

Abdominal Vascular Surgery

How to prepare and what to expect

This handout describes how to prepare for abdominal vascular surgery and what to expect afterward.

What is abdominal vascular surgery?

The term *abdominal* refers to your belly (abdomen), and *vascular* refers to blood vessels.

A large blood vessel called the *aorta* carries blood from your heart to other parts of your body. Your aorta and many smaller blood vessels bring blood to the organs in your belly. These organs are your kidneys, liver, spleen, stomach, and bowel (intestines).

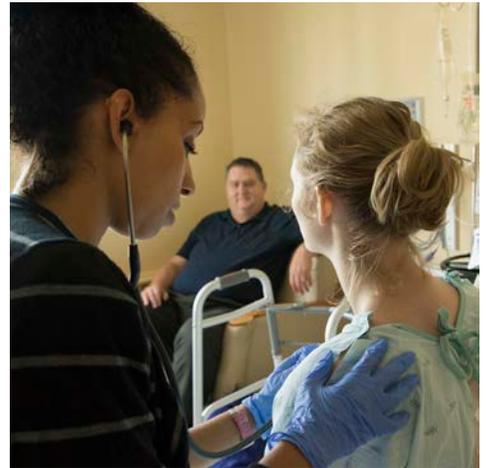
If any of the blood vessels in your belly become blocked, surgery may be needed to repair them. This surgery is called *abdominal vascular surgery*.

How do I prepare for this surgery?

- **Hospital stay and recovery:**

Make plans for someone to cover your work and home duties while you are in the hospital. You will stay in the hospital for 5 to 7 days after your surgery. When you go home, you may need help fixing your meals and doing other chores for 1 to 2 weeks.

- **If you take medicine for diabetes:** Talk with your surgeon. You may need to take a smaller dose or not take some medicines before surgery.



Nurses will care for you in the hospital for 5 to 7 days after your surgery.

- **Aspirin and other medicines:** For **1 week** before your surgery, do **not** take aspirin or other products that affect blood clotting. Some of these are warfarin (Coumadin), clopidogrel (Plavix), ibuprofen (Advil, Motrin) and naproxen (Aleve, Naprosyn). See the attached sheet for more information and talk with your surgeon about these medicines during your pre-surgery clinic visit.
- **Shaving:** Do **not** shave any part of your body that you do not already shave every day. If you normally shave near your surgical site, do **not** shave that area for 2 days (48 hours) before your surgery.
- **Coughing and deep breathing:** Your nurse will teach you coughing and deep-breathing exercises. You will do these important exercises after surgery to help prevent lung infection (pneumonia).

24 Hours Before Your Surgery

- **Shower:** Take a shower the night before your surgery:
 - Use the antibacterial soap your nurse gave you to wash your body. (See directions that came with the soap.)
 - Do **not** use the antibacterial soap on your face and hair. Use your own soap and shampoo on your face and hair.
 - Use clean towels to dry off, and put on clean clothes.
- **Arrival time:** A Pre-Anesthesia Clinic nurse will call you the day before your surgery. If your surgery is on a Monday, the nurse will call you the Friday before. If you do not hear from the nurse by 5 p.m., please call 206.598.6334.

The nurse will tell you when to come to the hospital and will remind you:

- Not to eat or drink after a certain time
- Which of your usual medicines to take or not take
- To sip only enough water to swallow your pills

Day of Surgery

At Home

- **Shower:** Take another shower the morning of your surgery. Follow the same steps as you did for your shower the night before.

- **Medicines:** Follow the instructions the nurse gave you about what medicines to take or not take. Sip only enough water to swallow your pills.

At the Hospital

- **Heating blanket:** We will cover you with a heating blanket while you wait to go into surgery. This helps lower your risk of infection. Keep the blanket on, even if you feel warm.

What to Expect After Surgery

When You Wake Up

You will wake up in the Recovery Room or the Intensive Care Unit. You will feel sleepy. You will have:

- A **flexible tube** called an *intravenous* (IV) line that goes into a vein in your arm. It will be used to give you medicine for pain and nausea.
- A **nasogastric (NG) tube** inserted through your nose and into your stomach. This tube will drain air and fluid out of your stomach until your body can digest again.
- **Drains** (tubes) at your incision site to drain blood and other fluids that build up after surgery. These will be removed as drainage lessens.
- **Sequential compression devices (SCDs)** on your legs. These are wraps that help with blood flow. They inflate from time to time and squeeze your legs to help keep blood clots from forming.

You may also have:

- An **epidural catheter** in your back to give you pain medicine. Your anesthesiologist will decide if this will help you. If you have one, it will be inserted before your surgery.
- A **catheter** (tube) in your bladder to drain your urine (see page 5).

Your nurses will check on you often. They will monitor your:

- Blood pressure
- Heart rate
- Breathing
- Pulses in your feet

Recovering in Your Hospital Room

Incision

Before surgery, your doctor will talk with you about what type of incision you will have. It will be either:

- *Vertical* (down the middle of your belly)
- *Transverse* (across your belly)

Your incision will be closed with surgical staples.

Pain Control

- You may have a pain medicine pump called a PCA (*patient-controlled analgesia*) for 1 to 4 days after your surgery. A PCA allows you to get pain medicine when you need it.
- The anesthesiologist may also talk with you about having an epidural catheter to control pain after surgery.

Nutrition

You may not eat anything by mouth on the day of your surgery. You will receive fluids through your IV to keep you hydrated.

As your intestines recover from your surgery, you will pass gas. After this happens, you will be able to take clear liquids by mouth. When you can drink clear liquids and not feel nauseous, your doctor will add regular foods back into your diet.

Activity

Every day you will become more active. Moving around is very important. It helps prevent pneumonia in your lungs and blood clots in your legs.

Your nurse will help you sit on the edge of your bed on the day of your surgery. The next day, you will get up and sit in a chair. You will also begin to walk. Two days after your surgery, you will walk in the hall. As your strength returns, we will ask you to do more.

Bowels

It will be several days after your surgery before you have a bowel movement. This is normal. You will receive medicine to help prevent constipation. We do not want you to strain to have a bowel movement.

Bladder Catheter

You may have a catheter in your bladder for 1 to 5 days after surgery. It will be removed when you can get up and use the bathroom.

Swelling

Leg swelling for a while after surgery is normal. To help lessen the swelling, raise your legs above the level of your chest when you are sitting or lying down. Your doctor may prescribe special stockings or elastic bandages to reduce swelling.

Self-care at Home

Shower

- You may shower every day.
- Do **not** take a bath, soak in a hot tub, go swimming, or immerse your incision in water until it is fully healed.

Bowels

- Avoid constipation. Please read the handout “Constipation After Your Operation.”
- If you have watery diarrhea, nausea, or vomiting, call your nurse at 206.598.4549.

Incision Care

- Check your incision every day. **Call your doctor if you have any signs of infection** listed on page 6 this handout.
- As your incision heals, there will be a thick ridge over it. This will soften and flatten out over several months.
- Avoid using lotions or creams on your incision right after surgery unless your doctor says it is OK to use them.

Pain Control

Use the pain medicine your doctor prescribed for you. It is important to take it before your pain is severe.

Activity

- For 6 weeks after your surgery, do **not** lift, push, or pull anything that weighs more than 5 to 10 pounds. (A gallon of

water weighs almost 9 pounds.) Not putting stress on your belly will improve healing.

- Walking every day will help speed your recovery. Slowly increase how far you walk.
- For the first 6 weeks you are home, avoid gardening, vacuuming, and any activity that increases your heart rate. In general, activities that do not cause pain are safe. After 6 weeks, slowly add these and other activities back into your routine.
- You may resume sexual activity when it is comfortable and desirable. Some men may have problems with erections during their recovery period or longer. If you have any questions about sexual function, talk with your doctor.

Nutrition

As you heal, it is important to eat enough protein and vitamins A and C. Ask to talk with a dietitian to learn more.

Driving

- Do **not** drive until your doctor says it is safe to. You may not be able to respond quickly as you recover from your surgery. This is especially true if you are taking opioid pain medicine.

First Follow-up Visit

You will meet with your doctor and nurse at your first clinic visit after your surgery. They will:

- Weigh you
- Ask you how you are doing at home, how your appetite is, and how your bowels are working
- Check your incision
- Remove your surgical staples, if they are still in place
- Ask about your pain and what pain medicine you are taking
- Ask what activities you are doing and when you plan to return to work

Steri-Strips

Your doctor may place small pieces of white tape called Steri-Strips along your incision when the staples are removed. Steri-Strips help your incision stay closed.

You can shower with Steri-Strips in place. They usually begin to peel away after about 5 to 7 days. You can pull them off when this happens.

Return to Work

How much time you take off work depends on what you do for a living. Most people take from 1 to 2 weeks to a few months off to recover.

You may return to work as you feel able. Some patients start off with shorter days and then increase their hours as their energy improves.

When to Call

Call the Nurse Advice Line or your doctor if you have:

- Belly pain
- Bleeding or drainage that soaks your dressing
- Fever higher than 100°F (38°C)
- Shaking or chills
- Any sign of infection in your incision:
 - Redness
 - Increasing pain
 - Swelling
 - Drainage that smells bad
 - Increasing drainage from your incision
- Nausea, vomiting, or both
- A change in the color or temperature of your legs
- New leg pain that you did not have before surgery
- Concerns that cannot wait until your follow-up visit

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Weekdays from 8 a.m. to 4 p.m., call the Surgical Specialties Nurse Advice Line at 206.598.4549.

After hours and on weekends and holidays, call 206.598.6190 and ask to page the resident on call for Vascular Surgery.

Or, ask to page your surgeon:

Dr. _____