctors, dentists, and health care providers that you are taking Coumadin (Warfarin) as all surgeries and many other procedures require stopping Coumadin therapy.
**Cardiac Rehabilitation Program**

**Our Program**
MountainView Hospital's Cardiac Rehabilitation Services is a comprehensive lifestyle management program providing education and support to patients as they transition to a healthier lifestyle. Our Cardiac Rehabilitation professionals work with you and your doctor in a team effort to provide you with a blueprint for a healthy life. Cardiac Rehabilitation is a monitored and supervised exercise and education program that allows patients who have been diagnosed with a heart condition to confidently resume their normal activities of daily living as quickly as possible. Some of the cardiac diagnoses that may benefit from Cardiac Rehab include: myocardial infarction (heart attack), coronary artery bypass graft (CABG), chronic stable angina, congestive heart failure (CHF), severe coronary artery disease (CAD), coronary revascularization (angioplasty, stent), pre-/postheart transplant and valve surgery.

**Our Team**
Licensed clinical professionals provide patients with a comprehensive medical management regimen, which includes exercise, nutrition, stress management, weight management and smoking cessation as well as medical and medication monitoring. Each patient's experience in the program is customized to his or her specific needs and disease history.

**Our Goal**
Our goal is to help improve your understanding of heart disease, enhance your ability to control symptoms by making healthy choices and returning you to your highest level of activity. The program is tailored to a patient's specific disease history and needs. Throughout the program, rehabilitation professionals monitor and work with patients to decrease risk factors for disease through exercise and education, while keeping a patient's primary physician apprised of progress.

**We're With You Every Step of the Way**
Patients begin the program with an orientation process that includes a physical evaluation and the development of a personal treatment plan. The plan is designed to assist in achieving individual goals, while maintaining achievable lifestyle changes.

**Exercise**
Your exercise prescription is based on your diagnosis and any special needs you may have. You will learn how to exercise safely in a monitored setting. Exercise goals are based on each patient's personal goals for his or her recovery. Individualized and group education based on patient needs is provided throughout the program so that each patient can learn more about heart disease and effective ways to manage cardiovascular risk factors.

**Support**
The Cardiac Rehabilitation team offers program participants a friendly and open environment that encourages and supports participants in the rehabilitation process. A family member/spouse is encouraged to participate in the educational sessions at no additional charge.

**Enrollment**
Patients should always discuss Cardiac Rehabilitation with their physician before starting this or any other exercise regimen. A physician's prescription is a requirement. Medicare and most insurance companies cover Phase II Cardiac Rehabilitation. Our staff can assist you with the insurance verification process prior to the start.

**healing and wellness**
giving you more than rehabilitation and therapy

Cardiac Rehabilitation is one of the many cardiology services that MountainView Hospital is proud to offer to the community. MountainView is also part of the only network of accredited Chest Pain Centers in Las Vegas--Sunrise Health.

If your loved one develops chest pain, he or she is significantly better off in an accredited Chest Pain Center.

MountainView Cardiac Rehabilitation
3150 North Tenaya Way, Suite 130
Las Vegas, NV, 89128
(702) 962-7620.
Heart Healthy Eating Nutrition Therapy

A plan called Therapeutic Lifestyle Changes (TLC) can help people who have high amounts of cholesterol in their blood.

- Following the TLC plan can help reduce the low-density lipoprotein (LDL) cholesterol (also called “bad” cholesterol) in your blood.
- High-density lipoprotein cholesterol (sometimes called “good” cholesterol) helps rid your body of LDL cholesterol.

Keys to TLC

**Limit saturated fats and trans fats:**
- Foods high in saturated fats include fatty meat, poultry skin, bacon, sausage, whole milk, cream and butter.
- Trans fats are found in stick margarine, shortening, some fried foods and packaged foods made with hydrogenated oils.
- Instead of butter or stick margarine, try reduced-fat, whipped, or liquid spreads.

**Limit the amount of cholesterol that you eat to less than 200 milligrams (mg) per day.**
- Foods high in cholesterol include egg yolks (one egg yolk has about 212 mg of cholesterol), fatty meat, whole milk, cheese, shrimp, lobster and crab.

**Eat more omega-3 fats (heart-healthy fats):**
- Good choices include salmon, tuna, mackerel, and sardines. Aim to eat fish twice a week.
- Other foods with omega-3 fats include walnuts and canola and soybean oils.

**Flaxseed is another source of omega-3 fats. Have it as flaxseed oil or ground flaxseed.**

**Limit the total amount of fat that you eat (including heart-healthy fats) to 25% to 35% of the calories that you eat.**
- If you should eat 2,000 calories per day, your fat intake can be between 50 grams (g) and 75 g per day.

**Get 20 g to 30 g of dietary fiber per day:**
- Fruits, vegetables, whole grains, and dried beans are good sources of fiber:
  - Aim for five cups of fruits and vegetables per day.
  - Have 3 ounces of whole grain foods every day.

**Plan to eat more plant-based meals, using beans and soy foods for protein.**

**Talk with your dietitian or doctor about what a healthy weight is for you.** Set goals to reach and maintain that weight.

**Talk with your health care team to find out what types of physical activity are best for you.** Set a plan to get about 30 minutes of exercise on most days.
Consult-a-Nurse®

Have a health question? Need a physician? The MountainView Consult-A-Nurse® program is a free hotline answered by registered nurses 24 hours a day, seven days a week. While the nurses can’t provide a diagnosis over the phone, they can answer your health questions and help you find a physician specific to your needs. Call 702-962-5021.

Find a Physician

Finding a physician just got easier! Visit www.MountainView-Hospital.com/physicians to find a physician who meets your needs. You also can call 702-962-5021 for physician referrals, advice from nurses and program registration.

Diabetes Classes

We offer free diabetes classes to the public, including an overview and medication class, and a nutrition class. Call 702-962-5021 to register.
Living a healthier lifestyle is easier when you have the support of like-minded people. At H2U, that’s exactly what you’ll find—active, engaged members who never take good health for granted. Become part of this special group that enjoys a variety of health and wellness classes and events. Go online to www.MountainView-Hospital.com or call 1-800-771-0428 to join.

MyHealthOne makes your most important health information available online 24 hours a day from your desktop computer, laptop, tablet or smartphone. Here’s a few of the many features offered by MyHealthOne:

Create a MyHealthOne account

1. Visit mountainview-hospital.com/MyHealthOne and click “Start managing your health today.”
2. Pick a username, password and enter your email address.
3. Have your Social Security number (SSN) available if you’d like to link your health records today.

If you don’t have your SSN, or have questions about MyHealthOne, call (855) 422-6625.

*Bill Pay excludes anesthesia or emergency physician bills, which are billed separately. Note that some medical records may only be available through our hospital Medical Records office.
RELEVANT WEBSITES:

For more information, visit:


b. American Heart Association: www.Heart.org

c. The Society of Thoracic Surgeons: www.STS.org


e. Nevada Tobacco Abuse: http://health.nv.gov/index.htm

f. MountainView Hospital: www.mountainview-hospital.com
IMPORTANT FOLLOW-UP APPOINTMENTS
MountainView Cardiovascular & Thoracic Surgery Associates

☐ Dr. Arnold Chung  ☐ Dr. James D. Daugharthy  ☐ Dr. Michael Wood

At the following office location:
3150 N. Tenaya Way, Suite 440 • Las Vegas, NV 89128
www.HeartandLungNV.com • Phone: (702) 962-5920 • Fax: (702) 240-9984

At the time of discharge you will be provided with a prescription for a chest X-ray. You are to obtain a chest X-ray on the day prior to your appointment. You will be given your films by the diagnostic center to bring with you to the office.

Date___________________________ Time________________

CARDIOLOGY
Dr.________________________________________________
Date_________________________ Time____________________
Address________________________________________________________________
Phone__________________________________________________________________

INTERNAL MEDICINE / FAMILY PRACTICE
Dr.________________________________________________
Date_________________________ Time____________________
Address________________________________________________________________
Phone__________________________________________________________________

OTHER
Dr._______________________ Specialty__________________
Date_________________________ Time____________________
Address________________________________________________________________
Phone__________________________________________________________________

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(702) 962-7620

Located in the medical office building next to MountainView Hospital. You will be contacted by Rehabilitation Services for an appointment.