



Your ICU Admission & Hospital Stay

Welcome to *Minimally Invasive Cardiothoracic Surgery* service. I would like you to be fully aware of what to expect, so that you can actively participate in your recovery. On arrival, you will need to complete some blood and imaging tests that I have ordered for you. It is helpful if you could nominate one family member to be your contact person. With your permission, information regarding your condition will be given to that person. This approach protects your rights to privacy.

Intensive Care Unit

Usually after surgery, you will be transferred to the *Intensive Care Unit (ICU)*. In ICU, the nurses, physiotherapists and intensive care doctors will work together to ensure you have a smooth post-operative recovery.

Breathing Tube

On admission to the ICU, you will be placed in a private room. There is one dedicated nurse to your care. On your return to the ICU you may have a breathing tube which goes into your mouth and down into your airway. This tube is put in prior to surgery to allow you to breathe whilst you are anaesthetized. If you do have a breathing tube this tube will be connected to a machine called a ventilator that will assist with your breathing. You will not be able to talk with a breathing tube in your mouth and it will feel a little bit strange, but you are very safe. Please keep in mind that:

- The breathing tube is necessary for your recovery from the anesthesia
- It is only temporary and you will be able to speak, once the tube is removed
- Please do not resist or the ventilator
- To communicate, you may nod or shake your head to questions asked by your nurse

First Memories

It is our best practice to expedite your recovery by removing the breathing tube, as soon as it is appropriate. Your first memories of the ICU may be ones of many hands prodding you, with amplified voices, buzzes, beeps and rings. The nurses will be doing a physical assessment of your condition, which involves touching and talking to you. You may feel disorientated at first, but hang in there! They will complete the assessment in about 30 minutes. Our next step will be to make you as comfortable as possible. The many monitors in your room are used to alert the nurse to any changes. Remember, the sound of an alarm rarely means you are in danger. More often, it is a reminder for your nurse to complete a task.

Lines & Tubes

After your breathing tube is removed, you can expect to be placed on oxygen either by a facemask or by a nasal cannula. Several intravenous lines will be in place, which are necessary for fluid replacement, pain medication and blood pressure control. Also present will be chest drains and a urinary catheter. Please listen to your nurse and restrain your hands from accidentally dislodging lines or tubes.

You will normally have one chest tube attached to a bottle to expel air and fluid from your chest cavity. This is routine after chest surgery. The drain will be removed when there are minimal air and fluid coming out. The drainage will be assessed on a daily basis. Sometimes, there may be a small amount of air leaking from the surface of the lung. As you know the lung is like a sponge, it may leak air from its surface after surgery. If the air-leak situation is prolonged, we will leave the drains in for a bit longer (sometimes could be days), until they are ready to be removed. Please be patient, as almost all air-leak situations will resolve conservatively without any interventions. The ICU can be an overwhelming experience. Every attempt will be made to ensure that you comfortable and safe. The average ICU stay is 1-3 days.

ICU Visiting Hours

The care you need during your stay in the ICU fills most of the day. Therefore, visiting hours are limited to two visitors at a time from 10:00 am to 8:00 pm.

Postoperative Ward

Our intensive care doctors and I will decide when you are ready to be discharged from the ICU to a normal postoperative ward. Once you are transferred, you will be primarily looked after by me, my practice nurse, Ms. Clare Brown and our ward nurses.

On arrival to the Ward, you will be given a private room if available. When you first arrive to the Ward, you will be assigned to a primary nurse. We encourage you to actively participate in your recovery and communicate your needs to your nurse. We also have a team leader who will be the person coordinating your plan of care with you and your family. Your remaining postoperative care will be carried out on the ward until you are ready to be discharged. Usually, the ward stay is around 1 to 2 days. The **visiting hours are 10:00 am – 8:00 pm**. There are three important tasks that we need to focus on while you are on the ward:

Wound Protection

During your stay, you will appreciate that we will inspect your wounds and keep them dry at all times. If your dressings are soaked with water or body fluid, the dressings will be changed. We may also apply some anti-septic solution on the surface of the wounds to keep them dry and clean.

Physiotherapy

It is important that you work with our physiotherapists on a regular basis and try to be proactive with your lung exercises. This will help your lung expansion and reduce the risk of chest infection, which may slow down your recovery. You will be given a breathing “toy”, also known as the “Coach”. You will be taught on how to exercise your lungs with it. Try to **breathe in deeply and beat your Coach!**

Medication Adjustment

During your remaining hospital stay, we will fine-tune your medications according to your blood pressure, heart rate, fluid status, and pain threshold. Please let us know if you have any concerns, as this is the time when we titrate your medications, so you can go home safely and comfortably.

At the time of discharge, you will be tolerating a normal diet, advancing your physical activities, and feeling “almost there

This is a general sketch of what to expect after your surgery. The postoperative course varies with each patient. Sometimes complications may occur, which can delay your discharge. You may rest assured that every effort will be put forth to provide you a most attentive surgical care.

Yours sincerely,

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