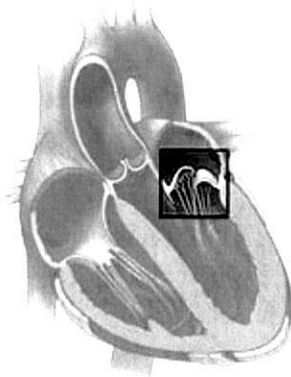


Mitral Valve Repair or Replacement: Before Your Surgery

What is mitral valve repair or replacement?



Artificial
replacement
valve

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Mitral valve surgery can repair or replace your heart's mitral valve. The new valve may be mechanical or made of animal tissue, often from a pig. Your doctor will talk with you about which type of valve is best for you.

The mitral valve opens and closes to keep blood flowing in the proper direction through your heart. When the mitral valve does not close properly, it's called mitral valve regurgitation. If the valve is very tight and narrow, it's called mitral valve stenosis. In both of these cases, blood does not flow through the heart the right way.

The doctor will make a cut in the skin over your breastbone (sternum). This cut is called an incision. Then the doctor will cut through your sternum to reach your heart.

The doctor will connect you to a heart-lung bypass machine. It adds oxygen to your blood and moves the blood through your body. This machine will allow the doctor to stop your heartbeat while he or she works on your heart.

After the doctor has repaired or replaced your mitral valve, he or she will restart your heartbeat. Then the doctor will use wire to put your sternum back together. Your incision will be closed with stitches or staples. The wire will stay in your chest. The incision will leave a scar that will fade with time.

You will stay in the hospital for 3 to 8 days after surgery.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

What happens before surgery?

Surgery can be stressful. This information will help you understand what you can expect. And it will help you safely prepare for surgery.

Preparing for surgery

- Understand exactly what surgery is planned, along with the risks, benefits, and other options.
- Tell your doctors ALL the medicines, vitamins, supplements, and herbal remedies you take. Some of these can increase the risk of bleeding or interact with anesthesia.
- If you take blood thinners, such as warfarin (Coumadin), clopidogrel (Plavix), or aspirin, be sure to talk to your doctor. He or she will tell you if you should stop taking these medicines before your surgery. Make sure that you understand exactly what your doctor wants you to do.
- Your doctor will tell you which medicines to take or stop before your surgery. You may need to stop taking certain medicines a week or more before surgery. So talk to your doctor as soon as you can.
- If you have an advance directive, let your doctor know. It may include a living will and a durable power of attorney for health care. Bring a copy to the hospital. If you don't have one, you may want to prepare one. It lets your doctor and loved ones know your health care wishes. Doctors advise that everyone prepare these papers before any type of surgery or procedure.

What happens on the day of surgery?

- Follow the instructions exactly about when to stop eating and drinking. If you don't, your surgery may be canceled. If your doctor told you to take your medicines on the day of surgery, take them with only a sip of water.
- Take a bath or shower before you come in for your surgery. Do not apply lotions, perfumes, deodorants, or nail polish.
- Do not shave the surgical site yourself.
- Take off all jewelry and piercings. And take out contact lenses, if you wear them.

At the hospital or surgery center

- Bring a picture ID.
- The area for surgery is often marked to make sure there are no errors.
- You will be kept comfortable and safe by your anesthesia provider. You will be asleep during the surgery.
- The surgery will take about 3 to 5 hours.

After surgery

- You will go to the intensive care unit (ICU) right after surgery. You will probably stay in the ICU for 1 or 2 days before you go to your regular hospital room.

- You will have a breathing tube down your throat. This is usually removed within 6 hours after surgery. You will not be able to talk or drink liquids while the tube is in your throat. After the tube is removed, your throat will feel dry and scratchy. Your nurse will tell you when it is safe to drink liquids again.
- As you wake up in the ICU, the nurse will check to be sure you are stable and comfortable. It is important for you to tell your doctor and nurse how you feel and ask questions about any concerns you may have.
- You will have a thin plastic tube in a vein in your neck. This tube is called a catheter. It is used to keep track of how well your heart is working. This is usually removed in 1 to 3 days.
- You will have chest tubes to drain fluid and blood after surgery. The fluid and extra blood are normal. They usually last for only a few days. The chest tubes are usually removed in 1 or 2 days.
- You will have several thin wires coming out of your chest near your incision. These wires can help keep your heartbeat steady after surgery. They will be removed before you go home.

Going home

- Be sure you have someone to drive you home. Anesthesia and pain medicine make it unsafe for you to drive.
- You will be given more specific instructions about recovering from your surgery. They will cover things like diet, wound care, follow-up care, driving, and getting back to your normal routine.

When should you call your doctor?

- You have questions or concerns.
- You don't understand how to prepare for your surgery.
- You become ill before the surgery (such as fever, flu, or a cold).
- You need to reschedule or have changed your mind about having the surgery.

Where can you learn more?

Go to <http://www.healthwise.net/ed>

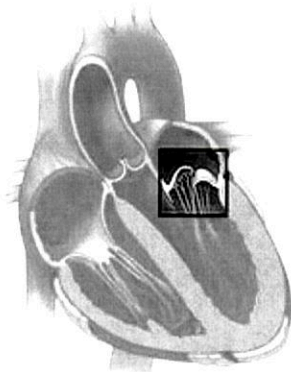
Enter **0995** in the search box to learn more about **"Mitral Valve Repair or Replacement: Before Your Surgery."**

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Mitral Valve Repair or Replacement: What to Expect at Home

Your Recovery



Artificial replacement valve

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You have had surgery to repair or replace your heart's mitral valve. Your doctor did the surgery through a cut, called an incision, in your chest.

You will feel tired and sore for the first few weeks after surgery. You may have some brief, sharp pains on either side of your chest. Your chest, shoulders, and upper back may ache. The incision in your chest may be sore or swollen. These symptoms usually get better after 4 to 6 weeks.

You will probably be able to do many of your usual activities after 4 to 6 weeks. But for at least 6 weeks, you will not be able to lift heavy objects or do activities that strain your chest or upper arm muscles. At first you may notice that you get tired easily and need to rest often. It may take 1 to 2 months to get your energy back.

Some people find that they are more emotional after this surgery. You may cry easily or show emotion in ways that are unusual for you. This is common and may last for up to a year. Some people get depressed after this surgery. Talk with your doctor if you have sadness that continues or you are concerned about how you are feeling. Treatment and other support can help you feel better.

Even though the surgery repaired your mitral valve, it is still important to eat a heart-healthy diet, get regular exercise, not smoke, take your heart medicines, and reduce stress. Your doctor may recommend that you work with a nurse, a dietitian, and a physical therapist to make these changes. This is sometimes called cardiac rehabilitation.

This care sheet gives you a general idea about how long it will take for you to recover. But each person recovers at a different pace. Follow the steps below to get better as quickly as possible.

How can you care for yourself at home?

Activity

- Rest when you feel tired. Getting enough sleep will help you recover. Try to sleep on your back while your breastbone (sternum) heals. This usually takes about 4 to 6 weeks.
- Try to walk each day. Start by walking a little more than you did the day before. Bit by bit, increase the amount you walk. Walking boosts blood flow and helps prevent pneumonia and constipation.
- Avoid strenuous activities, such as bicycle riding, jogging, weight lifting, or heavy aerobic exercise, until your doctor says it is okay.
- For 3 months, avoid activities that strain your chest or upper arm muscles. This includes pushing a lawn mower or vacuum, mopping floors, or swinging a golf club or tennis racquet.
- For at least 6 weeks, avoid lifting anything that would make you strain. This may include a child, heavy grocery bags and milk containers, a heavy briefcase or backpack, or cat litter or dog food bags.
- Hold a pillow firmly over your chest incision when you cough or take deep breaths. This will support your chest and reduce your pain.
- Do breathing exercises at home as instructed by your doctor. This will help prevent pneumonia.
- Ask your doctor when you can drive again.
- You will probably need to take 4 to 12 weeks off from work. It depends on the type of work you do and how you feel.
- You may shower as usual. Pat the incision dry. Do not take a bath for the first 3 weeks, or until your doctor tells you it is okay.
- Do not swim or use a hot tub for at least 1 month, or until your doctor says it is okay.
- Ask your doctor when it is okay for you to have sex.

Diet

- Eat a heart-healthy, low-salt diet. If you have not been eating this way, talk to your doctor. You also may want to talk to a dietitian. A dietitian can help you plan meals and learn about healthy foods.
- Drink plenty of fluids (unless your doctor tells you not to).
- You may notice that your bowel movements are not regular right after your surgery. This is common. Try to avoid constipation and straining with bowel movements. You may want to take a fiber supplement every day. If you have not had a bowel movement after a couple of days, ask your doctor about taking a mild laxative.

Medicines

- Your doctor will tell you if and when you can restart your medicines. He or she will also give you instructions about taking any new medicines.
- If you take blood thinners, such as warfarin (Coumadin), clopidogrel (Plavix), or aspirin, be sure to talk to your doctor. He or she will tell you if and when to start taking those

medicines again. Make sure that you understand exactly what your doctor wants you to do.

- Be safe with medicines. Take your medicines exactly as prescribed. Call your doctor if you think you are having a problem with your medicine.
- Take pain medicines exactly as directed.
 - If the doctor gave you a prescription medicine for pain, take it as prescribed.
 - If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine.
 - Do not take aspirin, ibuprofen (Advil, Motrin), naproxen (Aleve), or other nonsteroidal anti-inflammatory drugs (NSAIDs) unless your doctor says it is okay.
- If you think your pain medicine is making you sick to your stomach:
 - Take your medicine after meals (unless your doctor has told you not to).
 - Ask your doctor for a different pain medicine.
- If your doctor prescribed antibiotics, take them as directed. Do not stop taking them just because you feel better. You need to take the full course of antibiotics.
- Your doctor may give you a blood thinner to prevent blood clots. If you take a blood thinner, be sure you get instructions about how to take your medicine safely. Blood thinners can cause serious bleeding problems.

Incision care

- If you have strips of tape on the incision the doctor made, leave the tape on for a week or until it falls off.
- Wash the area daily with warm, soapy water and pat it dry. Don't use hydrogen peroxide or alcohol, which can slow healing. You may cover the area with a gauze bandage if it weeps or rubs against clothing. Change the bandage every day.
- Keep the area clean and dry.

Other instructions

- Keep track of your weight. Weigh yourself every day at the same time of day, on the same scale, in the same amount of clothing. A sudden increase in weight can be a sign of a problem with your heart. Tell your doctor if you suddenly gain weight, such as 3 pounds or more in 2 to 3 days.
- Be sure to tell all your doctors and your dentist that you have had mitral valve surgery. This is important, because you may need to take antibiotics before certain procedures to prevent infection.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

When should you call for help?

Call 911 anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).
- You have severe trouble breathing.

- You have sudden chest pain and shortness of breath, or you cough up blood.
- You have severe pain in your chest.
- You have signs of a stroke. These may include:
 - Sudden numbness, paralysis, or weakness in your face, arm, or leg, especially on only one side of your body.
 - New problems with walking or balance.
 - Sudden vision changes.
 - New problems speaking or understanding simple statements, or feeling confused.
 - A sudden, severe headache that is different from past headaches.
- You have symptoms of a heart attack. These may include:
 - Chest pain or pressure, or a strange feeling in the chest.
 - Sweating.
 - Shortness of breath.
 - Nausea or vomiting.
 - Pain, pressure, or a strange feeling in the back, neck, jaw, or upper belly or in one or both shoulders or arms.
 - Lightheadedness or sudden weakness.
 - A fast or irregular heartbeat.

After you call 911, the operator may tell you to chew 1 adult-strength or 2 to 4 low-dose aspirin. Wait for an ambulance. Do not try to drive yourself.

Call your doctor now or seek immediate medical care if:

- You have pain that does not get better after you take pain medicine.
- You have loose stitches, or your incision comes open.
- Bright red blood has soaked through the bandage over your incision.
- You have signs of infection, such as:
 - Increased pain, swelling, warmth, or redness.
 - Red streaks leading from the incision.
 - Pus draining from the incision.
 - A fever.
- You have signs of a blood clot, such as:
 - Pain in your calf, back of the knee, thigh, or groin.
 - Redness and swelling in your leg or groin.
- Your heartbeat feels very fast or slow, skips beats, or flutters.
- You are dizzy or lightheaded, or you feel like you may faint.
- You have new or increased shortness of breath.

Watch closely for changes in your health, and be sure to contact your doctor if:

- You gain weight suddenly, such as 3 pounds or more in 2 to 3 days.
- You have increased swelling in your legs, ankles, or feet.
- You have any concerns about your incision.
- You feel very sad or have other signs of depression, such as trouble sleeping or eating.
- You have questions about diet, exercise, quitting smoking, or stress reduction after surgery.

Where can you learn more?

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