

Open Abdominal Aortic Aneurysm Repair

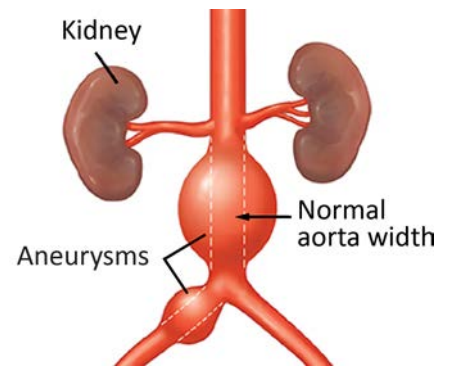
How to prepare and what to expect

This handout describes how to prepare for open abdominal aortic repair and what to expect afterward.

What is an abdominal aortic aneurysm?

An *aortic aneurysm* is a bulge in the *aorta*. The aorta is the main vessel (*artery*) that carries blood from your heart to the rest of your body.

An *abdominal aortic aneurysm* (AAA) is a bulge in the part of your aorta that is in your belly.



An abdominal aortic aneurysm is a bulge in the large blood vessel in your belly.

How is it treated?

If you have an AAA, you may need surgery to repair it. This surgery is called *open abdominal aortic aneurysm repair*. Your surgeon will explain more about this surgery at your office visit.

How do I prepare for surgery?

- **Medicines:**

- If you take aspirin, keep taking it unless your surgery team tells you not to.
- Starting 1 week before your surgery, **stop** taking any *nonsteroidal anti-inflammatory drugs* (NSAIDs) such as ibuprofen (Advil, Motrin) and naproxen (Aleve, Naprosyn).
- Ask your surgical team if you should stop taking medicines that affect blood clotting. These include warfarin (Coumadin), clopidogrel (Plavix), dabigatran etexilate (Pradaxa), and enoxaparin (Lovenox).
- If you take medicine for diabetes, talk with your surgical team. You may need to take a smaller dose or not take some medicine before surgery.

- **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.
- **Hospital stay:** You will stay in the hospital for 5 to 7 days after your surgery. When you go home, you may need someone to help you fix meals and do other household chores for 1 to 2 weeks.

Day Before Surgery

- **Shower:** Take a shower the night before your surgery:
 - Use the antibacterial soap your nurse gave you to wash your body. Do **not** use the antibacterial soap on your face and hair. (See directions that came with the soap.)
 - 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 patient care coordinator (PCC) will call you by 5 p.m. the night before your surgery. If you are having surgery on a Monday, the PCC will call you the Friday before. If you do not receive this call by 5 p.m., please call **206.598.6541**.

Day of Surgery

At Home

- **Food and drink:** After midnight the night before surgery, do **not** eat any solid foods or drink alcohol.
- **Clear liquids:** You may drink clear liquids until 2 hours before your scheduled arrival time. Clear liquids include water, clear juices (no pulp), carbonated drinks, clear tea, or coffee (no creamers or milk).
- **Shower:** Take another shower with the antibacterial soap. Follow the same steps as you did the night before.
- **Medicines:** Follow the instructions the nurse gave you about which medicines to take or not take. Remember to sip **only** enough water to swallow your pills.

At the Hospital

- **Heating blanket:** To reduce your risk of infection, we will cover you with a heating blanket while you wait to go into the

operating room. This will warm your body and help prevent infection. Ask for a heating blanket if you do not receive one.

After Your Surgery

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

- An **intravenous (IV)** tube that goes into a vein in your arm. We use this tube to give you medicine for pain and nausea.
- An **arterial line** that is inserted into your arm. We use this line to monitor your blood pressure.
- A **bladder catheter** (tube) to drain your urine (see page 4).
- 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.
- **Sequential compression devices (SCDs)** on your legs. These leg wraps inflate from time to time to help with blood flow. They help keep blood clots from forming while you are in bed.

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.

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)
- On your *left flank* (across the left side of your belly, from your ribs down to the side of your belly button)

Your incision will be closed with surgical staples. Your doctor or nurse will remove these 2 to 4 weeks after your surgery

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 give yourself pain medicine when you need it.
- The anesthesiologist may talk with you about having an *epidural catheter* to control pain after your surgery.

Nutrition

- You will not be allowed to eat anything by mouth on the day of your surgery. You will receive fluids through your IV so that you stay 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 your body helps prevent blood clots in your legs and *pneumonia* (lung infection).

- Your nurse will help you increase your activity each day as you recover.
- As your strength returns, we will urge you to walk more.
- Your nurse will teach you coughing and deep breathing exercises. You will do these important exercises after surgery to help prevent pneumonia.

Bowels

It might be several days after your surgery before you have a bowel movement. This is normal. We will give you medicine to help prevent *constipation* (hard stool). We do not want you to strain to have a movement.

Bladder Catheter

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

Swelling

Most patients have leg swelling for a while after surgery. To help ease 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

Bathing

- You may shower every day.
- Do **not** take a bath, sit in a hot tub or sauna, or go swimming until your incision is fully healed. This will take **at least** 6 weeks.

Incision Care

- Check your incision every day. **Call your doctor if you have any signs of infection** (see page 6).
- As your incision heals, there will be a thick ridge over it. This will soften and flatten out over the next several months.
- Avoid using lotions or creams on your incision right after surgery, unless your doctor says it is OK to use them.
- When the staples are removed, small pieces of white tape called Steri-Strips may be placed along your incision. They will help your incision stay closed while it heals.
 - You can shower with Steri-Strips in place.
 - Steri-Strips usually begin to peel away after 5 to 7 days. You can pull them off when this happens.

Bowels

If you have watery diarrhea, nausea, vomiting, or constipation, call your nurse at 206.598.4477.

Pain Control

Use the pain medicine your doctor prescribed for you. Take acetaminophen (Tylenol) for mild to moderate pain. If needed for severe pain, take your *opioid* pain pills exactly as prescribed.

Fatigue

Expect to feel *fatigued* (very tired) and have low energy after this surgery. Prescription pain medicine can also make you feel sleepy.

Take naps as needed. This tired feeling may last for 3 to 6 months after surgery.

But, be sure to get up and move around as much as you can. Walking and other exercise will help increase your energy and stamina (see “Activity”).

Activity

- For 6 weeks after your surgery:
 - Do **not** lift anything that weighs more than 5 to 10 pounds (a gallon of water weighs almost 9 pounds). Your belly will heal more quickly if it is not stressed.
 - Avoid gardening, vacuuming, and any activity that increases your heart rate. Activities that do not cause pain should be OK.
- Walking every day will help speed your recovery. Slowly increase how far you walk.
- After 6 weeks, slowly add your usual activities back into your routine.
- You may resume sexual activity when it is comfortable and you want to do so. Some men may have problems having erections during their recovery period or longer. If you have any questions about sexual function, talk with your doctor.

Nutrition

Many people lose weight after a major surgery. This is because they do not feel like eating much. Call your surgical team if you lose more than 10 pounds, or if you think you are not eating enough.

Driving

- Do **not** drive until your doctor says it is safe.
- Do **not** drive while taking opioid pain pills. This medicine affects how quickly you can react. This makes it unsafe to drive.

First Follow-up Visit

At your first clinic visit after surgery, your nurse and doctor will talk with you about how you are doing at home. They will:

- Ask about your appetite and how your bowels are working.
- Weigh you and check your incision.
- Remove the 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.

Return to Work

How much time you take off work depends on what you do for a living. Most people take from 3 to 4 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 a nurse or your doctor if you have:

- Chest pain or shortness of breath that is new or is getting worse
- 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 or swelling
 - Increased pain
 - Drainage that smells bad
 - Increase in the amount of drainage from your incision
- Nausea, vomiting, or both
- Changes in your legs:
 - Pain that you did not have before surgery
 - Skin color changes
 - Legs feeling either very warm or very cold
- Concerns that cannot wait until your follow-up visit

Questions?

Weekdays from 8 a.m. to 4 p.m., call the Surgical Specialties Nurse Advice Line at 206.598.4477.

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. _____