

Department of Vascular Surgery Information for Patients and Carers

Recovery from Endovascular Surgery for **Abdominal Aortic Aneurysm Repair**

Introduction

You are having or may have had **endovascular** surgery to repair your **abdominal aortic aneurysm (AAA)**. It is important that you feel able to take an active role in your recovery. This leaflet is designed to give you further information on what to expect after your operation and advice about recovering from your surgery. It can be used together with information leaflets given to you before your operation.

This leaflet is designed to answer some of your questions. The doctors and nurses and other healthcare professionals involved in your care will also be available to help you with any queries. Our aim is to inform you about what to expect in hospital and prepare you for your recovery at home.

The topics covered in this leaflet include:

- Your operation
- Your early recovery on the ward
- Preparing for discharge
- Recovery at home.
- Exercise programme.
- Complications and what to look out for
- Outpatients follow up
- Looking after yourself
- Recovery tips
- Recovery record
- Glossary.
- Useful numbers and contacts

Some words are in bold (for instance **artery**). These are explained in the glossary at the end of the leaflet.

We hope that this information is helpful. If there is anything you do not understand, please ask any of your vascular team.

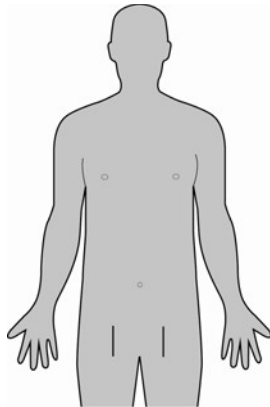
Your operation – endovascular AAA repair

The **aorta** is the main **artery** which carries blood away from the heart through your abdomen and to the rest of your body. An **aneurysm** occurs when the walls of your **arteries** weaken, causing a swelling. An **abdominal aneurysm** is a swelling in the **aorta**, which is in your abdominal / tummy area.

You are having or may have had an **endovascular** repair of your **aortic aneurysm**.

Endovascular surgery for **aortic aneurysm** repair involves placing a **stent-graft** into the artery spanning the **aneurysm**. The surgeon enters the artery via an incision in the groins. Where possible this is done through 'keyhole' cuts that are approximately 1cm long. However, sometimes slightly bigger cuts are needed in each groin. Examples of these scars are illustrated below. Radiology doctors are also present as the **stent-graft** is guided with X rays. There is no major abdominal surgery involved, and therefore a safer procedure and recovery is quicker.

The picture of your scar



or

Your early recovery on the ward

Most patients will return to the ward after their operation. You may still have a drip, a catheter, and oxygen initially which are removed overnight or the next morning.

Pain

Local anaesthetic is usually injected underneath the incisions (cuts) in the skin which numbs the area and so they are usually fairly comfortable after the operation. You should only require oral analgesia (painkillers) after this operation. Within 24 hours of the operation, we would not expect you to need anything stronger than paracetamol for the discomfort.

Eating and drinking

Usually after your operation you will be able to eat normally.

Your wound

There will either be a dry dressing over the wounds in your groins or they will have glue applied to them as a dressing, which is waterproof and will allow you to shower. Your stitches will usually dissolve. Sometimes however, the stitches will need to be removed by your practice nurse 10-14 days after the operation.

Check your wound daily for any signs of infection. If you have any concerns, contact your GP surgery for an appointment with the practice nurse.

Moving around

You can move around the morning following your surgery unless notified by the staff on the ward. Moving around will not cause any damage to the **stent-graft**, or to your wound, and will help your recovery. If needed, a physiotherapist will give you individual

assistance and instructions to help you regain your normal mobility.

Medication

The doctors will review your tablets. All patients will be sent home with Aspirin or Clopidogrel (antiplatelets) and a statin to reduce the risk of cardiovascular disease progression and to stop the stent from clotting.

Preparing for discharge

Most patients go home 1-2 days after their surgery, although very occasionally this might be longer if complications occur.

Preparing for home should start as early as possible. It is a good idea to have someone to help look after you for a while. Some patients choose to live with a member of their family for a short time. Think about the tasks or activities you do, which may be difficult. This is especially important if you have a caring role for someone else. Stocking up on frozen or tinned items means you don't need to go shopping immediately.

Recovery at home

Recovery times vary, and it can take couple of weeks to feel 'back to normal', and this depends on your health and level of activity before surgery.

Your wound

Your wound will be red at first but will gradually fade over six months or more. You can wash normally with mild soap and water when you have a bath or shower. If your wounds become red, sore, or there is oozing please let your GP know, as this could be a sign of an infection. You will be contacted by telephone by a specialist nurse 1-2 weeks following your discharge to assess whether you have had any problems with your wound or with your recovery. Protecting your scar from exposure to sunlight during the first year after having surgery will prevent the scar from becoming darker.

Sleeping and feeling tired

It is normal to feel tired for 2-4 weeks after your operation. You may feel low in spirits. You might need a short nap in the afternoon for a few weeks as you gradually increase your level of activity. It is good for you and your family to be aware of this.

Diet and appetite

It can take a few weeks for your appetite and diet to return to normal. Try taking smaller regular meals. You may find your bowel motions take time to become more regular again.

Mobility, hobbies and activity – start slowly!

It can take several weeks to make a full recovery. During this time, you should not lift heavy objects, or undertake strenuous activities or sports such as golf. Taking regular exercise such as a short walk combined with rest is recommended for the first few weeks, which you can gradually increase. Taking on light household chores and walking around your house is a good starting point.

Working

When to return to work will depend on the type of job that you do. Most people need to wait 2-4 weeks before returning to work, and may work shorter hours for a few weeks,

and build back up to their normal hours. Your GP will be able to advise you further.

Sex

You can resume your sex life when you feel comfortable. Rarely, men can have problems sustaining an erection after this operation as the nerve supply may be disturbed. This affects approximately 10% of men. It is not known what effect, if any, AAA repair has on a woman's sex life. If you experience problems, your GP or consultant will be able to refer you to a specialist.

Driving

For safety and insurance reasons, patients are unable to drive for 4 weeks after their operation. If you are in doubt, you should check with your GP and insurance company.

Exercise programme

Here are some tips for planning your exercise at home, but your ability to exercise will depend on your fitness before surgery.

Week 1 Walk gently around the house and garden. Take an afternoon nap if needed.

Week 2 Take a short 7–15-minute walk in the morning and afternoon. Take a nap in the afternoon, if needed.

Week 3 Take a 15–20-minute walk, twice a day if possible. Some days you might need a nap.

Complications and what to look out for

If you think there is something wrong with your wound once you get home, you should contact your GP.

The things to keep a look out for to tell the vascular team are:

Pain in your legs when walking

Pain, or a redness or swelling in the wound.

Continued poor appetite, upset bowel movements.

If you have other concerns or questions during your recovery at home, write them down in this booklet to ask at your follow-up appointment.

If you develop sudden pain or numbness in your legs that does not get better **within an hour, contact 999 as a matter of urgency**. Likewise, if you experience severe pain in your back or stomach, pain or swelling in your calves, or any shortness of breath or pains in your chest, you must seek medical attention as soon as possible **and contact 999 and explain that you have had recent major vascular surgery**.

If you need to go back to the hospital, it is best to ask someone to take you, or call for an ambulance.

Outpatient follow-up

You will be reviewed by your surgeon approximately 6 weeks following your discharge from hospital. After endovascular repair, the **stent-graft** will be scanned at 3 months using CT, at 6 months using ultrasound and then every year thereafter using ultrasound to make sure there are no problems with the stent-graft. For future appointments you may be sent the appointment for the scan, which is sent back to the consultant. If the

scan is normal the consultant may not need to see you. About 10% of patients per year may need further treatment based on the results of their follow up scan.

Looking after yourself

Aneurysms are often caused by arterial disease or atherosclerosis. There are certain factors that make people more at risk from **atherosclerosis** or peripheral vascular disease.

These include:

Smoking

High blood pressure

High **cholesterol**

Diabetes

Being overweight.

Lack of exercise

Part of your medical treatment will be to reduce these risk factors.

Stop smoking

Smoking is a major risk for arterial disease and also increases the chances of getting a chest infection and slows your recovery. We can help you to stop and we can also refer you to our smoking cessation counsellor, who may suggest tablets or patches to help you.

Eat healthily

Being overweight reduces your general mobility and can slow your recovery. Eat well, according to your appetite. Concentrate on low-fat diet foods and try to include fruit and vegetables.

Exercise

Exercise boosts your immune system and improves recovery. Take regular exercise or a short walk every day.

Take a nap if needed. As you recover, try to increase your activity to having a daily walk.

A RECORD OF YOUR RECOVERY

Concern/observation	Date
Record of exercise	Date

Glossary

Abdomen	The tummy
Anaesthetist	A specialist doctor who gives patients an anaesthetic for an operation
Aneurysm	A swelling of an artery due to a weakening of the vessel wall by atherosclerosis
Aorta	The main blood vessel carrying blood from the heart to the whole of the body
Aortic Aneurysm	An aneurysm affecting the aorta , usually in the abdomen area
Artery	A blood vessel taking blood from the heart
Atherosclerosis	Narrowing of the artery by plaque, a fatty substance. It is associated with people who smoke or have diabetes
Cholesterol	A type of unhealthy fat in the blood
Deep vein thrombosis	A blood clot in the large veins in the leg
Diabetes	A disease where people are unable to control the level of sugar in their blood
Endovascular	A procedure/operation that is performed within a blood vessel
Heparin	Blood thinning drug given by injection to reduce the risk of blood clots
Hypertension	High blood pressure
Physiotherapist	Healthcare professional trained in the care of patients to aid recovery with coughing and breathing exercises and mobility assessment
Stent-graft	A scaffold with material around it that is inserted on the inside of the aneurysm to exclude it from the circulation and eliminate the risk of it rupturing
Vascular Surgeon	A surgeon who is specialised in the surgery of blood vessels and circulation

Useful numbers and contacts

Vascular Ward 01603 286286

Medical Secretaries for:

Miss F J Meyer 01603 287136

Mr M P Armon 01603 287552

Mr DR Morrow 01603 286442

Mr R E Brightwell 01603 287394

Mr M S Delbridge 01603 286434

Mr P C Bennett 01603 286263

Mr W Al-Jundi 01603 287552

Mr P W Stather 01603 647289

Vascular Specialist Nurses 01603 287844 (Monday to Friday
09:00am -17:00pm)

