



Pediatric Cardiology Center of Oregon

300 N. Graham St. Suite 250

Portland, Oregon 97227

Ph: (503)280-3418

Fx: (503)284-7885

www.pccoforegon.com

POST-SURGERY GUIDELINES

Medications:

- Discharge paperwork lists all medications the patient should be taking after the procedure.
- Almost all patients go home on Lasix (furosemide), a diuretic, for one (1) week to keep fluid from building up in the lungs.
- In babies under 6 months of age, Tylenol (acetaminophen) should be given every four (4) hours for at least 2-3 days after discharge for sternal wound pain.
- In babies/children 6 months and older, Tylenol (acetaminophen) and ibuprofen can be alternated every three (3) hours:
 - Example:
 - Noon: Tylenol
 - 3pm: Ibuprofen
 - 6pm: Tylenol
 - 9pm: Ibuprofen
- If the child still seems in pain after Tylenol/ibuprofen, the prescription narcotic that was sent home with them (usually oxycodone) can be used for “breakthrough” pain.
- Unless the cardiologist has said otherwise, it is okay to resume patient’s other normal medications. The discharge paperwork will say whether or not a cardiac medication the patient was taking before surgery should be continued or stopped.

Incision care:

- Dissolvable glue on incision will begin to flake off in 7-10 days – this is normal.
 - If not off by 3 weeks after surgery, okay to gently remove remaining dressing material, either by peeling or gently washing off with soap and water.
- Wound will look pink as it heals. Redness, drainage, and/or warmth of the wound should be evaluated by Jason Lines PA-C or the child’s pediatrician as soon as possible.
 - Please contact the cardiology office if redness/drainage/warmth is present.
- Sponge baths/quick showers are okay. Do not soak (bathtub, swimming, etc.) for three (3) weeks.
- Do not use any lotions, oils, etc. on wound for three (3) weeks. After three (3) weeks, it is okay to use Mederma, Vitamin E, etc. on scar.
- Wear loose clothing over wound. Wear bibs during mealtimes to keep wound dry.
- Keep seatbelt/car seat straps from rubbing on wound for six (6) weeks by wrapping clothing or a cloth diaper around the straps.
- Avoid sun exposure and/or apply sunscreen liberally to scar for at least one (1) year.

Activity:

- Do not pick up the child under their arms for six (6) weeks after surgery. Instead, scoop them up under their bottom and behind their back.
- No sports, recess, Physical Education class, or other contact-type activities for six (6) weeks.
- No carrying backpack or lifting more than 10 lbs for six (6) weeks.
- For infants, it is usually okay to resume tummy time 2-3 weeks after surgery.
- If the infant or child sleeps on their chest/tummy and appears comfortable, it is not necessary to turn them onto their back.

Diet:

- Return to normal diet unless immediately unless instructed otherwise (i.e. “Fontan” diet)
- Patient’s appetite may take up to two (2) weeks to return to normal.
- Try Miralax, milk of magnesia, or a glycerin suppository if constipated.

Vaccines:

- The patient may resume their normal vaccine schedule 4-6 weeks after surgery
- Flu shots are always recommended. FluMist (nasal spray) may be contraindicated based on patient’s underlying cardiac disease – consult cardiology.

Dental visits:

- If possible, defer any dental visits for six (6) months following surgery.
- If dental visit is required sooner than six (6) months, check with cardiology office to see if antibiotics are required before dental work (SBE prophylaxis).

What is NOT normal after surgery:

- Patient should be contact the cardiology office for any of the following:
 - Incision site is bright red
 - Any drainage from the incision site that is more than a tiny amount of clear fluid
 - Any bleeding from the incision site
 - Incision site feels warm to the touch
 - Fever greater than 101°
 - Worsening pain not controlled by medication, or needing narcotic medication for more than one week after surgery
 - Breastbone popping or clicking
- Patient should be seen by their pediatrician/primary care doctor for any of the following:
 - New cough
 - Persistent vomiting/diarrhea
 - Increasing fatigue, irritability, or weakness
- Patient should go to ER for any of the following:
 - Fever higher than 103° and signs of infection at incision site
 - Difficulty breathing
 - Bleeding from the incision that does not stop after applying pressure for 15 minutes
 - Fainting
 - Coughing up or vomiting blood