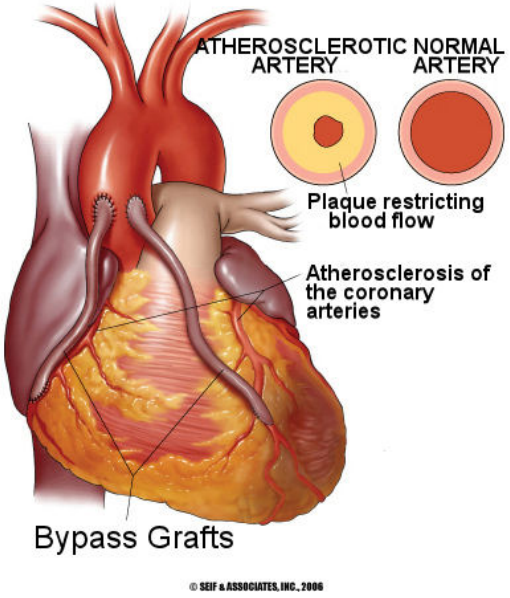
CABG (Coronary Artery Bypass Grafting)

Coronary Artery Bypass Grafting (CABG) is done to bypass or fix arteries of the heart (*coronary*) that have become narrow or blocked. This is usually the result of plaque built up in the walls of the vessels. The coronary arteries supply the heart with the oxygen and nutrients it needs to pump blood to your body. The heart never rests and needs constant blood flow.

If an artery is partially blocked, you may have chest pain (*angina*). Lack of blood flow to part of the heart muscle may cause that part to die. This is what happens in a heart attack (*myocardial infarction*).

REASONS FOR CABG INCLUDE:

- Arteries that cannot be treated with medications or other interventions (such as a heart stent).
- Severe angina not responsive to other treatment.
- Improving heart function.
- Treating a heart attack.



Every person is unique. Be sure you understand the risks and benefits of CABG.

BEFORE SURGERY (SCHEDULED)

- Tell your doctor about any allergies, medicines, bleeding problems and other surgeries.
- Take all medicines **exactly** as directed. You may start new medicines and stop taking others. Do not stop medications or adjust dosages on your own. Continue taking the medications up until the time of surgery.
- Perform only activities that are suggested by your caregiver.
- If you are overweight, you should try to lose weight. Eat a heart-healthy diet that is low in fat and salt.
- If you smoke, quit.
- **Let your caregiver know if you have been on steroids** (including creams or drops) for long periods of time. **This is critical.**
- If you are diabetic discuss with your doctor whether or not you should take insulin the day of your surgery.

RISKS AND POSSIBLE COMPLICATIONS:

Your surgeon will discuss these with you. Your risks will be different depending on your past and present health and other factors. It may be helpful to have a family member or advocate with you so you feel free to ask questions and get the answers you need to give an informed consent.

Possible problems of CABG surgery include:

- Blood loss and replacement.
- Stroke.
- Infection.
- Surgical site pain.
- Heart attack during or after.
- Kidney failure.

HOW IS A CABG DONE?

Only a specially trained surgeon does a CABG assisted by a team of other health care professionals. You will be asleep and not feel any discomfort during the surgery.

- **Traditional method**:
  - A cut (*incision*) is made down the front of the chest through the breastbone (*sternum*).
  - The sternum is spread open so the surgeon can see your heart.
  - You are connected to a machine that does the work of your heart and lungs and your heart stops beating.
  - Veins are taken from your leg(s) and used to bypass the blocked arteries of your heart. Sometimes an

artery from inside your chest wall is used, either by itself or along with leg veins.
  - When the bypasses are done, you are taken off the machine, and your heart is restarted and takes over again.
- **Alternate methods:**
  - The heart lung machine is not used. This is called *off-pump*. Your heart continues to beat while the bypasses are done.
  - Smaller incisions are used instead of going through the middle of the chest (*minimally invasive*).
  - Intended to reduce pain and promote a faster recovery.

DAY OF SURGERY:

- Plan to arrive before the scheduled time as instructed by your caregiver.
- **Do not** eat or drink anything, including medicine, unless directed.
- You will sign a written consent. You may have blood work and other tests done.
- Your family will be shown where they can wait for the surgeon to talk to them when the surgery is over.

AFTER SURGERY:

- You may wake up with a tube in your throat to help your breathing. You may be connected to a breathing machine.
- You will not be able to talk while the tube is in place. Try not to fight against it. The tube will be taken out as soon as it is safe.
- Even if you cannot see them, there are nurses nearby who are watching everything. You are not alone.
- Your family should be prepared to see you with many tubes and wires. You will be sleepy and pale. Your family can hold your hand and speak to you, but you may have no memory of this time.

IF YOU HAVE NOT HAD SURGERY, SEEK IMMEDIATE MEDICAL CARE IF:

- You have severe chest pain, especially if the pain is crushing or pressure-like and spreads to the arms, back, neck, or jaw, or if you have sweating, feel sick to your stomach (*nausea*), or shortness of breath. **THIS IS AN EMERGENCY.** Do not wait to see if the pain will go away. Get medical help at once. Call Your Local Emergency Department (911 in the U.S.). DO NOT drive yourself to the hospital.
- You have an attack of chest pain lasting longer than usual, despite rest and treatment with the medications your doctor has prescribed.
- You wake from sleep with chest pain.
- You feel dizzy or faint.

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