# **Nutrition for cardiac surgery**Supporting a healthy recovery

### 3 weeks before your procedure

- Proteins such as fish, poultry, lean meats walnuts, low-fat peanut butter and eggs
- Fruits and vegetables
- Add fiber oats, fruits and vegetables
- Avoid processed foods, trans fats or fried foods
- Reduce sodium
- Reduce alcohol intake
- Stop smoking if applicable

## 1 week before your procedure

- Continued from first box
- Add a protein supplement drink, if needed (see below for recommended daily protein suggestions)
- Begin to hydrate gently
- Vitamin C 1000 mg day

### 24 hours before your procedure

 If instructed, may drink water or sports drink-type beverage up to two hours prior to surgery

# **Eating to heal**

Proper nutrition before cardiac surgery can help with improved outcomes and help you heal faster.

Patients who have been identified to be at nutritional risk by their doctor may benefit from oral nutrition supplementation twice daily for 7-10 days before surgery. Examples are Ensure<sup>®</sup>, Boost<sup>®</sup>, Carnation Instant Breakfast<sup>®</sup>, Premier Protein<sup>®</sup>, etc.

With cardiac surgery, your appetite may be decreased for the first few days to weeks. Focus on eating foods that are easily consumed; cold foods tend to be more easily tolerated. You will also likely need to focus on protein for healing for about 6-8 weeks after surgery.

# **Sources of protein**

1 ounce	poultry, fish, cheese, lean beef or pork	7 grams	1/4 cup	unsalted nuts, sunflower seeds	5 grams
8 ounce	skim milk	8 grams	2 Tbsp	peanut butter	8 grams
6 ounce	yogurt	6 grams	1	egg	7 grams
6 ounce	Greek yogurt	11-20 grams	1/2 cup	beans	7 grams

# Frequently asked questions

### Can I drink alcohol?

Alcohol abstinence for a month prior to surgery is associated with improved surgical outcomes.

# Why limit caffeine?

Caffeine tends to constrict blood vessels; may temporarily raise blood pressure; and may interfere with the action of some medications. It is a good idea to limit the intake of caffeinated products such as coffee, tea, some soft drinks and energy drinks to 2 cups per day.

# Eating for a healthy heart

**Limit saturated fats and trans fats**. Foods high in saturated fats include fatty meat, poultry skin, sausage, bacon, whole milk, cream, butter and coconut oil. Trans fats are found in stick margarine, shortening, some fried foods and packaged foods made with hydrogenated oils. Instead of butter or stick margarine, try plant-based, reduced fat, whipped or liquid spreads.

**Eat more heart-healthy fats.** Good choices include salmon, mackerel, halibut and tuna. Try to eat fish twice per week. Other foods with omega-3 and omega-6 fats include walnuts, peanut butter, pumpkin seeds, and canola, olive and soybean oils.

**Add more fiber.** Soluble fiber can help reduce LDL cholesterol. It may also help to delay the absorption of glucose, which aids in controlling blood sugar levels in individuals with diabetes. Sources: Oats, peas, beans, fruits and vegetables, and seeds. Insoluble fiber adds bulk and speeds the passage of food through the intestines. Swift passage of food through the gut may prevent constipation, and has been linked to the prevention of colon cancer. Sources include bran cereals, whole grains, whole fruits and vegetables.

**Reduce sodium.** A low-sodium (salt) diet may help prevent buildup of extra water in the body for conditions such as high blood pressure, heart failure, kidney disease or other conditions. A doctor will recommend the amount of sodium that is appropriate. Avoid processed and restaurant foods — about 75 percent of sodium intake is from these foods. Avoid the salty six: breads, pizza, sandwiches, cold cuts, soup, burritos and tacos. Use less salt at the table and when cooking by trying to add other flavors to your food.

# Resources

American Heart Association, www.heart.org

Know Diabetes by Heart, www.knowdiabetesbyheart.org

Adapted from the Academy of Nutrition and Dietetics.

Wischmeyer PE, et al. Anesth Analg. 2018; doi: 10.1213/cc02743. Epub 2018 Jan 23. 2. Paddon-Jones D. Presented at the 100th Abbott Nutrition Research Conference. June 2009. Columbus, OH.

