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Heart Bypass Surgery

New pathways for blood to reach your heart muscle when your own arteries are too blocked to carry it.

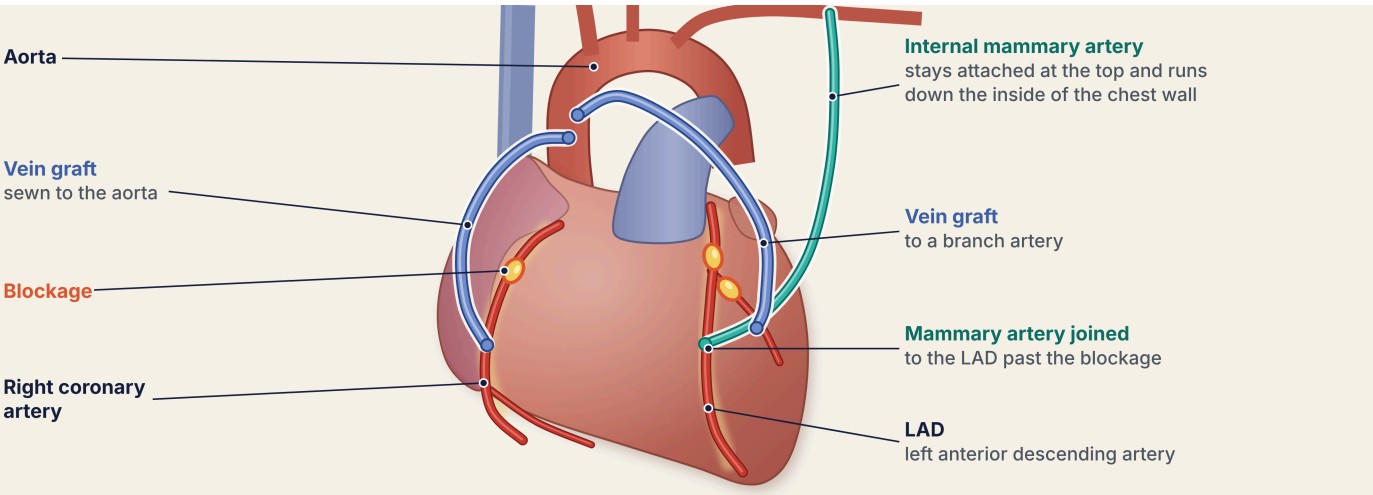
3 to 6 hours
for the operation, usually, depending on how many grafts you need

5 to 7 days
in the hospital for most patients, starting in intensive care

Over 95%
of internal mammary artery grafts still open at 10 years

HOW IT WORKS

A detour around the blockage



Each graft joins your aorta or another artery at one end and the coronary artery past the blockage at the other. The internal mammary artery, from inside your chest wall, is the gold standard. Joined to the left anterior descending artery (LAD), it typically stays open for decades. The radial artery from your forearm and a vein from your leg are also used, and most patients end up with a combination.

WHEN SURGERY IS THE BETTER CHOICE

Who benefits most

Left main disease
The strongest reason to operate. This artery feeds a large share of the heart muscle.

Several blocked arteries
Especially with diabetes, where trials show lower death, heart attack and repeat procedure rates than stenting.

Weakened pumping
If underperforming heart muscle is still alive, restoring blood flow can improve your pumping.

Go to cardiac rehab

It starts four to six weeks after surgery and runs 12 weeks or longer. Patients who complete it live longer, have fewer future heart problems and get back to normal faster.

AFTER SURGERY

Your recovery, step by step

IN THE HOSPITAL

First 24 to 48 hours	You wake up in intensive care. The breathing tube usually comes out within several hours, chest tubes typically stay one to three days, and within a day or two you sit up and take your first steps.
Going home	Most patients stay five to seven days. Some go to a rehabilitation facility briefly, and most go straight home with support.

AT HOME

First several weeks	Don't lift anything heavier than 10 pounds, and stay off anything that strains your chest muscles. Your breastbone needs six to eight weeks to heal.
Walking	The backbone of early recovery. Start short and add distance and pace as you tolerate it.
Incisions	Keep them clean and dry and follow your shower instructions. Tenderness for several weeks and some numbness around them are normal.
Driving and work	No driving for four to six weeks, or until your breastbone is solid. Desk jobs usually restart at four to six weeks, and physically demanding work often takes three months or longer.
Follow-up	Your first visit comes one to two weeks after discharge, then at widening intervals.

MEDICINES AND RISKS

Antiplatelet medicine	Keeps clots from forming in your grafts. After a planned bypass, aspirin alone, for life, is the standard. A year of aspirin plus a second one such as clopidogrel may be reasonable in selected patients. If the bypass followed a heart attack, your cardiologist follows the heart attack plan for these medicines instead.
Statins and others	Statins protect the grafts, with a goal of very low cholesterol. Blood pressure medicines lower your heart's workload, and beta-blockers improve survival after bypass.
Other risks	Atrial fibrillation in roughly 25 to 30 percent, usually temporary. Stroke in roughly 1 to 2 percent. Bleeding, infection, a temporary dip in kidney function and mild memory changes can also occur.

WHEN TO CALL

Call 911	Chest pain unlike the expected incision soreness (breastbone soreness is the most common chest pain after bypass), sudden breathlessness, fainting, stroke signs, or a fast irregular heartbeat with lightheadedness.
Surgical team, same day	Wound redness, drainage or opening, a fever, a clicking or unstable breastbone, weight gain or swelling, or palpitations without other symptoms.

PROTECT YOUR GRAFTS

If you use tobacco, quitting is the most important thing you can do. Aim for at least 150 minutes of moderate activity a week plus strength work twice a week, keep your blood pressure controlled and follow a Mediterranean-style diet.

READ THE FULL ARTICLE

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For education only, and not a substitute for advice from your own physician. Sources include Alexander and Smith (NEJM 2016), Deb et al. (JAMA 2013), Head et al. (Circulation 2017), the 2021 ACC/AHA/SCAI revascularization guideline, Taggart (2014), Yan et al. (2022) and the 2023 AHA/ACC chronic coronary disease guideline.

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