



The first three days after your operation



The information here is all about what happens in the first three days after your surgery. Heart surgeon Simon Kendall explains what to expect.

On intensive care, one nurse will be dedicated to caring for you. They will be close by and available to explain what is happening and how you're doing. Other medical staff on intensive care will also visit you and make sure everything is as it should be.

Day one

Because of the premedication you probably had before your surgery, and the anaesthetic you've had, you're unlikely to remember very much about the day of your operation.

One or two small drains (tubes) will have been placed behind your breastbone while you were in theatre to make sure no fluid collects around your heart after the operation. Your nurse will gently remove them the morning after your operation.

You'll mainly stay in bed on the first day after your operation. If you're fit enough, you'll be able to sit in a chair next to your bed.

You'll still have a catheter (thin tube) in your bladder, so there'll be no need for you to go to the toilet. You won't need to empty your bowels for the first three to four days, so you won't have to worry about that.

You probably won't have much appetite, but there will be food available if you want it and you'll be able to have drinks as well. Don't worry if you're not hungry - this is normal. Some people may have nausea or a small amount of vomiting on the first day after their operation. If this happens, a nurse will be there to help you. Don't be afraid to tell them if you're feeling unwell as they'll be able to give you some pain relief or medicine to help you.

You may wake up feeling quite euphoric on the first day following the operation - lots of people find this happens to them. It's the result of relief at having got through the operation and the effect of a small dose of morphine, given through a drip, to help with any discomfort. You'll also be receiving regular paracetamol (in tablet form) to keep your morphine requirement to a minimum. Generally, you'll come off morphine when you come out of intensive care.

Day two

On the second day, if everything is stable, it will be possible to remove the catheter from your bladder and also the drip in the side of your neck. You'll still have the small drip in the vein on the back of your hand. Now you're ready to take short walks and you may be able to get to the toilet, possibly with help if you're a bit unsteady on your feet. If you do need help, your nurse will be there for you.

Because you've stopped receiving morphine, you'll probably begin to feel the effects of having been through a major operation. You'll have little energy and probably a generalised stiffness around your upper body.

At this time, a physiotherapist will come to see you. Their job is to help you breathe properly and get you to start moving around safely.

Day three

On the third day, you'll feel a little stronger, a little more confident and be able to take short walks around the ward. At this stage, you'll start planning your discharge date with the nursing and medical team looking after you. If small wires have been left on your heart and brought out through your skin, it will now be safe to take these out. Your nurse will do this for you. These are pacing wires that most surgeons put in during heart operations.

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 machine called a pacing box. This is a small device that monitors your heartbeat and sends electrical signals to stimulate your heart to beat at a specific rate.

The pacing wires can be removed when your own heart has a rhythm your doctors are happy with.

After heart surgery and depending on the particular operation, around three to five in 10 people develop post-operative atrial fibrillation. This is a rapid or irregular heartbeat. It isn't a dangerous complication and it's not a sign of any problem with your operation. However, it means you have less energy and also a sense of palpitations (more noticeable heartbeat). This irregular heartbeat may well go away with rest and medication. But if it continues for more than a couple of days, you may need to have a procedure to correct it. The procedure takes about five minutes and is carried out under general anaesthesia (so you'll be asleep). ▶

During this time, you'll receive a very short electric shock, to restore your heartbeat to normal. This procedure is called cardioversion.

By the third day, it's possible that you'll have no dressings on the wound on your chest. But if you had any surgical incisions (cuts) on your legs (perhaps you had a coronary artery bypass graft) these may still need dressings and bandages. You may be recommended to wear compression stockings, but it's very important that these don't become wrinkled and cause tight constriction on your legs or ankles. For some people, the dangers of too much constriction outweigh the benefits. Talk to your nurse about whether you should wear compression stockings or not.

The information here is based on the assumption that your operation has been successful and you're making a good recovery.

People do sometimes get complications or there may be other reasons why your progress isn't as fast as we've described here.