# Discharge Planning: Patient and Family Expectations

As you prepare for discharge home, please review the following information and ask to

speak with a VAD coordinator if you have any questions:

* Follow-up VAD visits are in the Paul Yu Heart Center at Strong Memorial Hospital (SMH) on the ground floor. When making appointments, please note we cannot guarantee scheduling of multiple appointments on the same day. We also cannot change other specialty appointments on your behalf if a conflict arises or a cancellation is needed.
* **Please arrive 15 minutes prior to your appointment time and be sure to have your medication list, backup controller/ batteries, and support person with you.**
	+ **Please notify office ahead of time if you are having problems with your equipment so that extra time can be added to your visit.**
	+ **If you cannot arrive on time for your appointment please call ahead and notify office of the delay. (585) 273-3760 or (800) 892-4964**
	+ **If the delay is more than 20 minutes, we will need to reschedule your appointment. We will attempt to reschedule your appointment that day; however, it’s possible the appointment will be changed to another day.**
* The Advanced Heart Failure Clinic provides a team based model of care. We have support staff, RN’s, Advanced Practice Providers (APP) and Physicians on staff. All patients will interface with many members of the team both on the phone and in the clinic. Requests to speak solely to provider staff will not be accommodated as providers are typically not available to come immediately to the phone during clinic hours.
* We recommend follow up with your local cardiologist approximately 2-3 months after discharge. We will discuss timing of this with you in the clinic.
* We encourage the use of “MYCHART” as an effective way to communicate with the office. Lab result notes and response to patient questions are also dealt with within 48 hours of receipt. **Please do not use MYCHART for any acute issue such as worsening heart failure symptoms, AICD shocks or VAD alarms or equipment failure.**
* Generally, we will see you every 2-3 weeks for the first few months at home dependent upon your recovery. As you improve, these clinic visits in Rochester will transition to every 4- 8 weeks, and may transition to every 3 months around the 12 month mark if you are clinically stable.

# Routine Calls to the VAD Clinic

The Heart Failure office is open **Monday-Friday from 8:00- 4:30.**

Please make sure to have the following addressed during normal business hours:

* Medication refills or general medication questions. Medication Refills will be completed within 72 hours
* Dressing supply issues: Please do not wait until supplies have run out. We are unable to order supplies over the weekend or during evening hours.
* Lab work related questions
* Non-emergent VAD concerns: ex. kinks or tears in a power module cable ***not*** accompanied by an alarm.
* ***All of the above are appropriate concerns that can be communicated via MyChart***.
* Work flow within this clinic includes triage by the physician support specialist answering the phone. The information is then sent on to the RN and Provider staff for further assessment and medical decision making. Often, an RN will make the return call to the patient after reviewing with the provider team.
* RN staff is available during clinic business hours to take all urgent and emergent phone calls.
* Return calls to patients and their families are made in the order of urgency. Our office will communicate all critical lab values the same day of receipt. All non-urgent matters and calls will be returned within 48 hours.

# Don’t Panic: When to call the on-call service

In case of unforeseen circumstances and emergencies there is a provider on call for our VAD patients 24/7. This is a service that should only be used for things that cannot wait until normal business hours. Our team has come up with a list of circumstances for which it is appropriate to use the on-call service in the evening or the weekends:

* Fever that is higher than 101 or that is accompanied by redness, drainage or tenderness at the driveline site.
* Nausea, vomiting and/or diarrhea.
* Sudden onset of shortness of breath.
* Weight gain greater than 5 lbs. in a 24 hour period.
* Any abnormal VAD alarm or equipment malfunctions.
* Nose bleed that lasts more than 1 hour with no signs of stopping.
* Blood in your stool, black stool or significant
* Power loss in your home that is expected to last greater than 12 hours.
* Mental status changes or any concern for a possible stroke.
* Tea or Coca-Cola colored urine.
* Any falls, especially if you hit your head.
* ***All of the above SHOULD NOT be communicated via MyChart***.

# Role of your Primary Care Doctor and Local Cardiologist

The advanced heart failure clinicians are expert at taking care of your heart and the LVAD. We are happy to speak with you and your local cardiologist about “sharing” your cardiology care once you recover from surgery. We are not expert with other disease states, thus it is extremely important for you to have a Primary Care Doctor (PCP). If you currently do not have a PCP, we do require you obtain one. We do not manage routine wellness care such as vaccinations or prescriptions for other disease states such as insomnia, arthritis or diabetes.

# Dental Protocol

We recommend you follow up with your local dentist for routine dental care. Your warfarin and aspirin dosing should not need altering for routine dental work. We do recommend all extractions be referred to SMH Hospital Dentistry or Oral and Maxillofacial Surgery Clinic. Both offices are located at Strong Hospital, AC4.

We recommend the following guidelines be followed by your local dentist:

* ***Infective endocarditis prevention with use of antibiotics is not required for***:
	+ Routine anesthetic injections through non infected tissue
	+ Dental radiographs
	+ Placement or adjustment of removable prosthodontic or orthodontic appliances
	+ Placement of orthodontic brackets
	+ Bleeding from trauma to the lips or oral mucosa
* ***Antibiotics are required for dental procedures that* :**
	+ involve perforation of the oral mucosa such as a cleaning
	+ manipulation of gingival tissues or the peri-apical region of teeth
* If required, antibiotic should be given one hour prior to procedure
	+ Amoxicillin 2g by mouth
	+ If allergy to penicillin, administer Clindamycin 600 mg by mouth
* **All anti-coagulation dosing is managed by the UR VAD Team.**
* Take good care of your teeth! Brush and floss as recommended by dentist.
* Please notify your dentist to call the VAD clinic with any questions. (585-273-3760)

**Recovery and Relationships**

Recovery from LVAD implant surgery is a gradual process that times time. Some people may experience periods of irritability, frustration and even depression as they attempt to resume activities of daily living after surgery. Sometimes speaking with another VAD patient or connecting with the on line LVAD community can be helpful. Involving family in your recovery, accepting the

post op limitations and setting positive, realistic goals also help as you adjust to life with the LVAD. Speak with your VAD coordinator if you experience significant stress, anxiety or depression.

Being intimate with your spouse or partner is a normal and important part of a healthy relationship. We recommend resuming sexual activity when you can climb a flight of stairs without getting short of breath. This is usually between six to eight weeks after your surgery.

***Set realistic goals and celebrate your progress!***