1. WELCOME

In this section you will find:

» A welcome letter
» List of key phone numbers
» Holder for important business cards
» Page to record your medications
» Page for your questions and notes
Welcome to The Henry Low Heart Center at Hartford Hospital.

We are pleased you chose our center for your heart surgery and pledge to do everything we can to make your experience comfortable and your recovery as quick as possible.

We want you to be a partner with us in managing your heart health. Education is critical to helping you understand your individual heart problem and its treatment. It is quite normal to have questions about what will happen to you during and after your heart surgery. To help you understand the process, we have put together this binder which addresses many frequently asked questions.

Everyone responds differently to surgery, and the recovery from each procedure varies somewhat as well. Despite these differences, we can make some generalizations.

Although this binder will be helpful to you and your family, it cannot replace our preoperative class. We strongly encourage you to attend this class which will review all the information you need to know and address any questions you might have. Please bring this binder with you to the class. You should also bring the binder with you to all your doctor and hospital appointments as your doctors or other members of the team may add information to the binder. Having everything you need in one location will help make your experience as stress-free as possible for both you and your family.

It is our pledge that we will take good care of you and communicate effectively with your family while you are in the hospital for your heart surgery.

Sincerely,

Robert C. Hagberg, MD
Chief of Cardiac Surgery
Cardiac Surgery Patient Care Team
Important Phone Numbers

CARDIOVASCULAR
Thoracic and Cardiovascular Surgeons
Dr. Fusco ............................................. (860) 524-5905
Dr. Gallagher ...................................... (860) 525-7181
Dr. Hagberg ...................................... (860) 524-5905
Dr. Hammond ..................................... (860) 524-5905
Dr. Humphrey .................................... (860) 525-7181
Dr. Preissler ...................................... (860) 524-5905
Dr. Takata .......................................... (860) 525-7181
Dr. Underhill ...................................... (860) 524-5905

Cardiac Surgical Program Coordinator
Mary Kate Parker................................ (860) 545-5478
In-house ............................................. ext. 55478
or Pager 2169
Assessment Center ............................. (860) 545-5355
Nurse Manager ................................. (860) 545-3700
Appointments for
Preoperative Testing ......................... (860) 545-2334

Cardiac Rehabilitation
Hartford Hospital......................... (860) 545-2133
Farmington Valley ......................... (860) 674-8509
Glastonbury Wellness Center ........ (860) 633-9084
West Hartford, Blue Back Square ... (860) 570-4571

GENERAL INFORMATION
Hartford Hospital Operator........... (860) 545-5000
Financial Assistance .................. (860) 696-6010
Patient Relations ......................... (860) 545-1400
........................................ or (888) 515-5544
Admitting/Patient Accounts ....... (860) 545-2730
Pastoral Care .............................. (860) 972-2251

ACCOMMODATIONS
Hudson Suites............................... (860) 545-1111

HOSPITAL UNITS
Cardiothoracic Intensive Care
Unit B9I........................................... (860) 545-5200
Nurse Manager ......................... (860) 545-5446

Step-Down/Telemetry
B9E/SD ........................................... (860) 545-5299
Nurse Manager ......................... (860) 545-5037

OTHER SERVICES
Surgery Time Line ....................... (860) 545-3208
Integrative Medicine ................. (860) 545-4444
(massage, reiki, guided imagery and more)
Social Work Services ................. (860) 545-2966
Smoking Cessation ................. (860) 545-3217
Case Coord./Discharge Planning ...(860) 545-3192
Security ................................. (860) 545-2147
My Heart Team
**My Medications**

Please list the name and dosage of every medication you take, including vitamins, herbal supplements and over-the-counter medications such as aspirin, cough syrup and antacids. This list will be an invaluable guide to your doctors, as you prepare for surgery.

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<thead>
<tr>
<th>Primary Care Physician (PCP):</th>
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<tr>
<td>PCP Phone:</td>
<td>Pharmacy Phone:</td>
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<tr>
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*If you are not aware of the dosage, please bring the medication to your visit with the surgeon.*
My Questions

List here any questions you have for any member of your care team.
2. **YOUR HEART AND HEART SURGERY**

This section contains explanations of heart conditions and the procedures used to correct them:

**Coronary Artery Disease and its Treatment**
- Your coronary arteries
- Coronary artery disease
- Heart attack
- Bypass grafting

**Heart Valve Disease and its Treatment**
- Your heart’s valves
- Common valve diseases
- Heart valve surgery

**Aortic Aneurysm Repair**

**Irregular Heart Rhythm and its Treatment**
- Atrial fibrillation
- Maze procedure

**Atrial-Septal Defect Repair**
CORONARY ARTERY DISEASE AND ITS TREATMENT

» Your coronary arteries
» Coronary artery disease
» Heart attack
» Bypass grafting
Like all muscles in the body, the heart muscle needs a continual supply of oxygen to function. The coronary arteries wrap around the heart, providing it with oxygen-rich blood. The left coronary artery splits into two branches called the circumflex artery and the left anterior descending artery. They supply blood to the front, left and back of the heart. The right coronary artery supplies blood to the bottom, right and back of the heart.
Coronary Artery Disease

Your heart is a muscle. Like other muscles in the body, it needs a steady supply of oxygen-rich blood to function properly. The heart muscle receives its blood supply from a network of spaghetti-like coronary arteries that lie on its outer surface.

The coronary arteries are subject to a disease called atherosclerosis, in which a buildup of cholesterol and other fats in the lining of the arteries progressively narrows the interior channel. This causes blood flow through the arteries to be reduced, and the heart muscle to receive an inadequate amount of oxygen. When more oxygen is needed than the arteries can deliver, the heart muscle cramps in response. This is called angina.

Over time, atherosclerosis can build up to a dangerous level. Sometimes, it forms a clot that can hinder blood flow. Other times, it forms a soft lump (plaque) covered by a fibrous cap that can easily rupture and spill its contents into the bloodstream. Either way, a heart attack-causing clot can occur.

Your surgeon plans to bypass the blockages to reroute oxygenated blood around the danger points to restore blood flow to your heart muscle, stop angina and prevent a heart attack.
Heart Attack

A heart attack occurs when blood flow through the coronary arteries is interrupted. The severity of a heart attack depends on how long blood flow is stopped and how much heart muscle is affected. The faster you receive treatment to restore blood flow, the greater your chance of having minimal damage.

Doctors call heart attacks “myocardial infarctions (MIs).” There are two types:

- **NSTEMI.** This type of heart attack does not cause changes in the S-T segment of an EKG (see Figure 1a). Therefore, it is called a “non-ST segment elevation myocardial infarction” (NSTEMI). Therefore, it is called a “non-ST segment elevation myocardial infarction” (heart attack). It is diagnosed by chemical changes in the blood that indicate damage to the heart muscle has occurred. NSTEMI usually indicates a clot is temporary or occurs in a minor blood vessel.

- **STEMI.** This is a major, full-blown heart attack, which clearly appears as an elevated ST segment on an EKG (see Figure 1b). STEMI heart attacks are caused by prolonged blockages of blood flow in major coronary arteries, which affects a significant area of heart muscle.

An EKG records the various electrical impulses in the heart that cause the heart to contract, pause for filling and contract again. The diagram on top shows a healthy heartbeat. The diagram on the bottom, in which the segment of the EKG between the S and T waves is elevated, indicates a heart attack.
Coronary Artery Disease and Its Treatment

**Coronary Artery Bypass Grafting**

For more than 40 years, coronary artery bypass grafting (CABG)—a procedure most people call “bypass surgery”—has been the standard method for restoring blood flow to the hearts of patients with coronary artery disease. CABG has a low mortality rate and a high rate of success in restoring the flow of oxygen-rich blood, relieving angina and preventing heart attack.

In CABG surgery, the surgeon creates a new pathway by using blood vessels located in the chest (mammary arteries), leg (saphenous veins) or arm (radial arteries). If the saphenous veins are used, they will be removed through one or two small incisions (see illustration). Your surgeon will explain which blood vessels will be used for your procedure.

**TRADITIONAL CABG**

A surgeon will make an incision down the center of your sternum (breastbone) to access your heart. You will be connected to a heart-lung bypass machine, which will circulate your blood throughout your body during surgery. Your heart will be stopped so the surgeon can perform the delicate bypass procedure. After surgery, the surgeon will close your breastbone with special wires and your chest skin with internal and external stitches. The wires will stay in your chest permanently.

**OFF-PUMP CABG**

This procedure allows the surgeon to operate on the heart while it is still beating. The surgeon uses advanced equipment to stabilize a portion of the heart while performing the bypass. Meanwhile, the rest of the heart continues to pump, circulating blood to the body. In off-pump CABG, the heart-lung bypass machine is not used.
Coronary Artery Disease and Its Treatment

Coronary Artery Bypass Grafting (cont.)

MINIMALLY INVASIVE CABG
Sometimes CABG can be performed through a small incision in the side of the chest (thoracotomy). Your surgeon will let you know if you qualify for this procedure.

ROBOT-ASSISTED SURGERY
Your surgeon may choose to use a robot to assist in performing CABG. The robot does not replace the surgeon, but rather enhances the surgeon’s ability to perform delicate, precise microsurgical movements.
Coronary Artery Disease and Its Treatment

Coronary Artery Bypass Grafting

This illustration shows bypass grafts using an internal mammary artery (IMA) from the inside of the chest wall and a saphenous vein graft taken from the leg. If you have more than one blockage, more than one bypass may be needed. Your surgeon will draw the locations of your grafts on this heart and explain which conduits will be used.
HEART VALVE DISEASE AND ITS TREATMENT

» Your heart’s valves
» Common valve diseases
» Heart valve surgery
Your Heart’s Valves

The heart has four chambers. The left atrium receives oxygen-rich blood from the lungs. The right atrium receives blood from the body. The right ventricle sends blood to the lungs for oxygen. The left ventricle sends oxygen-rich blood out into the body. Four valves control proper blood flow through these chambers, serving as one-way doors to keep blood moving in the proper direction.

- The aortic valve controls the flow of oxygenated blood from the left ventricle (lower left chamber) into the aorta and the rest of the body.
- The mitral valve controls blood flow between the left atrium (upper left chamber) and left ventricle (lower left chamber).
- The pulmonic valve controls blood flow out of the right ventricle (lower right chamber) into the lungs.
- The tricuspid valve controls blood flow between the right atrium (upper right chamber) and right ventricle (lower right chamber).

Any problem with the leaflets, the tough chords that hold them in place or the muscles that keep the valve structure stable can cause symptoms.
Valve disease occurs when a valve does not work the way it should. You can be born with a valve problem or develop it later in life. A valve problem present at birth is known as congenital valve disease. Acquired valve disease is often caused by rheumatic fever, infections or fatty plaque deposits on the valve leaflets.

The most common forms of valve disease are stenosis and insufficiency (regurgitation).

In **valvular stenosis**, the valve leaflets become stiff. This narrows the opening and reduces the amount of blood that can flow through it. When the opening becomes very narrow (stenotic), the heart strains to pump harder, and blood flow to the body is reduced.

**Valvular insufficiency** (regurgitation) is the opposite problem—a leaky valve. It occurs when the leaflets do not close tightly and blood flows backwards through the valve.

Stenosis and regurgitation can exist simultaneously in two or more valves.

Common symptoms include shortness of breath, extreme fatigue, weakness, dizziness, rapid weight gain, swelling in the feet and ankles, angina and palpitations. Over time, valve disease can lead to distressing heart rhythms or heart failure.
Heart Valve Surgery

Faulty valves may be repaired or replaced. Valve repair allows the surgeon to fix a faulty heart valve, often without using artificial parts. If valve repair is not an option, the surgeon may choose to replace the valve. This means the faulty valve is removed, and a new valve is sewn in its place. The new valve may be mechanical (man-made) or biological (natural tissue).

The most appropriate procedure depends on your age, extent and type of valve disease and the location of the valve. Valve surgery may be performed at the same time as CABG or other heart procedure. When valve surgery is performed alone, it is sometimes done through small incisions made between the ribs. Such minimally invasive procedures can result in less postoperative pain, less bleeding, lower risk of infection, shorter hospital stay and quicker return to normal activities.

Minimally invasive surgery is not appropriate for every patient. Your surgeon will always perform the procedure that is best for you. If minimally invasive approach is an option, your surgeon will discuss it with you.
Heart Valve Disease and Its Treatment

Heart Valve Surgery

Valve Repair
Whenever possible, valves are repaired, rather than replaced. Retaining your natural valve will eliminate the need for blood thinners, decrease the risk of infection and preserve muscle strength.

Repairs may be performed to open the valve leaflets wider, tighten the valve leaflets, reshape the valve or patch a tear or hole in a leaflet.

Robots are sometimes used to assist in valve repair. Robot-assisted surgery is minimally invasive surgery technique, meaning it allows heart surgery to be performed through tiny incisions in the patient’s chest. The robots do not actually replace the surgeon, but rather enhance their ability to perform delicate, precise microsurgical movements. The instruments used for the operation are inserted through small incisions, reducing the opportunity for bacterial infection, decreasing postoperative pain and allowing for faster recovery.

Valve Replacement
When valve repair is not an option, the valve is removed and replaced with a mechanical or biological valve.

Mechanical valves (right) are designed to imitate the functions of the natural valve. They open like a door on hinges. They are very durable, but require blood thinners to prevent the development of blood clots.

Some biological valves (bottom) are formed from cow (bovine) or pig (porcine) tissue and do not require long-term use of blood thinners.

In special cases, a homograft may be used to replace the damaged valve. Your surgeon will discuss which option is best for your individual condition.
AORTIC ANEURYSM REPAIR
Aortic Aneurysm Repair

The aorta is the largest artery in the body. It flows from the heart through the chest and abdomen, where it splits in two and continues down the legs. The aorta can develop a weakness in its wall called an aneurysm, which causes the tissue to bulge as blood flows through it. Aortic aneurysms that occur near the heart (thoracic aortic aneurysms) are repaired by cardiothoracic surgeons. Aneurysms that occur in the abdominal area are repaired by general and vascular surgeons.

Symptoms may include pain in the jaw, neck and upper back; chest or back pain; or coughing, hoarseness or difficulty breathing. However, many patients with aortic aneurysms have no symptoms at all. Large aortic aneurysms and those that produce symptoms may be treated to prevent the vessel from rupturing and causing rapid, life-threatening blood loss.

If you are undergoing thoracic aortic aneurysm repair, your surgeon will remove the damaged section of aorta and replace it with a strong, flexible Dacron tube.
IRREGULAR HEART RHYTHM AND ITS TREATMENT

» Atrial fibillation
» Maze procedure
Irregular Heart Rhythm and Its Treatment

Maze Procedure for Atrial Fibrillation

In a normal heart, the upper (atria) and lower (ventricles) chambers beat in perfect harmony, thanks to a complex system of electrical impulses that move with lightning speed. Any deviation in the electrical pathway can cause an irregular rhythm (arrhythmia), either fast or slow. Many arrhythmias can be controlled with medications or a pacemaker.

One of the most common arrhythmias is atrial fibrillation (Afib). Afib is not necessarily life-threatening in itself, but the episodes of racing, irregular heart rhythms can be highly distressing. Afib also causes blood to pool in the atria, where it can clot before being pumped out into the body. For this reason, Afib increases the risk of stroke.

In some people, Afib can be controlled by medication or a catheter-based procedure. When these methods fail to work, a surgeon may be needed to create a new maze of electrical pathways on the surface of the heart. This is called maze surgery.

Maze surgery is performed under anesthesia with the heart-lung machine. The surgeon opens the chest and uses an instrument with a tip that generates radiofrequency waves or extreme cold to make a series of small scars on the surface of the heart in a particular pattern that resembles a maze. As the heart heals, these scars form a barrier that channel electrical impulses into the correct path.
ATRIAL-SEPTAL DEFECT AND ITS TREATMENT

Atrial-septal defect repair
Atrial-Septal Defect Repair

Before birth, blood flows freely through a hole in the membrane (septum) dividing the upper chambers of the heart (atria). The normal process is for this hole to close shortly after birth. When it fails to close, or when a separate hole develops in the septum, blood can pass back and forth between the atria. Such holes are called atrial-septal defects (ASD).

ASDs may not cause symptoms until mid-life, at which time the person may begin to experience shortness of breath, fainting, arrhythmias or fatigue. Large ASDs may lead to heart failure, atrial fibrillation, pulmonary hypertension, stroke and damage to other heart valves.

Some ASDs, such as patent foramen ovales (PFO), significantly increase the risk of stroke. Some people with ASDs are unaware they have the condition until a stroke occurs.

Repair techniques
Depending on their size and location, surgery may be required to close the hole with stitches or a patch. Hartford Hospital cardiac surgeons often use a robot to assist with this procedure.
3. PREPARING FOR SURGERY

This section contains information on:

» Meeting with your surgeon
» Your appointment for preoperative testing
» Meeting the Cardiac Surgical Program Coordinator
» Verifying coverage with your insurance company
» Attending a preoperative class
» Preoperative instructions
» What to do if you have diabetes
MEETING WITH YOUR SURGEON

Your cardiologist has determined you need heart surgery and has referred you to a surgeon. At the appointment, called a surgical consult, your surgeon will discuss your heart condition and explain the type of surgery proposed to correct it.

Your surgeon will want to know what medications you are taking, since some of them will need to be stopped before your operation. If you take diabetes medications, please see the instructions on page 3-4 and discuss them with your surgeon.

Your surgeon may use the diagrams in this book to better illustrate the operation you will be having. Be sure to write down any questions you have on page 1-5, so you don’t forget to ask.

At the end of the consult, the office will schedule a date and time for your surgery. In most cases, the office will also make an appointment for preoperative testing.

YOUR APPOINTMENT FOR PREOPERATIVE TESTING

Your appointment in our Pre-Admission Testing Center (PATC) is designed to take care of all the medical testing you need before your surgery can take place. The process normally takes about two hours, but can take as long as four.

The PATC is open Monday through Friday from 8:00 a.m. to 5:00 p.m. Appointments may be scheduled by calling 860-545-2334. Your surgeon’s office may also help you with scheduling an appointment.

At the PATC, you will undergo a physical examination and have blood work drawn. An EKG and chest X-ray will be taken. Depending on your medical history, you may also undergo a vascular study or pulmonary function test.

At this appointment, you will also be asked to fill out a detailed questionnaire that will be used by your anesthesiologist. Questions include whether or not you have ever had a reaction to anesthesia or difficulty being intubated, and whether you wear dentures. Our goal is to understand your medical history, so we can better anticipate and meet your needs during your hospital stay.

MEETING THE CARDIAC SURGICAL PROGRAM COORDINATOR

The final step is meeting with the Cardiac Surgical Program Coordinator. The coordinator performs many valuable roles designed to ensure you have the best possible experience and facilitates communication between the hospital, surgeon and all members of your care team. The coordinator will explain all aspects of your hospitalization, surgery, recovery and rehabilitation and will make sure any special needs you may have are accommodated.
After heart surgery, some patients require several days of rehabilitation before they are ready to be discharged home. An important role of the Cardiac Surgical Program Coordinator is to prompt you to think about where you would like to go for recovery and rehabilitation after being discharged from the hospital. Some skilled nursing facilities are listed alphabetically by county in section 8 of this binder.

We suggest you become familiar with the facilities in your area, visit them, and choose which one you would like to use for your postoperative rehabilitation. Ask them to put your name on a list, since you will have a better chance of getting in to the facility of your choice if you make a reservation.

**VERIFYING COVERAGE WITH YOUR INSURANCE COMPANY**

Before your surgery, please verify your insurance coverage by calling your insurance provider. It is your responsibility to understand what is covered under your individual plan.

After you have spoken with your insurance provider, your case coordinator or the Cardiac Surgical Program Coordinator will be glad to help you, if you have any problems understanding what your plan covers.

**ATTENDING A PREOPERATIVE CLASS**

As we mentioned in the welcome letter, we strongly urge all patients undergoing heart surgery to take a preoperative class. These classes explain the preparation, surgery and recovery process in detail, and are a source of valuable information and comfort for patients and their families.

The Cardiac Surgical Program Coordinator will tell you when the next class is being offered and encourage you to attend. We recommend you bring along the friend or family member who will be helping you after you return home.
Preoperative Instructions

In the days before your surgery, you will need to follow certain instructions, as detailed below. These instructions are important, so please check off each box after you have made note of the information:

- Your surgeon may ask you to stop taking certain medications for a period of time. Be sure to note which medications should be stopped, how far in advance of surgery they need to be stopped. If you have diabetes, please see the instructions on page 3-4 for guidance.

- If you take vitamins, supplements, herbs or dietary products, please tell your surgeon at your first meeting. You may need to discontinue taking some of them before your surgery.

- If you need CPAP at night for sleep apnea, tell your surgeon at your first meeting. You may bring the CPAP machine with you to the hospital for your surgery.

- If you smoke, you should quit now. Smoking interferes with the healing process and makes recovery from heart surgery much more difficult. If you would like smoking cessation counseling, please ask the Cardiac Surgical Program Coordinator for a referral.

- If you drink alcohol, you should limit your consumption to no more than one glass of wine with dinner.

- Your skin is not sterile, so you can help prevent postoperative infections by making sure your skin is as germ-free as possible before your surgery. We will give you special cleansing cloths called CHG wipes to use all over your body the night before your surgery and the morning of surgery. We will also ask you to swab your nostrils with Bactroban (mupirocin), an antibiotic ointment, twice daily for five days before surgery.

- If you develop a cold before your surgery, it does not necessarily mean your operation must be postponed. However, if you develop a fever higher than 101°F within a week before your surgery, call your surgeon immediately.

- Do not eat or drink anything, including water, after midnight before your surgery, unless you are instructed to do otherwise. You may be directed to take some of your medications on the morning of surgery with a small sip of water.

- The day before surgery, you will receive a call between 1:00 p.m. and 6:00 p.m. letting you know what time your operation is scheduled to take place and what time you should report to the hospital. If your surgery is scheduled for a Monday or the day after a holiday, you will receive a call one business day before your surgery date. If you do not receive a call by 6:00 p.m., please call the Surgery Time Line at (860) 545-3208.
If You Have Diabetes

If you take medication for type 1 or type 2 diabetes, follow the instructions below, unless your diabetes provider tells you otherwise.

Please note that combination pills are not listed. If you take a pill that combines two medications, and one is listed as “Do not take” or “Stop,” do not take the combination pill.

Be sure to check your blood sugar before meals and at bedtime for at least two days prior to your scheduled surgery. If you normally check your blood sugar more often, continue to do so. Call your doctor if you have two readings higher than 150.

THE DAY BEFORE SURGERY

You MAY take the following medications:

- Actos (pioglitazone)
- Amaryl (glimperide)
- Avandia (rosiglitazone)
- Byetta (exenatide)
- Glucophage or other forms of metformin, if your kidney function is normal. If your kidney function is decreased or unknown, stop 48 hours before surgery.
- Glucotrol (glipizide)
- Januvia (sitagliptin)
- Micronase, Diabeta or other forms of glyburide

If you take insulin:

» You may take the following forms of insulin in the usual dose:

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<tr>
<th>Insulin</th>
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<tbody>
<tr>
<td>Apidra</td>
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<tr>
<td>Exubera</td>
<td>Regular 70/30</td>
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<tr>
<td>Humalog</td>
<td>Regular 75/25</td>
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<tr>
<td>Novolog</td>
<td>Regular 50/50</td>
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</tbody>
</table>

» If you have type 1 diabetes, you may need a decreased dose of the insulin you take at bedtime. Please discuss this with your diabetes provider.

THE DAY OF SURGERY

DO NOT take these medications in the morning:

- Amaryl (glimperide)
- Glucophage or other forms of metformin

Check with your doctor when to restart:

- Glucotrol (glipizide)
- Micronase, Diabeta or other form of glyburide

Do not take the following medications the morning of your surgery. You may resume taking them after surgery:

- Actos (pioglitazone)
- Avandia (rosiglitazone)
- Byetta (exenatide)
- Januvia (sitagliptin)
- Lantus (insulin)
- Levemir
- Starlix (nateglinide)
- Symlin (pramlintide)

If you take insulin, the morning of your surgery:

» Take half the regular dose of:NPH

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<td>Lantus</td>
<td>Regular 75/25</td>
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<td>Regular 70/30</td>
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» If you have type 1 diabetes: You may need a decreased dose of Lantus or Levemir. Please discuss this with your diabetes provider.

» If you have type 2 diabetes: You should take the full dose of Lantus or Levemir. Please verify this with your diabetes provider.

» After surgery, restart the following forms of insulin when you begin eating a normal diet:

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<tbody>
<tr>
<td>Apidra</td>
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<td>Humalog</td>
<td>Regular 50/50</td>
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<tr>
<td>Novolog</td>
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4. **THE DAY OF SURGERY**

This section contains information on:

» Checking in on the day of your surgery

» What your family can expect while you are in surgery

» Your care team

» What you can expect in the operating room

» In the Intensive Care Unit (ICU)
THE DAY OF SURGERY

CHECKING IN ON THE DAY OF SURGERY

• If you have diabetes, be sure you follow the instructions on page 3-4 about taking or stopping your diabetes medications on the day of surgery.

• Leave money, jewelry and other valuable items at home.

• Leave your car with the valet and bring the parking ticket with you to be validated: Parking is free on the day you are admitted and the day you are discharged.

• Please arrive on time to Center 8. Take the main lobby elevators to the 8th floor and follow the signs for “Center 8.” When you arrive at Center 8, a nurse will take your weight and vital signs. The nurse will insert an intravenous line (IV) in a vein in your arm, ask you some questions, perform a physical assessment and clip the hair off your body. A temporary dressing will be placed to protect your tailbone. Once you are up and moving around after your surgery, it will be removed.

WHAT YOUR FAMILY CAN EXPECT

Many of you will want your family to be kept informed about your recovery, but due to patient privacy laws (HIPAA regulations), our ability to share information about your condition over the telephone is limited. That’s why we recommend you decide ahead of time who your Family Spokesperson will be. It should be someone you can trust to relay messages accurately to concerned friends and family members.

When you check in, we will ask you for the name of your Family Spokesperson. We will call this person with updates, and this person may call us for information.

When you are taken to the operating room, your family members or friends accompanying you will be asked to wait in the Surgical Waiting Area on the 5th floor (Bliss Wing). During and immediately following surgery, our tracking system will make it easy for them to know your status. When you go to the operating room, you will be given a case number to protect your privacy. Flat screen televisions will display your status. When you are in surgery, it will say, “Procedure.” When you have been moved to the ICU, it will say, “Discharged to B91.” B91 is on the 9th floor of the Bliss Wing. When the screen indicates you have been moved to B91, your family may go to the ICU to visit you. They should ring the intercom bell on the outside of the ICU. As soon as you are ready for visitors, the staff will let them in.

A liaison in the Surgical Waiting Area will also be available for questions and will be able to help your Family Spokesperson determine how long it will be before your surgeon will give your family an update on your condition.

YOUR CARE TEAM

Heart surgery is a team effort, and your operating room will be filled with medical professionals. In addition to your surgeon, there will be an anesthesiologist, nurse anesthetist, perfusionist (person who operates the heart-lung machine), surgical technicians, nurses and nursing assistants.

After the operation, your care will be provided by an intensivist (a physician specializing in intensive care), a cardiologist, nurse practitioners, physician assistants and nurses, who work with your surgeon.
On the Day of Surgery

IN THE OPERATING ROOM

The operating room will be cold, bright and bustling with activity. A nurse will check your name and the name of your surgeon and verify this information on your wrist band.

Your anesthesiologist will administer your anesthesia through your IV. Although you will fall asleep quickly, your hearing will be the last sense to leave you. You can be assured that before the operation begins you will be completely anesthetized and will feel no pain. During the surgery, your EKG, blood pressure, breathing, pulse and other functions will be closely monitored at all times.

IN THE INTENSIVE CARE UNIT (ICU)

After your surgery is over, you will awaken in the Intensive Care Unit on Bliss 9I (B9I). You may awaken slowly, first by hearing nurses calling your name and talking to you. If you have a breathing tube in your throat, you will not be able to speak when you awaken. This tube will be removed once you are awake enough to breathe on your own, usually about six hours later.

You will also have a large number of tubes and lines attached to your body and linked to the monitoring equipment at your bedside. A tube called a Foley catheter will empty your bladder. Chest tubes will be placed around your heart to remove any fluid that may collect after surgery. The tubes will be removed over the next few days.

Your face and body may be swollen. This is entirely normal, and is the result of being given fluids during your surgery. We may give you medications to help eliminate this extra fluid.

ICU visiting hours are posted, but they are flexible. However, we ask that your family members limit their initial visit to 10-15 minutes, since we must provide you with a great deal of care during this time. We ask that you have no more than two visitors at a time, since it is important for the nurses to have a clear view of your bed and to monitor you closely during your stay in the ICU. No children are allowed in ICU. Also, it is important for your family to know food, drink and flowers are not allowed in the ICU.

You will stay in ICU overnight and be moved to a telemetry floor (B9E) with other heart patients when your condition is stable, likely the following day. If we feel it is in your best interests, we will keep you in ICU longer.
5. RECOVERING IN THE HOSPITAL

This section contains information on:

» What to expect each day after surgery
» Your stay on B9E
» Managing pain
» Caring for your body after surgery
» Postoperative nutrition
» Postoperative medication
» Preparing for discharge
What to Expect Each Day After Surgery

Every day, you can expect to:

- Be weighed every morning
- Have your blood pressure, heart rate, oxygen level and temperature checked
- Get out of bed for each meal
- Use your incentive spirometer 10 times every hour while you are awake
- Use your heart pillow to help you cough and breathe deeply
- Have your fluid intake and output monitored
- Have tubes, wires and IVs removed
- See an increase in your activity level and tolerance

On the first day after surgery, you can expect to:

- Have your dressings changed
- Sit in a chair for your meals
- Walk in your room with assistance
- Begin eating a heart-healthy diet

On days 2 and 3 after surgery, you can expect to:

- Have your dressings changed or removed, if possible
- Have your Foley catheter removed
- Take a shower
- Walk in the halls 2 to 4 times per day with assistance
- Have your oxygen removed
- Increase the amount of food you eat
- Begin discharge planning with the care team and your family

On days 4 and 5 after surgery, you can expect to:

- Walk in the halls 3 to 5 times per day
- Walk up and down stairs with staff assistance
- Continue to increase your food intake to help the healing process
- Receive diet and medication instructions in preparation for discharge
- Finalize discharge plans
What to Expect After Surgery

HELPFUL INFORMATION FOR YOUR STAY ON B9E

Preventing pneumonia or a collapsed lung (postoperative atelectasis) is a priority. We expect you to use your incentive spirometer (breathing exerciser) 10 times every hour while you are awake. You will be given a heart pillow to hug while you cough and breathe deeply after using the spirometer. This pillow will help support your chest and allow you to take deeper breaths.

Every day you will be weighed, have your blood pressure, heart rate, oxygen level and temperature checked. At meal time, you will get out of bed and walk to a chair, where you will eat your meals. Meals will be served at the following times:

- Breakfast: 8:30 a.m. - 9:00 a.m.
- Lunch: 12:30 p.m. - 1:00 p.m.
- Dinner: 5:30 p.m. - 6:00 p.m.

The phone in your room will be shut off from 10:00 p.m. to 8:00 a.m.

At first, you will find the smallest tasks tiring. Be assured that your strength and stamina will increase as you progress through your stay. Before you are discharged, you will be able to walk around the halls and climb stairs with the help from staff.

MANAGING PAIN

To help us minimize your pain after surgery, we will ask you to rate the intensity of your pain through the use of a pain scale:

If you start to feel pain at any time, please ask the nurse for pain medication. Do not wait until you are very uncomfortable, or until it is offered. The sooner you request pain medication, the better you will manage your pain. When your pain is well-controlled, you will be able to use your incentive spirometer and breathe deeply and be more active.

Once you are able to eat solid food, you will be given oral pain medications. Until that time, pain medication will be given through your IV. If you need pain medication, please ask for it. If you have any concerns about addiction, please discuss them with your surgeon or nurses before your surgery.

10  Excruciating - unable to do any activities because of pain
9   Severe - unable to do most activities because of pain
8   Unable to do some activities because of pain
7   Moderate
6   Can do most activities with rest periods
5   Mild pain - does not limit activity
4   No pain
What to Expect After Surgery (cont.)

CARING FOR YOUR BODY AFTER SURGERY
Almost every patient is swollen after surgery from water-weight gain, but we will give you medication to eliminate the extra fluid.

Lying in bed will leave you susceptible to skin breakdown. We encourage you to get out of bed as often as possible to sit in a chair or walk. While you are in bed, you should turn often to relieve the pressure on any area of skin.

Do not touch your incision. Do not put lotions or creams on it. Do not scratch it or remove the scabs, as they are barriers to infection. You will be allowed to shower as soon as your chest tubes are removed, usually by day 3.

The anesthesia and pain medications you received, combined with lack of activity, will slow down your bowel cycle. Do not be concerned. We will give you medications to help normal bowel function resume, along with a stool softener to prevent straining. A few days after surgery, you should be back to normal.

POSTOPERATIVE NUTRITION
You will need extra calories to heal, but these calories should be in the form of high-quality proteins, vegetables and fruits. Your care team will monitor your diet and modify it as necessary.

Even if you do not have your normal appetite, we encourage you to eat. Your surgeon may recommend you follow a low-fat, no-added-salt diet after discharge. Your nurse will give you more detailed diet instructions to follow at home.

MANAGING BLOOD GLUCOSE LEVELS
After surgery, many patients experience elevated blood sugar levels, even if they do not have diabetes. If this happens to you, you probably fall into one of four categories:

1. Elevated blood sugar is a temporary reaction to the stress of surgery and will resolve in a few days or weeks. You may need injections of insulin until the condition resolves.

2. You had diabetes before surgery, but did not know it. This is a common occurrence.

3. You had diabetes before surgery, but were able to control your blood glucose levels with oral medications. You may need insulin for a short time after surgery to regain control, but there is a good chance you will be able to resume using oral medications a few days or weeks after discharge.

4. You had diabetes before surgery, and controlled your blood glucose levels with insulin or a combination of insulin and oral medications. You may need larger doses of insulin to control your sugars in the first few days or weeks after surgery.
What to Expect After Surgery (cont.)

POSTOPERATIVE MEDICATIONS
You may need to begin taking new medications. If you had bypass surgery, these may include Plavix (clopidogrel), which you may take daily with aspirin. If you had valve surgery or a maze procedure, you may need to take Coumadin (warfarin), a blood thinner. Do not discontinue taking these medications for any reason without your doctor’s knowledge and permission. If you experience any worrisome side effects, call your doctor’s office.

PREPARING FOR DISCHARGE
You will stay on B9E until you are ready for the next phase of your recovery. This next phase may include rehabilitation, home care or outpatient cardiac rehabilitation. The length of time you will need for this phase depends on your individual progress and needs.

On the day your doctor feels you are ready, our goal is to have you discharged by 11 a.m. Please make arrangements for your family to pick you up that morning.

If you are going to a skilled nursing or rehabilitation facility, your case coordinator or social worker will assist you and your family in making these arrangements before you are discharged from the hospital. A list of facilities can be found in section 8 of this binder.

We will send you home with a list of the medications that you should be taking for your heart and other medical problems. It is very important that you take all medications as directed. It is equally important that you not take any other medication (over-the-counter or prescription), vitamin or herbal supplement that is not on this list without the permission of your doctor. Many medications you think are safe may interact with your heart medications, making them stronger or weaker.
6. RECOVERY AFTER HOSPITAL DISCHARGE

This section contains:

» Daily do’s and don’ts
» Helping your incision to heal
» Your emotional health
» Follow-up appointments
» Resuming activity
» Progressive walking program
» Cardiac rehabilitation
» Returning to work
» Watching for weight gain
Daily Do’s and Don’ts

If you develop any of the following symptoms, go to the nearest emergency room or call 911:

- Bright red stool
- Angina-like chest pain similar to that you experienced before your surgery
- Coughing up bright red blood
- Fainting spells
- Heart rate faster than 150 beats/min with shortness of breath or new irregular heart rate
- New onset of nausea, vomiting or diarrhea
- Severe abdominal pain
- Shortness of breath not relieved by rest
- Sudden numbness or weakness in arms or legs
- Sudden severe headache

If you develop any of the following symptoms, call your surgeon:

- Drainage, redness, inflammation, warmth or new soreness at the site of the incision
- Fever of 101 degrees or more
- New pains in the chest
- Difficulty breathing
- Shortness of breath while lying flat
- Increasing weakness and difficulty doing regular activities
- Extreme fatigue
- Swelling in the legs, ankles or stomach
- Dry, hacking cough without a cold
- Less urination during the day and more at night
- Dizziness, lightheadedness
- Pain in the calf that becomes worse when pointing toe upwards

When you ride in a car, be sure you wear a seat belt with a shoulder harness for protection against injury. Your surgeon will let you know when it is okay to resume driving.
Helping Your Incision to Heal

- Eat healthy foods, such as fruits and vegetables.
- Eat protein-rich foods, such as eggs, lean meats, chicken and fish, unless otherwise instructed.
- While your incisions are healing, avoid eating foods that are high in sugar.
- We encourage you not to smoke and will provide you with smoking cessation information. To call the Hartford Hospital Stop Smoking for Life Program, please call 860-545-3127.
- If you have been instructed to wear a bra, you may wish to place a gauze dressing over the incision to protect it from rubbing and irritation.
- Take a shower daily and wash your incision gently with warm (not hot) water. Avoid vigorous scrubbing. Be sure to dry the incision thoroughly. Do not take a bath, use a hot tub or swim until the incision is fully healed. Do not put creams, oils, powders or lotions on your incision, or scratch it. The incision will heal gradually over time. Leave the scabs alone. Do not cover your incision unless it begins to drain. In this case, cover it with sterile gauze (available at your pharmacy) and call your surgeon.
- If your incision has a dressing, change it daily or more frequently if it becomes wet or soiled.
- When the drainage stops, you should stop applying the dressings and allow the incision to heal in the open air.
- **Notify your surgeon if you notice any of the following:**
  - Increased tenderness around the incision
  - Increased redness or swelling around the edges of the incision
  - Any drainage from the incision
  - You need to change the dressing more often due to increased drainage
  - The incision or the drainage develops a bad smell

Your Emotional Health

There is no need to be afraid of sexual intimacy after heart surgery. As a rule of thumb, you are ready to resume sexual relations when you can walk up a flight of stairs at a normal pace. Until your sternum has healed (about 6-8 weeks), choose positions that limit pressure on your arms and chest. If you have any concerns, speak with your surgeon.

It is normal to be emotionally fragile after surgery. You may experience highs and lows, and even seem irrational at times. This is common, as are “the blues.” If your emotional health has not resolved within a month, or if you feel chronically depressed, speak with your surgeon. Your body’s chemistry may be out-of-balance, and you may need some help to put you on the path to healing.
Your Follow-Up Appointments

You will be expected to see your surgeon and cardiologist within 2 weeks after you have been discharged from the hospital. You will be given time frames for these appointments when you are discharged, and it is your responsibility to book the appointments.

Resuming Activity

You need a balance of exercise and rest as you continue to recover. It may be necessary to modify some of your daily activities until your body heals.

It is important to get up and get dressed each morning. Wear comfortable, loose fitting clothes that do not put pressure on your incisions.

You may climb stairs. When you first go home, be sure to go slowly, taking one step at a time if necessary. Remember that it takes more energy to climb stairs than to walk. If you become tired as you climb, stop, rest and continue. DO NOT pull yourself up the stairs.

Pace yourself. Don’t try to do too much too soon, or you will be very tired the following day. Rest at least twice a day, rest for 20-30 minutes with your legs elevated. Pay attention to your body. It may give you signals that you need to rest. These signals may include shortness of breath, fatigue, dizziness, pain or discomfort. If you experience these signals, stop your activity immediately. Take a nap, if necessary.

You must avoid strenuous activity while your sternum is healing. Do not lift, push or pull anything heavier than 5 to 10 pounds—approximately the weight of a gallon of milk—for six weeks after surgery. This means you should avoid carrying children, groceries, mowing the grass, vacuuming or shoveling.

Follow the guidelines to resume your activities safely:

**WEEKS 1 AND 2:**

**Activities you can do:**
- Shower, shave and wash your hair.
- Prepare basic foods.
- Do light housework: wash dishes, dust, make beds. Do not change sheets.
- Write, read and type (desk work).
- Read, watch TV and listen to music.
- Sew, knit and do other crafts.
- Play cards and board games.
- Ride in a car as a passenger for short trips.
  Wear a safety belt.
- Walk 8-12 stairs, one at a time. Do not pull yourself up the stairs.
- Walk daily as outlined in the Progressive Walking Program on page 6-5

**Activities you should avoid doing:**
- Don’t lift more than 5 lbs.
- Don’t lift infants or small children.
- Avoid arm motion that causes pain at the incision site.
- Avoid push-pull arm movements (vacuuming, sweeping, scrubbing).
- Don’t use a treadmill.
- Don’t shovel, dig or cut grass or hedges.
- Don’t walk a medium- to large-sized dog.
- Don’t do any competitive sports.
Resuming Activity (cont.)

- Don’t drive until your surgeon gives permission.
- Don’t walk up grades or hills.
- Avoid putting extra pressure on your arms when climbing stairs or rising from a chair.

WEEKS 3 AND 4:

Activities you can do:
- Dine out and prepare meals.
- Run errands and shop for groceries (avoid lifting!).
- Attend religious services, bingo and movies.
- Play musical instruments.
- Do light housework. Do not change sheets.
- Gradually resume sexual activity. Use non-weight-bearing positions.
- Contact your local cardiac rehabilitation program.
- Continue the Progressive Walking Program daily.

Activities you should avoid doing:
- Don’t lift more than 10 lbs.
- Don’t lift infants or small children.
- Avoid arm motion that causes pain at the incision site.
- Avoid push-pull arm movements (vacuuming, sweeping, scrubbing).
- Don’t use a treadmill.
- Don’t shovel, dig or cut grass or hedges.
- Don’t walk a medium- to large-sized dog.
- Don’t do any competitive sports.
- Don’t drive until your surgeon gives permission.
- Don’t walk up grades or hills.
- Avoid putting extra pressure on your arms when climbing stairs or rising from a chair.

WEEKS 5 AND 6:

Activities you can do:
- Moderate housework-laundry, sweeping
- Painting, light carpentry. No ceiling or ladder work.
- Ride the mower and garden
- Walk the dog

Activities you should avoid doing:
- Don’t lift more than 20 lbs.
- Don’t shovel heavy loads.
- Don’t play contact sports.
- Don’t walk up steep hills.

Returning to Work

Many people can return to work four to six weeks after surgery. How soon you can go back depends on how well you are healing and what type of job you have. Your surgeon will tell you when it is safe for you to return to work.
**Watching for Weight Gain**

You may be asked to weigh yourself at the same time every morning and record it. Be sure to wear the same amount of clothes and to use the same scale every day. This helps us monitor how well your heart is pumping and watch for the development or worsening of heart failure. **Notify your doctor if you gain more than 2 pounds in one day or 5 pounds in one week.**

Record your weight daily on this page and bring it to the next appointment with your cardiologist or cardiac surgeon.

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**Progressive Walking Program**

Regular exercise is essential to your recovery, and the Progressive Walking Program is the best way to increase your endurance safely. It accomplishes this goal by gradually increasing the distance or amount of time you are able to walk. Starting at week 1 or 2 after discharge and continuing over a 4- to 8-week period, you will gradually increase the length of your exercise time, while decreasing the number of walks you take per day.

It is important that you walk on level ground. If your neighborhood is hilly, or the weather is extreme, walk indoors. Walking in a mall or from room to room in your home are perfectly acceptable.

Guide your progression based on how you feel. Continue repeating the same step until you no longer feel fatigued. At that point, you are ready for the next step. You should be able to carry on a conversation while you walk. If you become too out-of-breath to talk, the activity is too vigorous.

**The 6-Step Progressive Walking Program**

**Step 1:** Walk 3-5 minutes three or four times daily for a total of 12-20 minutes.

**Step 2:** Walk 5-7 minutes three or four times daily for a total of 15-28 minutes.

**Step 3:** Walk 7-10 minutes two or three times daily for a total of 20-30 minutes.

**Step 4:** Walk 10-15 minutes twice daily for a total of 20-30 minutes.

**Step 5:** Walk 15-20 minutes twice daily for a total of 30-40 minutes.

**Step 6:** Walk 20-30 minutes once a day.

Once you are able to walk 20 minutes, you will benefit from adding warm-up and cool-down periods:

- **Warmup:** Walk slowly for 5 minutes.
- **Exercise:** Walk briskly for 20 minutes.
- **Cool down:** Walk slowly for 5 minutes.
Cardiac Rehabilitation

Hartford Hospital cardiac surgeons highly recommend that patients participate in a cardiac rehabilitation program after a heart attack or heart surgery. Cardiac rehabilitation is a proven way to reduce the risk of a future heart problem, including fatal or nonfatal heart attack. It is so effective that most Medicare plans cover 36 cardiac rehab sessions.

You will benefit from cardiac rehabilitation if you have had:
• A recent heart attack
• Chest pain (angina)
• Angioplasty or stent procedure
• CABG
• Heart valve surgery
• Heart failure
• Cardiomyopathy
• Heart transplant

“The doctors saved my life, but Cardiac Rehabilitation taught me how to live it.”
- Hartford Hospital cardiac rehab patient

WHAT CARDIAC REHAB INVOLVES

Cardiac rehabilitation is a supervised exercise and education program designed specifically to help patients recover from heart hospitalization. Three times a week, participants exercise gently, gradually increasing their endurance under the watchful eye of nurses and exercise physiologists, who monitor their EKG and blood pressure.

In addition to supervised, safe exercise, cardiac rehab programs provide group and individual counseling and education sessions designed to help you make healthy lifestyle changes. These sessions cover heart-healthy dietary changes, weight loss, smoking cessation and stress management.

You must have a physician’s referral to begin the program. Your cardiologist will likely work with you to arrange your rehabilitation at a cardiac rehab program in your area. Hartford Hospital offers cardiac rehabilitation programs at four locations: at Hartford Hospital in Hartford, in West Hartford at Blue Back Square, and at our Wellness Centers in Avon and Glastonbury.

GEARING UP FOR BETTER HEART HEALTH

In addition to extending survival and improving heart health, the benefits of participating in cardiac rehab include:
• Improved energy and physical fitness
• Improved sense of well-being
• Improved ability to manage stress
• Increased ability to perform job or tasks
• Lower blood pressure
• Lower cholesterol and blood sugar levels
• Weight loss
Patient’s Name: _______________________________________________ DOB:_________________

Address:_______________________________________________________________________________

Phone: ________________________________________________________________________________

____ MI
____ Stable Angina
____ PCI
____ Cardiac Surgery

_______ CABG _______ Cardiac Valve _____ Cardiac Transplantation

____ CHF
____ Cardiomyopathy

Signature of referring physician ____________________________ Date:_________ Time:_________

Upon discharge, please fax referral to patient's preferred site:

- Hartford Hospital
  Phone: 860.545.2133
  Phone: 860.545.3352

- Glastonbury Wellness Center
  Phone: 860.633.9084
  Fax: 860.633.9204

- West Hartford - Blue Back Square
  Phone: 860.570.4571
  Fax: 860.570.4570

- Avon Wellness Center
  Phone: 860.674.8509
  Fax: 860.678.8493

Hartford Hospital
Henry Low Heart Center
7. RESOURCES

This section contains information on:

» Mended Hearts, Inc.

» Informational websites

» Further reading on heart disease and heart surgery

» *Circulation* article on benefits of cardiac rehabilitation
Mended Hearts, Inc.

For more than 50 years, Mended Hearts has offered hope, encouragement and information to heart patients and their families. Hartford Hospital is pleased to partner with Mended Hearts in order to help patients like you have a good experience.

Before surgery, someone from Mended Hearts will call or visit you. After surgery, your Mended Hearts contact will be happy to provide answers to any questions you may have and to provide reassurance that your life after surgery can be rich and rewarding.

For more information on this national nonprofit organization, please visit www.mendedhearts.org.

Web Sites You May Find Helpful

- Your Heart Valve
  www.yourheartvalve.com

- American Heart Association
  www.americanheart.org

- American College of Cardiology
  www.acc.org

- Society of Thoracic Surgeons
  www.sts.org

- National Heart, Lung and Blood Institute
  www.nhlbi.nih.gov/health

Suggested Reading on Heart Disease & Heart Surgery

- The Open Heart Companion: Preparation and Guidance for Open-Heart Surgery
  by Maggie Lichtenberg

- The Cardiac Recovery Handbook: The Complete Guide to Life after Heart Attack or Heart Surgery
  by Paul Kligfield, MD
Study: Sticking with heart rehab boosts survival

Little pain, lots of gain: Sticking with cardiac rehab boosts survival, study finds

MARILYNN MARCHIONE, AP News
Dec 21, 2009

If you’ve had a heart attack or a bypass operation, there’s an easy way to help prevent another one: stick with rehab.

People who get all 36 sessions of cardiac rehabilitation that most Medicare plans cover are less likely to die or suffer a heart attack in the next three to four years than people who have fewer sessions, a new study finds.

The research could encourage the multitudes of heart patients who don’t follow doctors’ orders to heed their advice. Only about one-fifth of heart patients even try rehab. Of those who do, few get all the sessions that are recommended.

The new study is one of the first big efforts to look at how survival is affected by the “dose” of rehab that heart patients get. Researchers saw a clear trend in this 65-and-older group.

“What this study shows in a very convincing manner is that the more sessions a cardiac patient goes to, the better off they are,” said Dr. Stanley Hazen, preventive cardiology and rehabilitation chief at the Cleveland Clinic.

He had no role in the study, which was led by Duke University scientists and published online Monday in Circulation, an American Heart Association journal. Federal grants paid for the work.

Say “rehab” and many people envision weak heart patients being pushed to run on a treadmill. Exercise is crucial, but “they don’t need to be grimacing and jogging around the track,” Hazen said. “It can be just a brisk walk or swimming or a stationary bike. That’s the key: find something you enjoy and are willing to do.”

To be covered by Medicare, rehab also must include lifestyle counseling — nutrition advice, weight management, help to stop smoking, even cooking classes and pointers on reducing stress, said the study’s leader, Duke biostatistician Bradley Hammill.

Many patients find they enjoy the counseling, he said. For some, it’s the first time anyone has explained the “how-to” of healthy living.

“After you’ve been hospitalized and somebody then talks to you about these lifestyle changes, it might be more likely to sink in. It’s the teachable moment,” Hammill said.

His study used records on more than 30,000 Medicare recipients who went for at least one rehab session after being hospitalized for a heart attack, a bypass operation, or chronic and severe chest pain due to clogged arteries.

More than three years later, 18 percent of those who attended fewer than 12 cardiac rehab sessions had died versus 11 percent of those who went to all 36 sessions. After taking into account age and other differences in these groups of patients, that works out to a 47 percent reduction in the risk of death for those attending 36 sessions. Heart attacks also were less common in that group.

There was a strong trend: as the number of classes went up, the risk of having a heart attack or dying in the next few years went down.

Surprisingly, only 18 percent of study participants went to all 36 sessions, even though Medicare — the government health care program for those 65 and over — was footing the bill. Researchers don’t know why so few stuck with it.

“It can be everything from the time required multiple times a week for so long, or transportation issues. Or it may just be that they feel better and don’t feel the need to finish,” Hammill said.

That’s the case with Tony Rugare, an 84-year-old Cleveland area man who had a quadruple bypass operation in October. He attended his fourth rehab class on Monday and plans to do only a dozen more.

“It’s a hassle getting here and parking,” he said. Once he’s had 16 classes, “by that time I think I know what to do and can go on my own.”

However, it could be that sicker patients drop out of rehab sooner, Dr. William Weintraub wrote in an editorial in the journal. He is a heart specialist at Christiana Care Health System in Newark, Del. Because the study can’t account for why people went to fewer or more sessions, it cannot prove that rehab alone accounted for better survival, he wrote.

But there’s good reason to believe it did: researchers did a separate analysis on only folks who went to at least six sessions and still saw the trend of fewer heart attacks and deaths with greater attendance.

Dorothy Roberts went to her seventh session at the Cleveland Clinic on Monday. She walks on a treadmill and is trying to quit smoking. Roberts, 62, said that her artery-opening angioplasty procedure was a “very scary” experience, so she plans to complete all 36 rehab sessions covered by her private insurer.

“If you have a second chance at life, you do what you can to stay here,” she said.
8. SKILLED NURSING FACILITIES

This section contains a list of skilled nursing facilities in the following counties:

» Fairfield
» Hartford
» Litchfield
» Middlesex
» New Haven
» New London
» Tolland
» Windham
SKILLED NURSING FACILITIES

**FAIRFIELD COUNTY**

**Bethel**
Bethel Health Care Center
13 Park Lawn Drive
(203) 830-4180

**Bridgeport**
Astoria Park
725 Park Avenue
(203) 366-3653
Bridgeport Health Care Center
600 Bond Street
(203) 384-6400
Bridgeport Manor
540 Bond Street
(203) 384-6400
Northbridge Health Care Center
2875 Main Street
(203) 336-0232

**Danbury**
Danbury Health Care Center
107 Osborne Street
(203) 792-8102
Filsos Convalescent Home
13 Hakim Street
(203) 744-3366
Glen Hill Care & Rehabilitation Center
1 Glen Hill Road
(203) 744-2840
Hancock Hall
31 Staples Street
(203) 794-9466
Pope John Paul II Center
33 Lincoln Avenue
(203) 797-9300

**Fairfield**
Cambridge Manor
2428 Easton Turnpike
(203) 372-0313
Carolton Chronic & Convalescent Hospital
400 Mill Plain Road
(203) 255-3573
Jewish Home for the Elderly
175 Jefferson Street
(203) 365-6400
Ludlowe Center for Health & Rehabilitation
(203) 372-4501

**Greenwich**
Connecticut Health of Greenwich
1188 King Street
(203) 531-8300
Greenwich Woods Health Care Center
1165 King Street
(203) 531-1335
Nathaniel Witherell
70 Parsonage Road
(203) 869-4130

**New Canaan**
Waveny Care Center
3 Farm Road
(203) 966-8725

**Newtown**
Masonicare of Newtown
139 Toddy Hill Road
(203) 426-5847

**Norwalk**
Honey Hill
34 Midrocks Road
(203) 847-9686
Notre Dame
76 West Rocks Road
(203) 847-5893

**Paradigm Healthcare of Norwalk**
23 Prospect Avenue
(203) 853-0010

**Ridgefield**
Laurel Ridge Health Care Center
642 Danbury Road
(203) 438-8226
Hewitt Health & Rehabilitation Center
45 Maltby Street
(203) 924-4671

**Southport**
Connecticut Health of Southport
930 Mill Hill Terrace
(203) 259-7894
Trumbull
Maefair Health Care Center
21 Maefair Court
(203) 459-5153
St. Joseph Manor
6448 Main Street
(203) 268-6204

**Westport**
Westport Health Care Center
1 Burr Road
(203) 226-4201

**West Redding**
Meadow Ridge
100 Redding Road
(203) 544-1000

**Wilton**
Lourdes Health Care Center
345 Belden Hill Road
(203) 762-3318
Wilton Meadows Health Care Center
439 Danbury Road, Rte 7
(203) 834-0199
SKILLED NURSING FACILITIES

HARTFORD COUNTY

Avon
Apple Rehab Avon
652 West Avon Road
(860) 673-3265

Avon Health Center
220 Scoville Road
(860) 673-2521

Bloomfield
Alexandria Manor
55 Tunxis Drive
(860) 242-0703

Bloomfield Health Care Center
355 Park Avenue
(860) 242-8595

Caleb Hitchcock Health Care Center - Dunstan
40 Loeffler Road
(860) 726-2000

Seabury Health Center
200 Seabury Drive
(860) 286-0243

Wintonbury Care Center
140 Park Avenue
(860) 243-9591

Bristol
Countryside Manor of Bristol
1660 Stafford Avenue
(860) 583-8483

The Pines of Bristol
61 Bellevue Avenue
(860) 589-1682

Ingramah Manor
400 North Main Street
(860) 584-3400

Sheriden Woods
321 Stonecrest Drive
(860) 583-1827

Collinsville
Cherry Brook
102 Dyer Avenue
(860) 693-7777

East Hartford
East Hartford Healthcare & Rehabilitation Center
51 Applegate Lane
(860) 568-7520

Riverside Health & Rehabilitation Center
745 Main Street
(860) 289-2791

East Windsor
Chesnut Point Care Center
171 Main Street
(860) 292-5394

Kettle Brook Care Center
96 Prospect Hill Road
(860) 623-9846

Enfield
Blair Manor
612 Hazard Avenue
(860) 749-8388

Parkway Pavilion Health Care
1157 Enfield Street
(860) 745-1641

St. Joseph Residence
2365 Enfield Street
(860) 741-0791

Forestville
Subacute Center of Bristol
23 Fair Street
(860) 589-2923

Glastonbury
Glastonbury Health Care Center
1175 Hebron Avenue
(860) 659-1905

Salmon Brook
72 Salmon Brook Drive
(860) 633-5244

Granby
Meadowbrook of Granby
350 Salmon Brook Street
(860) 653-9888

Hartford
Avery Nursing Home
705 New Britain Avenue
(860) 527-9126

Chelsea Place Care Center
25 Lorraine Street
(860) 233-8241

Ellis Manor
210 George Street
(860) 296-9166

Park Place Health Center
5 Greenwood Street
(860) 236-2901

Trinity Hill Care Center
151 Hillside Avenue
(860) 951-1060

Kensington
Ledgecrest Health Care Center
154 Kensington Road
(860) 828-0583

Manchester
Bidwell Care Center
33 Bidwell Street
(860) 647-9191

Crestfield Rehabilitation Center & Fenwood Manor
565 Vernon Street
(860) 643-5151

Manchester Manor
385 West Center Street
(860) 646-0129

Westside Care Center
341 Bidwell Street
(860) 647-9191

Marlborough
Marlborough Health Care Center
85 Stage Harbor Road
(860) 295-9531

New Britain
Andrew House
66 Clinic Drive
(860) 225-8608

Brittany Farms
400 Brittany Farms Road
(860) 224-3111

Jerome Home
975 Corbin Avenue
(860) 229-3707

Monsignor Bojnowski Manor
50 Pulaski Street
(860) 229-0336

Walnut Hill Care Center
55 Grand Street
(860) 223-3617

Newington
Bel-Air Manor
256 New Britain Avenue
(860) 666-5689

Jefferson House
1 John H. Stewart Drive
(860) 667-4453

(Hartford Hospital is a corporate affiliate and is likely to be considered to have a discloseable financial interest)
<table>
<thead>
<tr>
<th>Location</th>
<th>Address</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Newington</td>
<td>Health Care Center, 240 Church Street</td>
<td>(860) 667-2256</td>
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<tr>
<td>Plainville</td>
<td>Apple Rehab Farmington Valley, 269 Farmington Avenue, (860) 747-1637</td>
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<td>Plantsville</td>
<td>Alzheimer’s Resource Center of Connecticut, 1261 South Main Street</td>
<td>(860) 628-9000</td>
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<tr>
<td>Rocky Hill</td>
<td>Apple Rehab Rocky Hill, 45 Elm Street, (860) 529-8661</td>
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<td>Simsbury</td>
<td>Governor’s House, 36 Firetown Road, (860) 658-1018</td>
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<td>Southington</td>
<td>Southington Care Center, 45 Meridian Avenue, (860) 621-9559</td>
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<td>South Windsor</td>
<td>South Windsor Nursing &amp; Rehabilitation Center, 1060 Main Street</td>
<td>(860) 289-7771</td>
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<td>Suffield</td>
<td>The Suffield House, One Canal Road, (860) 668-6111</td>
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<tr>
<td>West Hartford</td>
<td>Bishop’s Corner Healthcare &amp; Rehabilitation Center, 2432 Albany Avenue</td>
<td>(860) 236-3557</td>
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<td>Hebrew Home and Hospital, 1 Abrahms Boulevard, (860) 523-3960</td>
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<td>Hughes Health &amp; Rehabilitation Center, 29 Highland Street, (860) 236-5623</td>
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<td>The Reservoir, One Emily Way, (860) 561-7022</td>
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<td>St. Mary Home, 2021 Albany Avenue, (860) 570-8200</td>
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<td>West Hartford Health &amp; Rehabilitation Center, 130 Loomis Drive</td>
<td>(860) 521-8700</td>
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<td>Wethersfield</td>
<td>Wethersfield Health Care Center, 341 Jordan Lane, (860) 563-0101</td>
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<td>Windsor</td>
<td>Kimberly Hall North, 1 Emerson Drive, (860) 688-6443</td>
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<td>Torrington</td>
<td>Litchfield Woods Health Care Center, 255 Roberts Street, (860) 489-5801</td>
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<td>Paradigm Healthcare of Torrington, 80 Fern Drive, (860) 482-7668</td>
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<td>Torrington Health &amp; Rehabilitation Center, 255 Wyoming Avenue, (860) 482-8563</td>
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<td>Valerie Manor, 1360 Torrington Street, (860) 489-1008</td>
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<td>Wolcott Hall Nursing Center, 215 Forest Street, (860) 482-8554</td>
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<td>Salisbury</td>
<td>Noble Horizons, 17 Cobble Road, (860) 435-9851</td>
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<td>Sharon</td>
<td>Sharon Health Care Center, 27 Hospital Hill Road, (860) 364-1002</td>
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<td>Watertown</td>
<td>Apple Rehab Watertow, 33 Bunker Hill Road, (860) 274-5428</td>
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<td>Watertown Convalarium, 560 Woodbury Road, (860) 274-6748</td>
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<td>Winsted</td>
<td>Laurel Hill Health Center, 108 East Lake Street, (860) 379-8591</td>
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</tbody>
</table>

### Litchfield County

**Canaan**
- Geer Nursing & Rehabilitation Center, 99 South Canaan Road, (860) 824-5137
- Kent Nursing Center, 46 Maple Street, (860) 927-5368
- Litchfield Rehabilitation Center, 31 North Street, (860) 567-9475
- New Milford Rehabilitation Center, 19 Poplar Street, (860) 354-9365
- Plymouth Nursing Home, 81 Hillside Avenue, (860) 283-8208
- Torrington Litchfield Woods Health Care Center, 255 Roberts Street, (860) 489-5801
- Paradigm Healthcare of Torrington, 80 Fern Drive, (860) 482-7668
- Torrington Health & Rehabilitation Center, 255 Wyoming Avenue, (860) 482-8563
- Valerie Manor, 1360 Torrington Street, (860) 489-1008
- Wolcott Hall Nursing Center, 215 Forest Street, (860) 482-8554
- Noble Horizons, 17 Cobble Road, (860) 435-9851
- Sharon Health Care Center, 27 Hospital Hill Road, (860) 364-1002
- Apple Rehab Watertow, 33 Bunker Hill Road, (860) 274-5428
- Watertown Convalarium, 560 Woodbury Road, (860) 274-6748
- Laurel Hill Health Center, 108 East Lake Street, (860) 379-8591
**SKILLED NURSING FACILITIES**

### MIDDLESEX COUNTY

**Chester**  
Aaron Manor Nursing & Rehabilitation  
3 South Wig Hill Road  
(860) 526-2436  
Chesterfield's Health Care Center  
132 Main Street  
(860) 526-5363

**Cobalt**  
Cobalt Lodge Health & Rehabilitation Center  
29 Middle Haddam Road  
Route 151  
(860) 267-9034

**Cromwell**  
Cromwell Health & Rehabilitation Center  
385 Main Street  
(860) 635-5613

Pilgrim Manor  
52 Missionary Road  
(860) 635-5511

Ridgeview Health Care Center  
156 Berlin Road  
(860) 635-1010

**Durham**  
Twin Maples Health Care Facility  
809 R New Haven Road  
(860) 349-1041

**Essex**  
Essex Meadows Health Center  
30 Bokum Road  
(860) 767-7201

**Middletown**  
Apple Rehab Middletown  
600 Highland Avenue  
(860) 347-3315

**Moodus**  
Chestelm Health Care  
534 Town Street  
(860) 873-1455

**Old Saybrook**  
Apple Rehab Saybrook  
1175 Boston Post Road  
(860) 399-6216

Gladeview Health Care Center  
60 Boston Post Road  
(860) 388-6696

**Portland**  
Portland Care & Rehabilitation Center  
333 Main Street  
(860) 342-0370

### NEW HAVEN COUNTY

**Ansonia**  
Hilltop Health Center  
126 Ford Street  
(203) 736-1100

**Branford**  
Branford Hills Health Care Center  
189 Alps Road  
(203) 481-6221

**Cheshire**  
Elim Park Baptist Home  
140 Cook Hill Road  
(203) 272-3547

The Highlands Health Care Center  
745 Highlands Avenue  
(203) 272-7285

**Derby**  
Birmingham Health Center  
210 Chatfield Street  
(203) 735-7401

**East Haven**  
Apple Rehab Laurel Woods  
451 North High Street  
(203) 466-6850

Talmadge Park Health Care  
38 Talmadge Avenue  
(203) 469-2316

**Guilford**  
Apple Rehab Guilford  
10 Boston Post Road  
(203) 453-3725

The Guilford House  
109 West Lake Avenue  
(203) 488-9142

**Hamden**  
Ardon House  
850 Mix Avenue  
(203) 281-3500

Hamden Health Care Center  
1270 Sherman Lane  
(203) 281-7555

Whitney Center  
200 Leeder Hill Drive  
(203) 281-6745

Whitney Manor Convalescent Center  
2798 Whitney Avenue  
(203) 288-6230

**Madison**  
Madison House  
34 Wildwood Avenue  
(203) 245-8008

Watrous Nursing Center  
9 Neck Road  
(203) 245-9483

**Meriden**  
Apple Rehab Coccomo  
33 Cone Avenue  
(203) 238-1606

Connecticut Baptist Home  
292 Thorpe Avenue  
(203) 237-1206

Curtis Home – St. Elizabeth Center  
380 Crown Street  
(203) 237-4338

Meriden Center  
845 Paddock Avenue  
(203) 238-2645

Miller Memorial Community  
360 Broad Street  
(203) 237-8815

Silver Springs Care Center  
33 Roy Street  
(203) 237-8457

**Westfield**  
Westfield Manor Health Care Center  
65 Westfield Road  
(203) 238-1291

**Milford**  
Golden Hill Health Care Center  
2028 Bridgeport Avenue  
(203) 877-0371

Milford Health Care Center  
195 Platt Street  
(203) 878-5958
West River Health Care Center
245 Orange Avenue
(203) 876-5123

**Middlebury**
Middlebury Convalescent Home
778 Middlebury Road
(203) 758-2471

**Naugatuck**
Beacon Brook Health Center
89 Weid Drive
(203) 729-9889

Glendale Center
4 Hazel Avenue
(203) 723-1456

**New Haven**
Jewish Home for the Aged
169 Davenport Avenue
(203) 789-1650

Leeway
40 Albert Street
(203) 865-0068

Mary Wade Home
118 Clinton Avenue
(203) 562-7222

Paradigm Healthcare Center of New Haven
181 Clifton Street
(203) 467-1666

Sister Anne Virginie Grimes Health Center
1354 Chapel Street
(203) 867-8300

University Center Skilled Nursing & Rehab
915 Ella T. Grasso Boulevard
(203) 865-5155

West Rock Health Care Facility
34 Level Street
(203) 389-9744

**North Branford**
Evergreen Woods Health Center
88 Notch Hill Road
(203) 488-8000

**North Haven**
Montowese Health & Rehabilitation Center
163 Quinnipiac Avenue
(203) 624-3303

**Prospect**
Paradigm Healthcare of Prospect
64 Summit Road
(203) 758-4431

**Seymour**
Shady Knoll
41 Skokorat Street
(203) 881-2555

**Southbury**
Lutheran Home of Southbury
990 Main Street North
(203) 264-9135

Pomperaug Woods Health Center
80 Heritage Road
(203) 262-6555

River Glen Health Care Center
162 South Britain Road
(203) 264-9600

**Wallingford**
Masonic Health Care Center
22 Masonic Avenue
(203) 679-5900

Regency House of Wallingford
181 East Main Street
(203) 265-1661

Skyview Center
35 Marc Drive
(203) 265-0981

Village Green of Wallingford
55 Kondracki Lane
(203) 265-6771

**Waterbury**
Abbott Terrace Health Center
44 Abbott Terrace
(203) 755-4870

Buck's Hill Nursing & Rehabilitation Center
2017 North Main Street
(203) 757-0731

Cheshire House Health Care Facility
3396 West Main Street
(203) 754-2161

Crescent Manor
1243 West Main Street
(203) 757-0561

Grove Manor Nursing Home
145 Grove Street
(203) 753-7205

Meridian Manor
1132 Meriden Road
(203) 757-1228

Paradigm Healthcare of Waterbury
177 Whitewood Road
(203) 757-9491

Rose Garden Health & Rehabilitation Center
3584 East Main Street
(203) 754-4181

Village Green of Waterbury
128 Cedar Avenue
(203) 757-9271

**West Haven**
Apple Rehab of West Haven
308 Savin Avenue
(203) 932-6411

Paradigm Healthcare of West Haven
310 Terrace Avenue
(203) 932-2247

Soundview Healthcare & Rehabilitation Center
1 Care Lane
(203) 934-7955

**Woodbridge**
The Willows Care & Rehabilitation Center
225 Amity Road
(203) 387-0076

**Wolcott**
Wolcott View Manor
50 Beach Road
(203) 879-4987

**NEW LONDON COUNTY**

**Colchester**
Apple Rehab Colchester
36 Broadway
(860) 537-4606

Harrington Court
59 Harrington Court
(860) 537-2339

**Groton**
Fairview
7218 Starr Hill Road
(860) 445-7478

Groton Regency Center
1145 Poquonock Road
(860) 446-9960
SKILLED NURSING FACILITIES

**Mystic**
Apple Rehab Mystic
28 Broadway
(860) 536-9655

Avalon Health Care Center at Stoneridge
186 Jerry Browne Road
(860) 536-9700

Mystic Healthcare & Rehabilitation Center
475 High Street
(860) 536-6070

Pendleton Health & Rehabilitation Center
44 Maritime Drive
(860) 572-1700

**New London**
Beechwood
31 Vauxhall Street
(860) 442-4363

The Crossings East Campus
78 Viets Street Extension
(860) 447-1416

The Crossings West Campus
89 Viets Street Extension
(860) 447-1471

**Niantic**
Bridebrook Health & Rehabilitation Center
23 Liberty Way
(860) 739-4007

**Norwich**
Norwichtown Rehabilitation & Care Center
93 West Town Road
(860) 889-2614

Regency Heights of Norwich
60 Crouch Avenue
(860) 889-2631

Uncasville
Orchard Grove Specialty Care Center
5 Richard Brown Drive
(860) 848-8466

**Waterford**
Bayview Health Care Center
301 Rope Ferry Road
(860) 444-1175

Fountainview Care Center
88 Clark Lane
(860) 442-0471

Greentree Manor Nursing & Rehabilitation Center
4 Greentree Drive
(860) 442-0647

**TOLLAND COUNTY**

Rockville
Fox Hill Center
22 South Street
(860) 875-0771

Stafford Springs
Evergreen Health Care Center
205 Chestnut Hill Road
(860) 684-6341

Storrs
Mansfield Center for Nursing & Rehabilitation
100 Warren Circle
(860) 487-2300

Tolland
Woodlake at Tolland
26 Shenipsit Lake Road
(860) 872-2999

Vernon
Vernon Manor Health Care Center
180 Regan Road
(860) 871-0385

Windham
Douglas Manor
103 North Road
(860) 423-4636

St. Joseph’s Living Center
14 Club Road
(860) 456-1107

**WINDHAM COUNTY**

Brooklyn
Pierce Memorial Baptist Home
44 Canterbury Road
(860) 774-9050

Dayville
Westview Nursing Care & Rehabilitation Center
130 Ware Road
(860) 774-8574

Danielson
Regency Heights of Danielson
111 Westcott Road
(860) 774-9540

Plainfield
Villa Maria Convalescent Home
20 Babcock Avenue
(860) 564-3387

Village Manor Health Care
16 Windsor Avenue
(860) 564-4081

Putnam
Holy Spirit Health Care
72 Church Street
(860) 928-0891

Matulaitis Nursing Home
10 Thurber Road
(860) 928-7976

Willimantic
Regency Heights of Windham
595 Walley Street
(860) 450-7060