

The saphenous leg vein may also be used during CABG. Sections of the saphenous vein are attached to the ascending aorta and the coronary artery distal to the blockage. However, this vein is more likely to develop intimal hyperplasia and lead to future stenosis and graft occlusions. The patency rate of using saphenous vein grafts after 10 years is between 50-60%

## **Transient Limb Edema**

### [Transient-limb Limb Edema](#)

Transient limb edema may occur 4-6 weeks after CABG procedures involving the saphenous vein. Ankle swelling in the operative leg is common and may be minimized by wearing elastic support stockings and elevating legs while sitting.

## **Closely Monitor Patients**

### [Monitor Close to Patient](#)

The postoperative CABG patient should be closely monitored for any complications. This includes monitoring for signs of bleeding by assessing the patient's chest tube drainage and incision sites. Hemodynamic values and fluid status should be assessed in patients bleeding postoperatively after CABG surgery.

## **Venous Thromboembolism (VTE) Prophylaxis**

### [VTE Prophylaxis with Purple-axes](#)

Venous thromboembolism prophylaxis should be initiated in patients after CABG surgery. Prophylactic measures include encouraging early ambulation and use of sequential compression devices.

## **Incentive Spirometer**

### [Incentive Spirometer](#)

Encourage the patient to use an incentive spirometer while recovering from CABG surgery. An incentive spirometer helps prevent postoperative respiratory complications by keeping the airway open and preventing fluid or mucus from building up in the lungs. Coughing and deep breathing exercises will also help prevent respiratory complications. To minimize pain, instruct the patient to splint the incision.