

Department of Vascular Surgery

Information for Patients and Carers Recovery from Open Surgery for Abdominal Aortic Aneurysm Repair



Introduction

You are having, or may have had open 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.
- Outpatient 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.

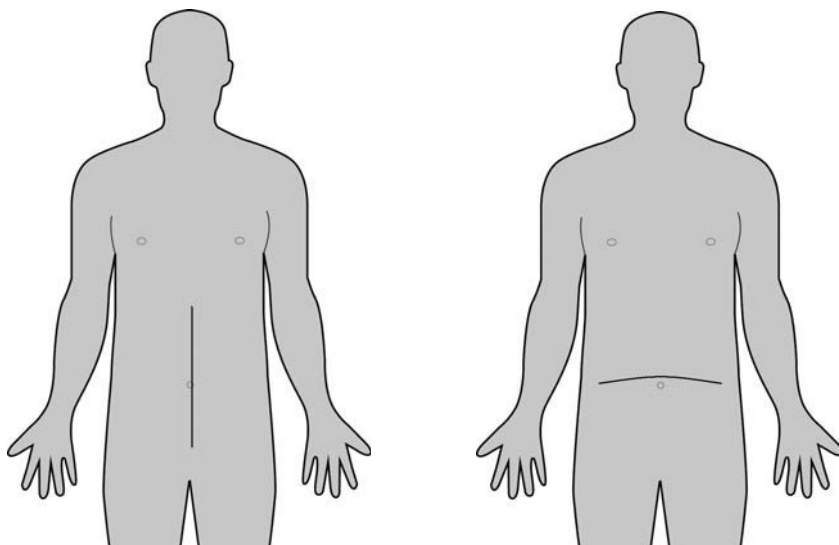
Your Operation – Open AAA Repair

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 **open surgery** to repair your **aortic aneurysm**.

Open surgery for **aortic aneurysm** repair is a major operation. The **aorta** is cut open so that an artificial **graft** can be stitched inside. Sometimes the **graft** will attach onto the **arteries** at the top of each leg, and you may have an additional wound in your groins.

A Picture of your Scar



or

Your Early Recovery

Most patients spend the first 24-48 hours in the High Dependency Unit (HDU). When you wake up you will have a tube in your nose (nasogastric tube) to decompress your stomach, a tube in your radial artery in your wrist to measure your blood pressure, and a urinary catheter to monitor your urine output. You might also wake up with a line in your neck (central venous line) to monitor how much intravenous fluid replacement you will need. You will also have a pain relieving tube (epidural) in your back for 3 days following your surgery. When your condition is stable you will return to the ward. You may still have a drip, a catheter, epidural, NG tube, and oxygen at this point.

Pain

Hopefully the pain relieving tube in your back will mean that you don't have very much pain initially after the procedure. The nurses will monitor your level of pain. Occasionally the tube in your back does not completely control the pain and so you may be given a machine to control your pain relief yourself (PCA). Once you are eating and drinking, you will be able to take pain-killing tablets by mouth and by the 3rd post-operative day the tube in your back will usually be taken out. The pain will slowly improve, but you may get twinges and aches for between 3-4 weeks.

Eating and drinking

It is very common for your bowel to go to sleep for a few days after surgery and for this reason a tube is inserted into your nose when you're asleep during the operation. Usually on the night of surgery you are allowed sips of water or clear, supplementary energy drinks. Over the next 1-2 days the fluid you are allowed to drink will increase. When your bowel wakes up you will start to pass wind and at that point you will be started on a light diet (e.g. soup, jelly, ice cream) and over the next few days will build up to a normal diet.

It is normal to lose your appetite after surgery; as a result of this you may lose weight. You may be seen by a dietitian who might recommend that you take supplementary drinks to provide more nutrition to build your strength and aid recovery.

Your wound

There will be a dry dressing over your tummy wound. Your wound will usually be closed using dissolvable stitches that do not need to be removed. However, sometimes patients may have stitches or clips that will need to be removed between 10-14 days after the operation. If your stitches/clips are not removed in hospital it may be arranged for your GP's practice or district nurse to remove them and check your wound. Your wound will be checked for any signs of infection, which if they occur, will be treated.

Moving around

You will be helped to start moving and walking as soon as possible, initially by sitting in the chair and walking to the bathroom and around the ward.

You will be given a daily blood thinning injection to reduce the risk of blood clots.

It is a good idea to exercise your legs in bed. The **physiotherapist** will help you to cough and breathe, and if needed, will give you individual assistance and instructions to help you regain your normal mobility. Moving around will not cause any damage to the **graft** or to your wound, and will help your recovery.

Medication

The doctors will review your tablets. All patients will be sent home on a small dose of Aspirin or Clopidogrel (Antiplatelets), to ensure the blood is less sticky and a **statin** to reduce your risk of cardiovascular disease progression and to stop the graft from clotting.

Preparing for discharge

Preparing for home should start as early as possible. Discharge is usually planned for about 7-10 days after your operation. It is a good idea to have someone to help look after

you for a while, or 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, especially 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. If there are complications with your recovery you may need to stay in hospital a little longer.

Recovery at home

Recovery times vary, and it can take several weeks or even a few months to feel 'back to normal', and this depends on your health and 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 wound becomes red, sore, or is oozing please let your GP know, as this could be a sign of an infection. 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 at least 4-6 weeks after your operation. You may feel low in spirits. You might need a short sleep 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 and to regain any weight you may have lost in hospital. Try taking smaller regular meals. You may find your bowel motions take time to become more regular again.

Mobility, hobbies and activity – start slowly!

The muscles underneath your wound may take up to 6-8 weeks to fully heal. 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 6-12 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. Sometimes, men have problems sustaining an erection after this operation and sometimes they might complain of retrograde ejaculation, as the nerve supply may be disturbed. This affects approximately 30% of men following an open aneurysm repair. It is not known what

effect, if any, AAA repair has on a woman's sex life. If you experience problems, your GP may be able to provide treatment to help.

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:

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|--------|---|
| Week 1 | Walk gently around the house. Take an afternoon nap. |
| Week 2 | Take a daily 3-5 minute small walk around your house and garden.
Take an afternoon nap, if needed. |
| Week 3 | Take a short 5-10 minute daily walk in the morning and afternoon. Take a nap in the afternoon if needed |
| Week 4 | Take a daily 10-20 minute daily walk, twice a day. You may also still need a daily nap. |

Complications and what to look out for

If you think that there is something wrong with your wound once you get home, you should contact your GP, or the ward from which you were discharged.

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 leaflet 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.

Outpatient follow-up

After an open repair, recovery is slower, but the need for follow-up is less. 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.

You will be seen in the vascular clinic approximately 6 weeks after your discharge. Remember to bring a list of your queries if you have them. You will not need a scan to check the graft, but the doctor will ask you a few questions on how you have been doing. Once you have recovered from your operation, you will be discharged back to the care of your family doctor.

Looking after yourself

Aneurysms are often caused by arterial disease or **atherosclerosis**. There are certain modifiable risk 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 refer you to our smoking cessation counselor, 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 can boost your immune system and improve recovery. Take regular exercise or a short walk every day.

Concern/Observation	Date (dd/mm/yyyy)
Record of Exercise	Date (dd/mm/yyyy)

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

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

Prof P Stather 01603 647289

Vascular Specialist Nurses 01603 287844 or 01603 647971 (Monday to Friday
09am-17:00pm)

Glossary

Abdomen	The tummy
Anaesthetist	Specialist doctor who gives patients the 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	Blood vessel taking blood from the heart
Atherosclerosis	Narrowing of the artery , by plaque. It is associated with people who smoke or have diabetes
Cholesterol	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 from within the blood vessel
Graft	The material used to patch/repair the diseased artery . This is a man-made material
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
Vascular Surgeon	A surgeon who is a specialist in the surgery of blood vessels and circulation