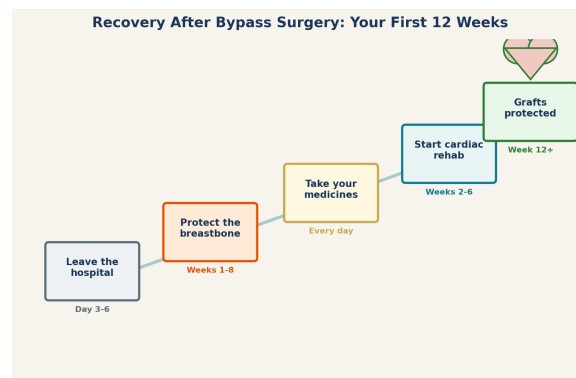


# Recovery After Bypass Surgery (CABG)

Your first 12 weeks - protecting your grafts, your breastbone, and your heart

The bypass gave your heart new roads. Your recovery plan is what keeps them open.



**Online:** <https://go.riasalimd.com/post-cabg-guide>

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## Names & Terms You Will Hear

| Term                                        | Meaning                                                                                                                             |
|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| CABG (coronary artery bypass graft surgery) | Open-heart surgery that uses a healthy blood vessel from your leg, arm, or chest to reroute blood around a blocked coronary artery. |
| Bypass surgery                              | Another name for CABG. Each rerouted vessel is called a graft.                                                                      |
| Sternum (breastbone)                        | The bone in the center of the chest that is opened during surgery and wired back together to heal, usually over 6-8 weeks.          |
| Sternal precautions                         | Short-term limits on lifting, pushing, and reaching overhead. They protect the healing breastbone.                                  |
| Saphenous vein graft                        | A graft made from a vein taken from the leg. The leg site often swells; compression and elevation help.                             |
| Radial artery graft                         | A graft made from an artery taken from the forearm. This site can feel numb or tingly for a while.                                  |
| Secondary prevention                        | The daily plan that protects your new grafts. It includes medicines, cardiac rehab, and lifestyle changes.                          |
| Cardiac rehab (cardiac rehabilitation)      | A supervised exercise program. It starts weeks after surgery and builds strength safely.                                            |
| Postoperative atrial fibrillation (POAF)    | A common, short-term irregular heartbeat. It can start in the days after bypass surgery.                                            |
| Graft patency                               | Whether a bypass graft stays open and working over time. Medicines and risk-factor control are what protect it.                     |

**Call 911 for chest pain, sudden shortness of breath, or fainting.** These can signal a heart problem that needs immediate care - do not wait, and do not drive yourself. **Watch your incisions for infection.** Look for more redness, warmth, drainage or pus, a fever over 101F, or a wound that opens. Call our office the same day if you see these.



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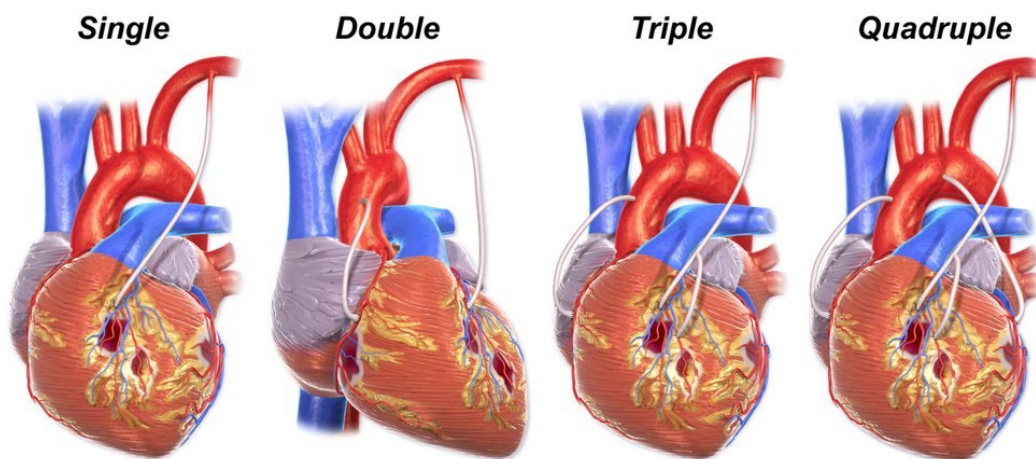


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## Recovery After Bypass Surgery (CABG)?

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- Bypass surgery (CABG) uses a healthy vessel from your leg, arm, or chest to build a new road around a blocked coronary artery.
- The surgery reroutes blood around blockages. It does not cure the artery disease itself.
- The rest of your arteries can still narrow over time without a daily protection plan.
- This guide focuses on life after surgery: healing the breastbone, caring for the graft incision, and the medicines and habits that keep every graft open.
- Recovery has two clocks running at once - the breastbone healing over about 6-8 weeks, and the whole-body recovery that often takes 6-12 weeks.
- For what CABG is and how it compares with a stent (PCI), see our related guides - this guide picks up the story after you leave the hospital.



### Coronary Artery Bypass Graft (CABG)

*Bypass surgery reroutes blood around blocked coronary arteries. This shows single, double, triple, and quadruple bypass grafts. Image credit: BruceBlaus, Wikimedia Commons (CC BY 3.0).*



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## Protect Your Breastbone and Graft Sites for 6-8 Weeks

### DO

Hug a pillow tight against your chest before you cough, sneeze, or laugh

Keep elbows in close to your body when you stand up or sit down

Wear your compression stocking on the leg with the vein incision

Elevate a swollen leg above heart level when sitting

Walk short distances several times a day, as your team advises

### DON'T

Do not lift more than 5-10 pounds (about one gallon of milk)

Do not push, pull, or reach overhead with both arms

Do not drive until your surgeon clears you, usually about 4 weeks

Do not use your arms to push up out of a chair or bed

Do not ignore new redness, warmth, or drainage at an incision

**The breastbone takes about 6-8 weeks to heal solidly - these limits protect it while it does.**

*Sternal precautions protect the healing breastbone. Graft-site care depends on whether your surgeon used a leg vein or an arm artery - both are common, proven choices.*



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## Sternal Precautions - Protecting the Breastbone

- Do not lift, push, or pull more than 5-10 pounds - about one gallon of milk - for 6-8 weeks.
- Do not reach overhead with both arms or use your arms to push yourself up out of a chair or bed.
- Hug a pillow firmly against your chest before you cough, sneeze, or laugh hard - this braces the healing bone.
- Keep your elbows close to your body when standing, sitting, or getting dressed.
- Do not drive until your surgeon clears you - usually around 4 weeks, once your reaction time and cough are safe and you are off strong pain medicine.
- The breastbone takes about 6-8 weeks to heal solidly. These limits ease only with your surgeon's clearance, not by how you feel.



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## Caring for Your Graft-Harvest Site

- Your surgeon chose a leg vein graft, an arm artery graft, or both, based on your anatomy and the quality of your vessels.
- Leg (saphenous vein graft): swelling is common and expected. Wear your compression stocking and elevate the leg above heart level when sitting.
- Leg incision care: keep it clean and dry, watch for increasing redness, warmth, drainage, or fever, and avoid crossing your legs while it heals.
- Arm (radial artery graft): some numbness or tingling in the hand or thumb is common and usually improves over the following weeks to months.
- Arm incision care: watch for swelling, unusual coolness, or color change in the hand, and avoid blood pressure cuffs or IVs in that arm going forward.
- Call us for increasing redness, warmth, drainage or pus, fever over 101F, or a wound that opens at either graft site.



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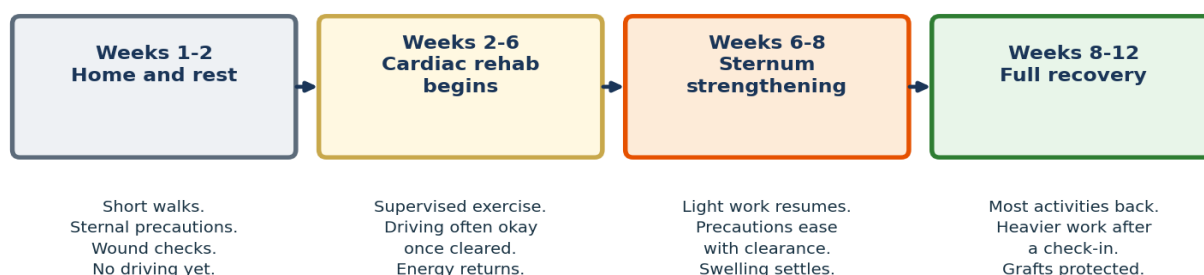


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## Why It Matters

- The artery disease that caused your blockages is still present in the rest of your heart's blood vessels after surgery.
- A graft can narrow or close over time, especially without aspirin, a statin, and control of blood pressure, sugar, and smoking.
- The breastbone needs time and protection to heal solidly - rushing sternal precautions can cause the bone to separate or the wound to break down.
- Cardiac rehab after CABG is linked to lower mortality and fewer hospital readmissions in the years after surgery.
- Mood changes after open-heart surgery are common and treatable - naming them early leads to a smoother recovery.

### The First 12 Weeks After Bypass Surgery



**General timelines. Your surgeon and cardiologist set your exact pace based on how you heal.**

*A general map of the first 12 weeks. Your own pace depends on how the surgery went and how you feel - your surgeon and cardiologist set it with you.*



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## The Habits That Protect Your Grafts

| Medicines                                                                                                                                                           | Sternal care                                                                                                                                      | Cardiac rehab                                                                                                                                     | Mind and mood                                                                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Aspirin and a statin, every day</li><li>• Never stop one on your own</li><li>• Call us about cost or side effects</li></ul> | <ul style="list-style-type: none"><li>• No lifting over 5-10 pounds</li><li>• Hug a pillow to cough</li><li>• 6-8 weeks to heal solidly</li></ul> | <ul style="list-style-type: none"><li>• Start when cleared</li><li>• Supervised, monitored exercise</li><li>• Linked to lower mortality</li></ul> | <ul style="list-style-type: none"><li>• Low mood is common after surgery</li><li>• Tell us how you are feeling</li><li>• Support and counseling help</li></ul> |



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# Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

| Risk Factor                     | Why It Increases Risk                                                                                |
|---------------------------------|------------------------------------------------------------------------------------------------------|
| Smoking or vaping               | The single biggest modifiable risk to graft health. Nicotine injures vessels and speeds up clotting. |
| Uncontrolled blood pressure     | High pressure strains grafts and other arteries. Home readings and medicines keep it in range.       |
| High LDL cholesterol            | Cholesterol can still build plaque in grafts and native arteries. A statin drives LDL down.          |
| Diabetes or high blood sugar    | Poor sugar control speeds up artery disease in grafts and native vessels alike.                      |
| Stopping a medicine on your own | Each medicine protects the grafts a different way. Stopping one removes a layer of protection.       |
| Skipping cardiac rehab          | Rehab builds heart strength safely. It is linked to better long-term survival after CABG.            |
| Being overweight and inactive   | Both raise blood pressure, cholesterol, and blood sugar. This works against your protection plan.    |
| Untreated mood changes          | Low mood after surgery is linked to missed medicines. Treating it helps the rest of the plan work.   |



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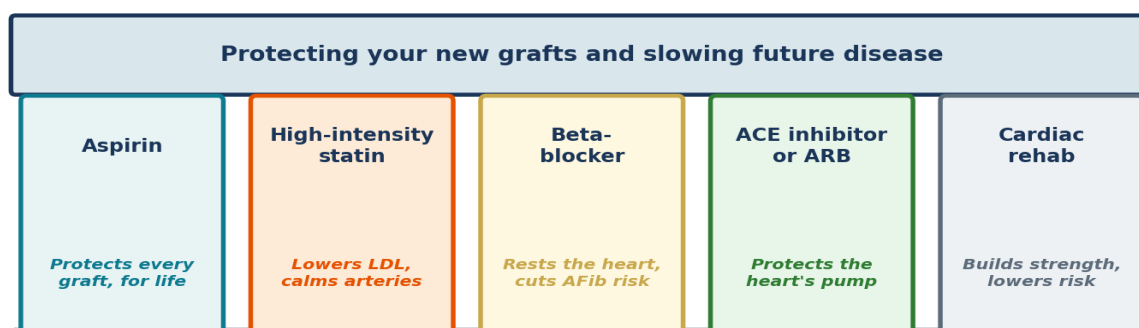


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## Treatment Options

- Follow sternal precautions closely for 6-8 weeks: no lifting over 5-10 pounds, no pushing or pulling, no reaching overhead with both arms.
- Take every secondary-prevention medicine every day - aspirin, a statin, and often a beta-blocker or ACE inhibitor/ARB - exactly as prescribed.
- Care for your graft-harvest site: compression and leg elevation for a vein graft, or watching for numbness and swelling for an arm-artery graft.
- Start cardiac rehab once your surgeon and cardiologist clear you, usually within a few weeks of surgery.
- Build activity back up slowly - walking first, then more, following your care team's pace rather than your own calendar.
- Control blood pressure, cholesterol, and blood sugar, and quit all tobacco and vaping - these protect every graft you have.
- Watch for and report new symptoms: chest pain, fever, wound changes, a racing or irregular heartbeat, or a low mood that will not lift.
- Keep every follow-up visit - we use them to check your incisions, your rhythm, and your medicines.

### Five Pillars That Protect Your Bypass Grafts



*Five pillars protect your new grafts. Removing one - especially stopping a medicine on your own - weakens the whole plan.*



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## Getting Back to Life - General Timelines After Bypass Surgery

| Activity                 | Usual timeline                 | What to know                                                                   |
|--------------------------|--------------------------------|--------------------------------------------------------------------------------|
| Short, flat walking      | Right away                     | Start in the hospital and continue at home several times a day                 |
| Driving                  | About 4 weeks                  | Only after your surgeon clears you and you are off strong pain medicine        |
| Stairs                   | Days to 1-2 weeks              | Go slowly, resting as needed; most manage stairs before leaving the hospital   |
| Lifting over 5-10 pounds | After 6-8 weeks and clearance  | Sternal precautions apply until the breastbone has healed                      |
| Desk or light work       | 2-6 weeks                      | Varies with how you feel and your surgeon's clearance                          |
| Manual or physical work  | 6-12 weeks                     | Often needs a stress test or clearance visit before returning                  |
| Sexual activity          | About 4-6 weeks                | Safe for most once sternal precautions ease - ask your team when you are ready |
| Gym or full exercise     | Built up through cardiac rehab | Rehab guides how fast and how hard to progress                                 |



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## Your Graft-Protection Medicines - What Each One Does

| Medicine                            | What it does                               | Key point                                                                     |
|-------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------|
| Aspirin (low dose)                  | Keeps platelets from clumping              | First-line, usually lifelong protection for every graft                       |
| P2Y12 inhibitor (for some patients) | Adds a second brake on platelets           | Sometimes added short-term after surgery, per your surgeon's plan             |
| High-intensity statin               | Lowers LDL cholesterol, calms artery walls | Protects grafts and native arteries - meant for the long run                  |
| Beta-blocker                        | Slows the heart, lowers blood pressure     | Especially important early after surgery; also lowers postoperative AFib risk |
| ACE inhibitor or ARB                | Lowers blood pressure, protects the pump   | Used when the heart's pumping is reduced, or with diabetes or hypertension    |



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## Cardiac Rehab - Building Strength Safely

- Cardiac rehab is a supervised program of exercise, education, and support that typically starts about 2-6 weeks after surgery, once you are cleared.
- A phase II program usually runs several sessions a week for a number of weeks, with your heart monitored while you exercise.
- Rehab is associated with lower mortality and fewer hospital readmissions in the years after CABG.
- It also helps tune your medicines, manage blood pressure, support quitting smoking, and lift your mood.
- If getting to a center is hard, ask about a home-based, team-guided option - less ideal than a center, but far better than skipping rehab.
- For the full details on what to expect, see our [Cardiac Rehab guide](#).



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## Secondary-Prevention Medicines - Protecting Every Graft

- Aspirin is first-line and usually lifelong - it keeps platelets from clumping inside every graft you have.
- Some patients also take a P2Y12 inhibitor for a period after surgery, added on top of aspirin per your surgeon's plan.
- A high-intensity statin lowers LDL cholesterol and calms artery walls, protecting grafts and native arteries together.
- A beta-blocker is especially important early after surgery - it rests the heart and also lowers the chance of postoperative atrial fibrillation.
- An ACE inhibitor or ARB is added when the heart's pumping is reduced, or when you have diabetes or high blood pressure.
- Deeper dives: the [Statins guide](#), the [DAPT \(blood thinners\) guide](#), and the [Beta-Blockers guide](#).

**Never stop a graft-protection medicine on your own.** Aspirin and the medicines that follow it each protect your new grafts a different way. If cost, side effects, or an upcoming procedure makes you think about stopping any medicine, **call us first**. We will adjust the plan safely.



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## Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

| Option                                        | Risks                                                                                                | Benefits                                                                                            | Alternatives                                                                                               |
|-----------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Staying on lifelong aspirin                   | More bruising and bleeding risk. Usually minor.                                                      | Keeps platelets from clumping inside the grafts. A cornerstone of graft protection.                 | A different antiplatelet if aspirin truly does not agree with you. We never simply stop it without a plan. |
| A high-intensity statin                       | Muscle aches in some patients. Rare liver or blood-sugar effects, checked with labs.                 | Lowers LDL cholesterol and calms artery walls. Protects both grafts and native arteries.            | A lower dose plus a second cholesterol drug, such as ezetimibe, if a high dose is not tolerated.           |
| Cardiac rehab (supervised program)            | Takes time - several sessions a week for weeks to months. Some feel nervous about exercise at first. | Builds strength safely and supports mood. Linked to lower deaths and fewer readmissions after CABG. | A home-based, team-guided program when travel or scheduling make a center hard to reach.                   |
| Following sternal precautions strictly        | Feels limiting for 6-8 weeks. Help is often needed for lifting and chores.                           | Protects the healing breastbone from separation, wound breakdown, and infection.                    | None are safe. The sternum needs this time; precautions ease only with your surgeon's okay.                |
| Treating an irregular heartbeat if it happens | Medicine to control heart rate or rhythm. Sometimes a short blood thinner, which can cause bleeding. | Restores a steady rhythm and lowers stroke risk while the heart heals from surgery.                 | Watching brief, mild episodes closely, decided together with your care team.                               |



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## Common Misconceptions

| Myth                                                                                         | Reality                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The bypass fixed my arteries, so I don't need medicines anymore.                             | The surgery rerouted blood around blockages. It did not cure the artery disease. Aspirin, a statin, and other medicines protect your new grafts and the rest of your arteries. |
| I feel fine, so I can skip sternal precautions early.                                        | Feeling fine does not mean the breastbone is fully healed. It takes about 6-8 weeks to heal solidly, even when you feel strong sooner.                                         |
| A vein graft from the leg is worse than an artery graft.                                     | Surgeons choose the graft type based on your anatomy and vessel quality. Both vein and artery grafts work well and are common, proven choices.                                 |
| Leg swelling after vein-graft surgery means something is wrong.                              | Some swelling in the leg used for the vein graft is common and expected. Compression stockings and elevation help it settle over weeks.                                        |
| Feeling sad or anxious after open-heart surgery means something is wrong with me personally. | Mood changes are common and medical, not a personal failing. Many patients feel this way, and it is treatable.                                                                 |
| An irregular heartbeat after surgery means I will have heart problems forever.               | This is common in the days after CABG. It usually settles down as the heart heals from surgery.                                                                                |
| Cardiac rehab is optional if I already feel active.                                          | Rehab adds supervised, monitored exercise plus education and mood support - it is linked to better survival, not just fitness.                                                 |



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## Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

| Where / What                          | What Can Happen                                                                                                                                                                                    |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sternal wound problems                | The healing breastbone can get infected or come apart. This risk is higher with diabetes, obesity, or skipping sternal precautions. Watch for redness, drainage, or fever, and call us right away. |
| Graft-site complications (leg or arm) | Swelling, numbness, or slow healing can happen at the vein or artery harvest site. Compression, elevation, and wound care lower this risk.                                                         |
| Postoperative atrial fibrillation     | A common, short-term irregular heartbeat in the days after surgery. It is managed with rate or rhythm control, and sometimes a short blood thinner.                                                |
| Graft narrowing or closure over time  | A graft can narrow or close over months to years without aspirin, a statin, and risk-factor control. This is why secondary prevention matters so much.                                             |
| Depression and anxiety                | Feeling low or worried is common after heart surgery. Left untreated, it can slow recovery. Counseling, support, rehab, and sometimes medicine all help.                                           |
| Cognitive changes ('pump head')       | Some patients notice short-term memory or focus changes after surgery. Most improve over weeks to months. Tell your team about changes that do not improve.                                        |



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## Postoperative Atrial Fibrillation

- An irregular, often fast heart rhythm called atrial fibrillation (AFib) is common in the days after bypass surgery, affecting roughly 20 to 40 percent of patients in published studies.
- It usually appears in the first few days after surgery, as the heart heals from the trauma of surgery, and it often resolves as recovery continues.
- Treatment usually focuses on controlling the heart rate or restoring a steady rhythm with medicines; some patients need a short course of a blood thinner to lower stroke risk while the rhythm is unsteady.
- A beta-blocker started around the time of surgery is one of the main tools used to lower the chance of this happening.
- Tell your care team about any racing, fluttering, or irregular heartbeat, especially with dizziness or shortness of breath.



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## Mood and Emotional Recovery After Surgery

- Feeling low, tearful, anxious, or irritable in the weeks after open-heart surgery is common - this is often called the post-op blues, and it is not a personal failing.
- Normal post-op blues usually eases over one to two weeks as strength and sleep improve.
- Major depression is different: low mood, loss of interest in things you enjoy, poor sleep or appetite, or feelings of hopelessness lasting more than two weeks.
- Depression after heart surgery is linked to missed medicines and a harder recovery when it goes untreated - naming it early is part of protecting your heart.
- Cardiac rehab itself lifts mood for many patients, and counseling, support groups, and sometimes medicine all help.
- If you ever have thoughts of harming yourself, call or text 988 (the Suicide and Crisis Lifeline) right away, or call 911.

## This Is Part of a Bigger Picture - Where to Read Next

- Your recovery connects to several other topics, and we have a separate guide for each piece.
- What coronary artery disease is and how it is treated: see the [Coronary Artery Disease guide](#).
- How a heart attack is treated, if that is what led to your surgery: see the [Heart Attack \(ACS\) guide](#).
- How stents work, if you have had one before or since: see the [Angioplasty and Stents guide](#).
- Recovery after a heart attack, if that applies to you too: see the [Post-Heart-Attack Recovery guide](#).
- The supervised program that drives recovery: see the [Cardiac Rehab guide](#).
- How statins lower cholesterol and protect grafts: see the [Statins guide](#).



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## Points to Know

If you remember nothing else, remember these key points.

- Protect your breastbone for 6-8 weeks: no lifting over 5-10 pounds, no pushing or pulling, hug a pillow when you cough.
- Care for your graft-harvest site: compression and elevation for a leg vein graft, watch for numbness or swelling for an arm artery graft.
- Take every secondary-prevention medicine every day - they protect your new grafts, not just your symptoms.
- Start cardiac rehab once cleared - it is linked to better survival and fewer readmissions after CABG.
- Postoperative atrial fibrillation is common and usually manageable - tell your team about any racing or irregular heartbeat.
- Mood changes after open-heart surgery are common and treatable - tell us if you feel low for more than two weeks.
- Quit all tobacco, control blood pressure/cholesterol/blood sugar - these protect every graft for years to come.



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## When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- Chest pain, pressure, or tightness that does not go away, or shortness of breath at rest - call 911.
- Fainting, a very fast or irregular heartbeat with dizziness, or sudden severe shortness of breath - call 911.
- Increasing redness, warmth, drainage or pus, fever over 101F, or a wound that opens or separates - call our office the same day.
- New or worsening leg swelling, pain, or one leg becoming warm and red - call us; this needs prompt evaluation.
- You ran out of a medicine, cannot afford one, or a side effect makes you want to stop - call before stopping anything.
- Feeling low, hopeless, or unable to enjoy anything for more than two weeks - call us; this is common and treatable.
- Any thought of harming yourself - call or text 988 (Suicide and Crisis Lifeline) right away, or call 911.
- Questions about lifting, driving, work, exercise, or when precautions can ease - call us; these are normal questions.

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## Trusted Resources

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The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [Cleveland Clinic - Coronary Artery Bypass Surgery \(CABG\)](#) - Plain-language overview of CABG, recovery, and sternal precautions.
- [Cleveland Clinic - Radial Artery and Saphenous Vein Harvesting](#) - What to expect from a leg vein or arm artery graft-harvest site.
- [Mayo Clinic - Coronary Bypass Surgery: Recovery](#) - Recovery timeline and activity guidance after bypass surgery.
- [AHA - Cardiac Rehabilitation](#) - Why cardiac rehab matters and what a supervised program includes.
- [AHA - Depression and Heart Disease](#) - How mood and heart disease are linked, and why treating low mood matters.
- [MedlinePlus - Heart Bypass Surgery - Discharge](#) - US National Library of Medicine self-care instructions after bypass surgery.



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## Sources Used to Build This Guide

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Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [2021 ACC/AHA/SCAI Guideline for Coronary Artery Revascularization](#) [Guideline]  
Guideline-level framing for CABG as a revascularization option, secondary-prevention pharmacotherapy after surgery, and shared decision-making between CABG and PCI
- [SYNTAX Trial \(10-Year Outcomes\) — Thuijs et al., Lancet](#) [Trial]  
Landmark trial comparing CABG and PCI in multivessel and left main disease; basis for equipoise and Heart Team framing referenced when explaining why CABG was chosen
- [FREEDOM Trial — Farkouh et al., New England Journal of Medicine](#) [Trial]  
Landmark trial showing a survival and MI-reduction advantage for CABG over PCI in patients with diabetes and multivessel disease
- [Cardiac Rehabilitation Reduces Two-Year Mortality After Coronary Artery Bypass Grafting](#) [Research]  
Evidence that cardiac rehab participation after CABG is associated with reduced 2-year mortality
- [Cardiac Rehabilitation After Open Heart Surgery: A Narrative Systematic Review](#) [Research]  
Summary of functional, mortality, and readmission benefits of cardiac rehab after CABG and typical program timing
- [Perioperative Risk Factors for New-Onset Postoperative Atrial Fibrillation After CABG: A Systematic Review](#) [Research]  
Evidence base for postoperative atrial fibrillation incidence range (about 20-40%) and typical management after CABG
- [Predictors of Developing Postoperative Atrial Fibrillation After CABG: A Systematic Review and Meta-Analysis](#) [Research]  
Pooled incidence data (about 26%, range 8-47% across studies) supporting the postoperative atrial fibrillation section
- [Saphenous Vein Harvest Wound Complications: Risk Factors, Identification, Prevention, and Management](#) [Research]  
Evidence for leg swelling mechanism after saphenous vein harvest and the role of compression and elevation in reducing edema and wound complications
- [Persistent Sensitivity Disorders at the Radial Artery and Saphenous Vein Graft Harvest Sites](#) [Research]  
Evidence for expected numbness/sensory changes at the radial artery harvest site and typical resolution over months
- [Cleveland Clinic — Radial Artery and Saphenous Vein Harvesting](#) [Patient-Education]  
Patient-facing explanation of why surgeons choose a vein vs. an artery graft and what to expect from each harvest site
- [Cleveland Clinic — Coronary Artery Bypass Surgery \(CABG\)](#) [Patient-Education]  
Plain-language overview of CABG, recovery timeline, and sternal precautions used to frame the recovery-focused sections of this guide
- [Mayo Clinic — Coronary Bypass Surgery: Recovery](#) [Patient-Education]  
Patient-facing recovery timeline, activity guidance, and general aftercare framing



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- [AHA — Depression and Heart Disease](#) [Patient-Education]

Evidence and plain-language framing for normalizing post-surgical mood changes and distinguishing normal adjustment from major depression



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## About This Guide

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**Version:** 2026-08-15

**Reviewer note:** Reviewed against the Cleveland Clinic CABG recovery page, the Mayo Clinic coronary bypass recovery page, and AHA patient materials. Ours adds: a side-by-side sternal- and graft-site-precautions diagram covering both leg (vein) and arm (artery) incisions, a week-by-week 12-week recovery roadmap, a secondary-prevention 'pillars' diagram, tinted activity-return and medicine tables, a dedicated postoperative atrial fibrillation section with real incidence data, an explicit mood-and-depression section, and cross-links to our related guides.

## Disclaimer

This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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