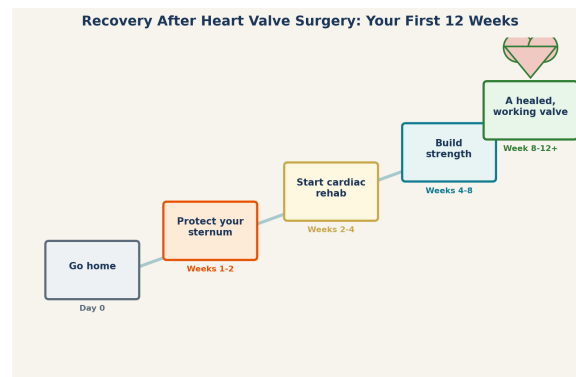


Recovery After Heart Valve Surgery

Your first 12 weeks - protecting your breastbone, medicines, and getting back to life

The new valve is doing its job. Protecting your healing breastbone is yours.



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

Rias KS Ali, MD FACC

Board Certified in Interventional Cardiology & Cardiovascular Disease

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Last Updated: August 2026



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Names & Terms You Will Hear

Term	Meaning
Recovery after heart valve surgery	The weeks of healing after open valve surgery. The goal is a healed breastbone and a valve that works well.
Sternal precautions	Rules that protect your healing breastbone. Limits on lifting, pushing, pulling, and reaching. Usually last 6 to 8 weeks.
Sternotomy	The surgical cut through the breastbone. Surgeons use it to reach the heart. It is closed with wires and takes weeks to heal.
Cardiac rehab (cardiac rehabilitation)	A supervised program of exercise and support after heart surgery. It is one of the best steps for recovery.
Mechanical valve	A man-made replacement valve. It needs lifelong blood-thinning medicine (warfarin) to prevent clots. See our Mechanical Heart Valve guide.
Bioprosthetic (tissue) valve	A replacement valve made from animal or donor tissue. It needs only a short course of blood thinner. See our Bioprosthetic Heart Valve guide.
INR (international normalized ratio)	A blood test that checks how thin your blood is on warfarin. Mechanical valves need the INR in a set range.
Post-pericardiotomy syndrome	A reaction that can start weeks after surgery. Signs are fever, chest pain, and fluid around the heart. It is treatable.
Postoperative atrial fibrillation	A fast, irregular heartbeat. It is common in the days after heart surgery. It is usually short-term and closely watched.
Mediastinitis	A deep infection of the breastbone and chest. It is a surgical emergency. It differs from a mild skin infection.



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Some symptoms are an emergency - know when to call 911. Sudden severe shortness of breath, chest pain with lightheadedness or fainting, or a fast weak pulse can mean a large fluid buildup pressing on the heart (cardiac tamponade). **Call 911. Do not drive yourself.** If someone collapses and is not breathing normally, **call 911, push hard and fast in the center of the chest (100-120 beats a minute, to the beat of 'Stayin' Alive'), and use an AED if one is nearby.** An AED checks the rhythm first and will not shock a normal heart. Find the nearest one with the PulsePoint app.



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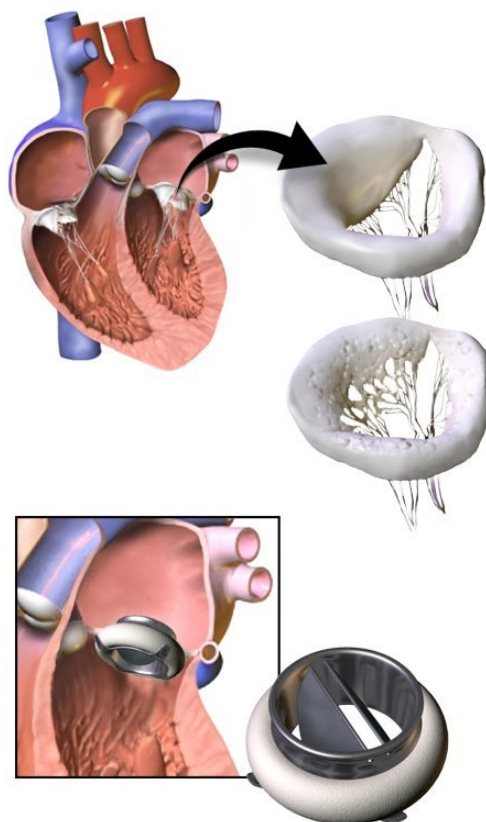
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Recovery After Heart Valve Surgery?

- Recovery after heart valve surgery is the healing time for your breastbone (sternum) - usually about 6 to 8 weeks - plus a longer plan to build strength back.
- Your surgeon reached your heart through a cut in the breastbone (sternotomy), then closed it with wires. Those wires hold the bone while it heals into solid bone again.
- This guide covers what happens after you leave the hospital. For how the surgery itself works and which valve was right for you, see our Surgical Valve Replacement guide.
- Most of early recovery is about protecting the healing sternum: careful movement, no heavy lifting, and watching your incision.
- Cardiac rehab is a supervised program of exercise, education, and support. It is one of the best steps you can take once you are cleared to start.
- Recovery is also emotional. Fatigue, low mood, and sleep changes are common in the weeks after heart surgery - and they usually improve.



A replacement valve sewn into place during heart-valve surgery. Image credit: BruceBlaus, Wikimedia Commons (CC BY 3.0).



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DO - Protect while healing	DON'T - for about 6-8 weeks
Log-roll in and out of bed Roll to your side, then push up with your arms close to your body.	No lifting, pushing, or pulling over 5-10 lb That includes grocery bags, a vacuum, a full laundry basket, pets.
Hug a pillow when you cough or sneeze Hold a pillow firmly against your chest to splint and support the bone.	Don't push up from a chair with your arms Use your legs to stand; keep elbows in, not braced on the arms.
Walk upright, arms relaxed at your sides Short walks several times a day help healing and your lungs.	Don't reach both arms overhead or behind your back This strains the healing breastbone before it is solid again.
Your breastbone (sternum) was cut open and wired closed - it needs about 6-8 weeks to become solid again.	

Sternal precautions protect your healing breastbone for about 6 to 8 weeks. Follow the do's, avoid the don'ts, and ask us before resuming any activity you're unsure about.



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Week 1 at Home

- Short, gentle walks help healing - but no heavy lifting, pushing, or straining, including groceries, pets, vacuuming, or yard work.
- Log-roll in and out of bed: roll to your side, then push up with your arms close to your body rather than pulling with a straight-arm sit-up motion.
- Hug a pillow firmly against your chest whenever you cough, sneeze, or laugh hard - this splints the healing breastbone and eases discomfort.
- Fill all prescriptions before you run out, and set up a daily pill routine so you never miss a dose, especially any blood thinner.
- Keep your first follow-up visit, usually within one to two weeks, and ask any questions about activity, driving, or your incision.



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Caring for Your Sternum and Incision

- Keep the incision clean and dry as instructed; most patients can shower (not soak in a bath) once cleared by their surgical team, usually within the first week or two.
- Check the incision daily for redness, warmth, swelling, or drainage, and note any fever.
- A clicking, popping, or shifting feeling in the breastbone is different from normal soreness - it can mean the sternum is unstable and needs prompt evaluation.
- Superficial redness or minor drainage with no fever is usually a lower-grade issue we can manage in the office; spreading infection with a high fever or an unstable sternum is a surgical emergency (mediastinitis) needing urgent care.
- Avoid tight bras or straps that rub directly on the incision; loose, soft clothing is more comfortable while it heals.
- The breastbone becomes solid bone again over about 6 to 8 weeks - full strength continues to build for months after that.

Watch your sternum closely. A clicking, popping, or shifting feeling in your breastbone, spreading redness, warmth, or drainage from the incision, or fever over 101°F (38.3°C) can signal a wound problem or an unstable sternum. **Call us right away** - caught early, most sternal problems are far easier to treat.



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Why It Matters

- The breastbone is the main structure protecting your heart and lungs. Straining it before it heals can pull the wires apart, causing pain, instability, or a wound problem.
- A stable, well-healed sternum is what lets you safely build back to full activity - rushing it can set recovery back by weeks.
- Your valve type decides your anticoagulation plan: a mechanical valve needs lifelong warfarin, while most tissue valves need only a short course. Getting this right protects against both clots and bleeding.
- Knowing the difference between routine recovery symptoms and true warning signs - infection, fluid around the heart, a racing heart - means you call at the right time, not too late and not unnecessarily.
- Cardiac rehab after cardiac surgery is strongly recommended because it lowers hospital readmissions and helps you regain strength and confidence faster.

The Four Habits That Drive Recovery

Sternal precautions	Valve medicines	Cardiac rehab	Mind and mood
• No lifting over 5-10 lb for 6-8 weeks • Log-roll and hug-a-pillow technique • Watch the incision daily	• Anticoagulation depends on valve type • Never stop or skip on your own • Keep every INR check if on warfarin	• Start when we clear you • Builds strength safely • Linked to fewer readmissions	• Fatigue and low mood are common • Usually eases over several weeks • Tell us if it doesn't improve



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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
Lifting, pushing, or pulling too soon	Strain on the healing sternum can separate the wires. It can cause pain or instability. Sternal precautions prevent this.
Skipping the hug-a-pillow technique	Coughing and sneezing put sudden pressure on the breastbone. A pillow spreads that force and protects the incision.
Not watching the incision daily	Early infection is easiest to treat. Redness, warmth, drainage, or a clicking feeling need a same-day call.
Stopping or skipping anticoagulation	Missed warfarin doses or an out-of-range INR raise the risk of a clot on the valve, especially a mechanical one.
Diabetes or poor blood sugar control	High blood sugar slows healing. It raises the risk of a sternal wound infection after surgery.
Smoking or obesity	Both raise the risk of sternal wound problems. Both slow healing after sternotomy.
Skipping cardiac rehab	Missing rehab means missing structured strength-building, medicine tuning, and monitoring.
Ignoring new fatigue, fever, or chest discomfort weeks after surgery	These can be early signs of post-pericardiotomy syndrome or fluid around the heart. Both need prompt care.



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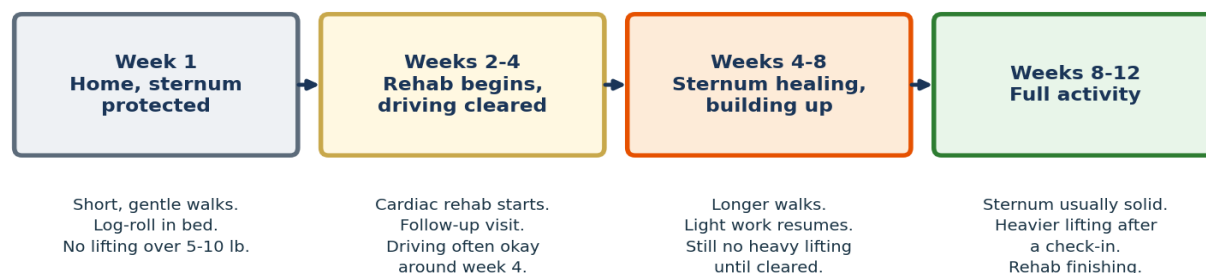


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Treatment Options

- Follow sternal precautions closely for about 6 to 8 weeks: no lifting, pushing, or pulling more than 5 to 10 pounds, and no reaching both arms overhead.
- Use the log-roll technique to get in and out of bed, and hug a pillow firmly against your chest when you cough or sneeze.
- Keep your incision clean and dry as instructed, and check it daily for redness, warmth, drainage, or a clicking feeling in the breastbone.
- Take your valve medicine exactly as prescribed - warfarin with regular INR checks for a mechanical valve, or your prescribed course for a tissue valve.
- Start cardiac rehab as soon as we clear you, usually within the first few weeks. It rebuilds strength safely while your sternum is still healing.
- Keep every follow-up visit, including INR checks if you are on warfarin and follow-up echocardiograms to check the new valve.
- Watch for fever, new chest pain, or unusual shortness of breath in the weeks after surgery, which can signal post-pericardiotomy syndrome.
- Tell us about low mood, poor sleep, or loss of appetite - these are common after heart surgery and are treatable.

The First 12 Weeks: A Step-by-Step Recovery



These are general timelines. Your own plan depends on your valve, your surgery, and how you feel - we set it with you.

A general map of the first 12 weeks. Your own plan depends on your valve, your surgery, and how you feel - we set it with you at each visit.



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Cardiac Rehab After Valve Surgery

- Cardiac rehab is a supervised program of exercise, education, and support, typically starting a few weeks after surgery once your care team clears you.
- A team monitors your heart while you exercise, so activity can be built up safely even while sternal precautions are still in effect early on.
- Rehab also helps tune medicines, manage blood pressure, and support emotional recovery during a physically demanding healing period.
- It is linked to fewer hospital readmissions and better functional recovery after cardiac surgery - one of the most effective steps in your plan.
- If getting to a center is hard, ask about a home-based or monitored program with our team.
- For the full details on what to expect, see our [Cardiac Rehab guide](#).



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Your Valve Medicines

- Anticoagulation after valve surgery depends on which valve you received - this is one of the most important differences in your recovery plan.
- A mechanical valve needs lifelong warfarin with regular INR blood tests, often with a low dose of aspirin added.
- A tissue (bioprosthetic) valve usually needs only a short course of blood thinner - sometimes just aspirin alone - because the clot risk on tissue is lower.
- Never stop, skip, or change the dose of your valve medicine on your own, even for a minor procedure like dental work - call us first so we can plan around it safely.
- Keep every INR check if you are on warfarin; staying in the target range protects against both clotting and bleeding.
- For a full deep dive into your specific valve and its long-term care, see our [Mechanical Heart Valve guide](#) or our [Bioprosthetic Heart Valve guide](#).

Never change your valve medicine on your own. Whether you take lifelong warfarin (mechanical valve) or a shorter course of blood thinner (tissue valve), the plan is specific to your valve. Skipping doses or letting your INR drift out of range raises the risk of a dangerous clot. **Call us first** about any side effect, missed dose, or upcoming procedure.



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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
Following sternal precautions for the full 6-8 weeks	Can feel restrictive. It may slow dressing, driving, and housework in the first weeks.	Protects the healing breastbone from separating or shifting. Lowers the chance of a painful sternal wound problem.	A physical therapist can teach modified techniques. Newer evidence supports less rigid limits for some low-risk patients - always decided with your surgeon, not on your own.
Staying on your valve-specific blood thinner	Warfarin carries a bleeding risk and needs regular blood draws. Even short courses after a tissue valve carry some bleeding risk.	Prevents a blood clot from forming on the new valve. This is a serious, sometimes life-threatening problem, especially with a mechanical valve.	Some tissue-valve patients use aspirin alone instead of a stronger blood thinner - decided based on your valve and risk factors.
Cardiac rehab after valve surgery	Takes time - usually two to three sessions a week for several weeks. Most programs need travel to a center.	Builds strength and confidence safely. Helps tune medicines. Linked to fewer hospital readmissions after cardiac surgery.	A home-based or monitored program with our team if a center is hard to reach - less ideal, but better than no plan.
Watching and reporting new symptoms early (fever, chest pain, swelling)	Frequent self-checks can feel like a burden once you want to feel 'done' with the hospital.	Catches post-pericardiotomy syndrome, fluid buildup, or infection early, when treatment is simplest.	Scheduled follow-up visits and a clear written list of warning signs, so you know what needs a same-day call.



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Common Misconceptions

Myth	Reality
Once I'm home, the hard part is over.	Going home starts the most active healing phase. The breastbone is still soft for weeks. This is when sternal precautions matter most.
A little heavy lifting won't hurt - I feel fine.	Feeling fine doesn't mean the bone is healed. Healing takes about 6 to 8 weeks no matter how strong you feel. Strain before then can separate the wires.
All valve patients take the same blood thinner for the same length of time.	Your plan depends on your valve type. Mechanical valves need lifelong warfarin. Most tissue valves need only a short course or aspirin alone.
Chest discomfort weeks after surgery always means something is seriously wrong with the valve.	New chest discomfort weeks later is often post-pericardiotomy syndrome. It is treatable. Still, call us so we can check.
An irregular heartbeat after surgery means the surgery failed.	Postoperative atrial fibrillation is common - about 1 in 3 patients. It is usually short-term and closely watched, not a sign of a failed surgery.
If the incision looks fine on the outside, there's no infection.	A deep sternal infection can happen with normal-looking skin but an unstable breastbone. This is a different, more serious problem needing urgent care.
Feeling tired or low for weeks after surgery means something is wrong.	Fatigue, mood changes, and poor sleep are a normal part of recovery from open heart surgery. They usually ease over several weeks.



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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
Deep sternal wound infection (mediastinitis)	A serious infection reaching the breastbone and chest. It can cause a clicking or unstable sternum. This is a surgical emergency. It differs from a mild skin infection and needs urgent care.
Post-pericardiotomy syndrome	A reaction to the surgery itself. It can start days to weeks later with fever, chest pain, and fluid around the heart or lungs. Anti-inflammatory medicine usually treats it. Rarely, a large fluid buildup needs draining.
Cardiac tamponade	A large, fast-forming fluid buildup around the heart. It presses on the heart and blocks normal pumping. This is a life-threatening emergency. Call 911.
Postoperative atrial fibrillation	A fast, irregular heartbeat. It affects roughly 1 in 3 patients after valve surgery, usually in the first several days. It is closely watched and often goes away. Some patients need medicine or a blood thinner for a time.
Bleeding on anticoagulation	Warfarin and other blood thinners protect the new valve but raise bleeding risk. Most bleeding is minor. Call right away for bleeding that won't stop, or blood in urine or stool.
Prosthetic valve thrombosis or structural failure (long term)	A clot can form on a mechanical valve. A tissue valve can wear out over years. Both can change how the valve works. Follow-up echoes and staying on your medicine plan help us watch for this - see our Mechanical Heart Valve and Bioprosthetic Heart Valve guides.



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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 heart valve surgery is and how it is done: see the [Surgical Valve Replacement guide](#).
- Living with a mechanical valve long term: see the [Mechanical Heart Valve guide](#).
- Living with a tissue valve long term: see the [Bioprosthetic Heart Valve guide](#).
- Recovery after a mitral valve repair specifically: see the [Post-Mitral Repair guide](#).
- The supervised program that drives recovery: see the [Cardiac Rehab guide](#).
- More on the irregular heartbeat many patients see after surgery: see the [Atrial Fibrillation guide](#).



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Points to Know

If you remember nothing else, remember these key points.

- Protect your healing breastbone for about 6 to 8 weeks: no lifting, pushing, or pulling more than 5 to 10 pounds, and no reaching both arms overhead.
- Log-roll in and out of bed, and hug a pillow when you cough or sneeze to splint the incision.
- Take your valve medicine exactly as prescribed - it differs by valve type, so never assume your plan matches someone else's.
- Most people can drive again around 4 weeks, once sternal healing and reaction time allow it - we confirm this at your follow-up visit.
- Start cardiac rehab as soon as we clear you - it is one of the best steps for a strong, safe recovery.
- Watch for fever, new chest pain, or shortness of breath weeks after surgery - these can be post-pericardiotomy syndrome, which is treatable when caught early.
- Fatigue, low mood, and sleep changes are common after heart surgery and usually improve - tell us if they don't.
- Know your warning signs: some need a same-day office call, and some - a large fluid buildup, a spreading infection, or severe symptoms - need 911.



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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.

- Sudden severe shortness of breath, chest pain with lightheadedness or fainting, or a fast weak pulse - call 911. These can signal a large fluid buildup around the heart (tamponade).
- A clicking, popping, or shifting feeling in your breastbone, or visible separation of the incision - call us right away; this can mean the sternum is unstable.
- Spreading redness, warmth, swelling, or drainage from the incision, especially with fever over 101°F (38.3°C) - call us the same day.
- New or worsening chest pain, especially with fever, that comes on days to weeks after surgery - call us; this may be post-pericardiotomy syndrome.
- A racing, irregular, or pounding heartbeat with dizziness or chest discomfort - call us; if it comes with fainting or severe symptoms, call 911.
- Bleeding that won't stop, unusual bruising, or blood in urine or stool while on warfarin - call us right away for an INR check.
- Feeling very low, hopeless, or unable to enjoy anything for more than two weeks - call us; this is common after heart surgery and is treatable.
- Questions about lifting, driving, work, exercise, or intimacy - call us; these are normal and expected questions during recovery.

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Warning Signs - Call the Office Same Day vs. Call 911

Symptom	What it can mean	What to do
Redness, warmth, or drainage at the incision; fever over 101°F	Early or superficial wound infection	Call the office the same day
New chest pain or fever days to weeks after surgery	Possible post-pericardiotomy syndrome	Call the office the same day
Irregular or racing heartbeat without fainting	Common postoperative atrial fibrillation	Call the office the same day
Clicking, popping, or shifting feeling in the breastbone	Possible sternal instability or deep infection	Call the office right away
Sudden severe shortness of breath, chest pain with fainting, or a weak fast pulse	Possible cardiac tamponade (fluid pressing on the heart)	Call 911
Spreading redness or an unstable sternum with high fever	Possible deep sternal wound infection (mediastinitis)	Call 911 or go to the ER



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Trusted Resources

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.

- [American Heart Association - Heart Valve Surgery Recovery](#) - Plain-language recovery roadmap and activity guidance after heart valve surgery.
- [Cleveland Clinic - Heart Surgery Recovery](#) - Sternal precautions, incision care, and week-by-week recovery timeline.
- [Mayo Clinic - Open Heart Surgery Recovery](#) - Recovery timeline and return-to-activity guidance after open heart surgery.
- [Society of Thoracic Surgeons - Recovering from Heart Surgery](#) - Surgeon specialty-society patient resource on sternal precautions and recovery.
- [MedlinePlus - Heart Valve Surgery Discharge](#) - US National Library of Medicine self-care instructions after heart valve surgery.
- [AHA - Cardiac Rehabilitation](#) - Why cardiac rehab matters and what to expect from a supervised recovery program.



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Sources Used to Build This Guide

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.

- [2020 ACC/AHA Guideline for the Management of Patients With Valvular Heart Disease \(Otto et al., Circulation 2021\) \[Guideline\]](#)
Primary US guideline for valve disease management, including postoperative anticoagulation strategy by valve type (mechanical vs bioprosthetic) and follow-up echocardiography cadence
- [2020 ACC/AHA Valvular Heart Disease Guideline — Executive Summary \(Otto et al., JACC 2021\) \[Guideline\]](#)
Condensed executive-summary recommendations table used to confirm anticoagulation and follow-up recommendation classes
- [2021 ESC/EACTS Guidelines for the Management of Valvular Heart Disease \(Vahanian et al., European Heart Journal\) \[Guideline\]](#)
European guideline counterpart; cross-checked anticoagulation intensity (INR targets) and postoperative surveillance recommendations by valve type
- [An Evidence-Based Perspective on Movement and Activity Following Median Sternotomy \(El-Ansary et al., Physical Therapy, 2019\) \[Review\]](#)
Contemporary evidence reviewing traditional rigid sternal precautions (6-8 week lifting limits) and the case for earlier, individualized upper-body activity; used to frame precautions as conservative-by-default while acknowledging evolving evidence
- [Post-Cardiac Injury Syndrome: A Paradigm Shift in Diagnosis and Management \(Platek et al., JACC Advances, 2025\) \[Review\]](#)
Contemporary review of post-pericardiotomy syndrome (a form of post-cardiac injury syndrome) — presentation, timing after surgery, and management
- [Update for Diagnosis and Treatment of Syndrome After Cardiac Injury: A Mini-Review \(Lai and Xu, Frontiers in Cardiovascular Medicine, 2025\) \[Review\]](#)
Second contemporary review confirming post-pericardiotomy syndrome epidemiology and typical symptom-onset window after cardiac surgery
- [Sexual Counselling for Individuals With Cardiovascular Disease and Their Partners \(AHA/ESC CCNAP Consensus, European Heart Journal, 2013\) \[Guideline\]](#)
Joint AHA/ESC consensus on timing and safety of resuming sexual activity after a cardiac event, used for the activity-return table
- [American Heart Association — Heart Valve Surgery Recovery \[Patient-Education\]](#)
Plain-language patient framing of recovery expectations, activity build-up, and follow-up after heart valve surgery
- [Cleveland Clinic — Heart Surgery Recovery \[Patient-Education\]](#)
Sternal precaution specifics (lifting limits, log-roll technique, incision care) and week-by-week recovery timeline used to plain-language check our own
- [Mayo Clinic — Open Heart Surgery Recovery \[Patient-Education\]](#)
Recovery-timeline and driving-clearance benchmarks cross-checked against Cleveland Clinic and AHA framing



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- [Society of Thoracic Surgeons — Patient Resources: Recovering from Heart Surgery](#) [Patient-Education]
Society-level sternal-precaution and wound-care guidance (surgeon specialty society) used to confirm conservative default lifting limits and infection-sign checklist
- [MedlinePlus — Heart Valve Surgery Discharge](#) [Patient-Education]
US National Library of Medicine self-care discharge instructions used to cross-check incision-care and warning-sign language



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About This Guide

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Reviewer note: Reviewed against the AHA heart-valve-surgery recovery page, the Cleveland Clinic heart-surgery recovery page, and the STS patient recovery resource. Ours adds: a do/don't sternal-precautions diagram with the log-roll and hug-a-pillow techniques shown side by side, a week-by-week 12-week recovery roadmap specific to open valve surgery, a tinted return-to-activity table (driving, lifting, work, exercise, sex), a tinted 911-vs-call-the-office warning-signs table that separates sternal-infection and tamponade risk from routine recovery symptoms, and cross-links to our surgical valve, mechanical valve, bioprosthetic valve, and cardiac-rehab guides so each piece of the plan has its own deep dive.

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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