Still Sedated 4 Days After ASD Heart Surgery?

Families' FAQ: “Is this normal, and what should we ask?” | Quick tip for families in intensive care

An aunt's niece had ASD (atrial septal defect) heart surgery four days ago and still hasn't woken up. The doctors say she is being kept under sedation, but the family has no clear understanding of why, what the team is watching for, or when they plan to bring her out of it. Here is what families in this situation need to know.

Q. Is it normal to be sedated this long after ASD surgery?

An ASD is essentially a hole in the heart. After a routine repair, most patients come off the breathing machine within hours to 24 hours, sedation is lightened quickly, and ICU stays are often only one to two days. **Four days of sedation without a clear explanation is not the expected course.** Something may have complicated her recovery, and you need to know what it is.

Q. What heart, lung or brain problems could be keeping her sedated?

1. Low cardiac output: if the heart is struggling to pump and she is haemodynamically unstable, the team may keep her sedated while it recovers. **2. Respiratory complications:** fluid on the lungs, atelectasis (collapsed parts of the lungs) or pneumonia can stop her breathing independently, so she stays on the ventilator. **3. A neurological event:** stroke is a known complication of cardiac surgery, and if the team is concerned about her brain they may be managing her very carefully. Ask whether she has had a CT or MRI and whether neurology has been involved.

Q. What else could explain it?

4. Bleeding or surgical complications: postoperative bleeding, cardiac tamponade (fluid around the heart) or a problem with the repair itself. **5. Infection:** can be serious and develop quickly after cardiac surgery. **6. Kidney injury:** surgery and cardiopulmonary bypass can stress the kidneys, which affects how sedatives and opioids are cleared. **7. A planned intervention not communicated to the family:** this happens more often than it should. **8. Arrhythmias** such as atrial fibrillation or flutter: they don't usually explain delayed awakening alone, but are worth asking about.

Q. What should we ask the ICU team?

1. Why is she still sedated? What is the specific clinical reason? **2.** What is the exact barrier to waking her up? **3.** What does her echocardiogram (heart ultrasound) show? **4.** What does the chest X-ray show? **5.** Has she had a neurological assessment, CT scan or MRI? **6.** Is there any concern about a stroke? **7.** What is the treatment plan, and what is the expected timeline? **8.** Can we have a formal family meeting with the cardiac surgeon and intensivist? Write these down, take them into the hospital and ask the team to explain the answers clearly.

Q. Why are medical records so important?

Without them you depend on what the team chooses to share; with them you can see what has actually happened, what decisions have been made and where communication gaps may exist. Get doctors' notes, specialist reports, nursing notes, pathology results, imaging reports and scans, medication charts, ventilator settings, fluid balance charts and vital signs. In Australia, the US, UK, Canada and India, access depends on applicable laws and your authority to act on her behalf (such as medical power of attorney). **Request them urgently from the hospital's medical records department; don't wait until discharge.**

Q. How can independent advocacy help?

You have every right to a clear explanation. Intensive Care Hotline can review the records with you and help you ask the right questions based on what they contain. We talk with you and, where appropriate, directly with doctors and nurses, support you in family meetings, and offer record reviews in real time for a second opinion. You are her advocate: keep asking until you understand the answers and the plan.

Q. What if she needs long-term ventilation?

Some patients can't be quickly weaned from the ventilator, and some need a tracheostomy or long-term BiPAP/CPAP, which a standard ward or nursing home may not be able to support. **Intensive Care at Home** provides specialist intensive care nursing at home 24 hours a day for ventilator-dependent adults and children, BiPAP/CPAP users and tracheostomy patients who don't need ventilation, plus home TPN, IV fluids and IV antibiotics. It operates across all Australian states and territories, and is Australia's only third-party-accredited, NDIS-registered intensive care at home nursing provider. Families in the USA, Canada, UK, India and elsewhere can reach out too.

Q. What is the bottom line?

Four days of sedation after ASD surgery, without a clear explanation, deserves answers. **Get her medical records, ask the specific questions above and request a formal family meeting.**

Need independent expert advocacy? Intensive Care Hotline can help.
Patrik Hutzel brings 25 years of critical care nursing experience. We review records in plain language, help you prepare your questions and support you in family meetings. Book a **free 15-minute phone consultation**.
Call +1 415-915-0090 (USA / Canada) | +61 3 8658 2138 (Australia / New Zealand) | +44 118 324 3018 (UK / Ireland)
Mobile 041 094 2230 (within Australia) or email via **info@intensivecareathome.com**
Book a free 15-minute appointment: http://intensivecarehotline.com/scheduling-appointment/ | **intensivecarehotline.com**

General information for families, not a substitute for advice from your loved one's treating medical team.