

Abdominal Aortic Aneurysm Repair: Before Your Surgery

What is an abdominal aortic aneurysm repair?

Abdominal aortic aneurysm repair is a type of surgery. It fixes an aneurysm in your aorta. An aneurysm is a weak or bulging part of a vein or artery. Your aorta is a large artery that carries blood from your heart through your belly to the rest of your body.

Without surgery to fix this problem, your aorta could burst. This can cause death.

To do the surgery, the doctor makes a large cut in your belly. This cut is called an incision. Then the doctor puts clamps above and below the weak part of the aorta. This stops blood flow. It allows the doctor to replace the weak part with a tube called a graft. After the graft is in place, the doctor removes the clamps so blood can flow again. Then the doctor uses stitches or staples to close the incision.

You will probably spend 5 to 7 days in the hospital. You will need to take it easy for at least 4 to 6 weeks at home.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

What happens before surgery?

Surgery can be stressful. This information will help you understand what you can expect. And it will help you safely prepare for surgery.

Preparing for surgery

- Understand exactly what surgery is planned, along with the risks, benefits, and other options.
- Tell your doctors ALL the medicines, vitamins, supplements, and herbal remedies you take. Some of these can increase the risk of bleeding or interact with anesthesia.
- If you take blood thinners, such as warfarin (Coumadin), clopidogrel (Plavix), or aspirin, be sure to talk to your doctor. He or she will tell you if you should stop taking these medicines before your surgery. Make sure that you understand exactly what your doctor wants you to do.
- Your doctor will tell you which medicines to take or stop before your surgery. You may need to stop taking certain medicines a week or more before surgery. So talk to your doctor as soon as you can.
- If you have an advance directive, let your doctor know. It may include a living will and a durable power of attorney for health care. Bring a copy to the hospital. If you don't have one, you may want to prepare one. It lets your doctor and loved ones know your health care wishes. Doctors advise that everyone prepare these papers before any type of surgery or procedure.

What happens on the day of surgery?

- Follow the instructions exactly about when to stop eating and drinking. If you don't, your surgery may be canceled. If your doctor told you to take your medicines on the day of surgery, take them with only a sip of water.
- Take a bath or shower before you come in for your surgery. Do not apply lotions, perfumes, deodorants, or nail polish.
- Do not shave the surgical site yourself.
- Take off all jewelry and piercings. And take out contact lenses, if you wear them.

At the hospital or surgery center

- Bring a picture ID.
- The area for surgery is often marked to make sure there are no errors.
- You may get an epidural catheter, which is a tiny tube that puts pain medicine into the area in your back around your spinal cord. The epidural will prevent pain after surgery.
- You will be kept comfortable and safe by your anesthesia provider. You will be asleep during the surgery.
- The surgery will take about 2 to 3 hours.
- You may have a plastic tube in your nose that goes down the back of your throat into your stomach to drain stomach juices. The tube is usually removed 1 to 3 days after surgery.
- You will be encouraged to get out of bed the day after surgery. You will have lots of help doing this.
- Your doctor will have you do breathing exercises. These help to keep your lungs healthy.

Going home

- Be sure you have someone to drive you home. Anesthesia and pain medicine make it unsafe for you to drive.
- You will be given more specific instructions about recovering from your surgery. They will cover things like diet, wound care, follow-up care, driving, and getting back to your normal routine.

When should you call your doctor?

- You have questions or concerns.
- You do not understand how to prepare for your surgery.
- You become ill before surgery (such as fever, flu, or a cold).
- You need to reschedule or have changed your mind about having the surgery.

Where can you learn more?

Go to <http://www.healthwise.net/ed>

Enter **I016** in the search box to learn more about "**Abdominal Aortic Aneurysm Repair: Before Your Surgery.**"

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Abdominal Aortic Aneurysm Repair: What to Expect at Home

Your Recovery

Aortic aneurysm repair is surgery to fix a weak and bulging section of the aorta. The aorta is the large blood vessel (artery) that carries blood from the heart through the belly to the rest of the body. The doctor used a man-made tube, called a graft, to replace the weak section of your aorta in your belly.

You can expect the cut (incision) in your belly to be sore for a few weeks. The doctor will take the stitches out of your incision about 5 to 10 days after surgery.

You will feel more tired than usual for several weeks after surgery. You may be able to do many of your usual activities after 4 to 6 weeks. But you will probably need 2 to 3 months to fully recover.

For 6 weeks, it is important to avoid strenuous activity and heavy lifting. These activities will not hurt the graft in your aorta, but they may cause problems with the incision in your belly.

Some people find that they feel sad or more emotional than usual while they are recovering after this surgery. This may last for up to 6 weeks after surgery. Talk with your doctor if your sadness continues or if you have concerns about how you are feeling. Treatment and other support can help you feel better.

This care sheet gives you a general idea about how long it will take for you to recover. But each person recovers at a different pace. Follow the steps below to get better as quickly as possible.

How can you care for yourself at home?

Activity

- Rest when you feel tired. Getting enough sleep will help you recover.
- Try to walk each day. Start by walking a little more than you did the day before. Bit by bit, increase the amount you walk. Walking boosts blood flow and helps prevent pneumonia and constipation.
- Avoid strenuous activities that may put stress on your incision, such as bicycle riding, jogging, weight lifting, or aerobic exercise, for 6 weeks or until your doctor says it is okay.
- For 6 weeks, avoid lifting anything that would make you strain. This may include a child, heavy grocery bags and milk containers, a heavy briefcase or backpack, cat litter or dog food bags, or a vacuum cleaner.
- Hold a pillow over your incision when you cough or take deep breaths. This will support your belly and decrease your pain.
- Do breathing exercises at home as instructed by your doctor. This will help prevent pneumonia.
- Ask your doctor when you can drive again.

- You may shower as usual. Pat the incision dry. Do not take a bath for the first 2 weeks, or until your doctor tells you it is okay.
- You will probably need to take at least 4 to 6 weeks off from work. It depends on the type of work you do and how you feel.
- Ask your doctor when it is okay for you to have sex.

Diet

- You can eat your normal diet. If your stomach is upset, try bland, low-fat foods like plain rice, broiled chicken, toast, and yogurt.
- You may not feel as hungry as usual, or food may not taste as good as it usually does. This is common and usually gets better about 4 weeks after surgery. If you do not feel like eating, you may want to drink liquid meal replacements for extra calories and protein. This can help you keep up your strength and prevent weight loss.
- Drink plenty of fluids (unless your doctor tells you not to).
- You may notice that your bowel movements are not regular right after your surgery. This is common. Try to avoid constipation and straining with bowel movements. You may want to take a fiber supplement every day. If you have not had a bowel movement after a couple of days, ask your doctor about taking a mild laxative.

Medicines

- Your doctor will tell you if and when you can restart your medicines. He or she will also give you instructions about taking any new medicines.
- If you take blood thinners, such as warfarin (Coumadin), clopidogrel (Plavix), or aspirin, be sure to talk to your doctor. He or she will tell you if and when to start taking those medicines again. Make sure that you understand exactly what your doctor wants you to do.
- Be safe with medicines. Take pain medicines exactly as directed.
 - If the doctor gave you a prescription medicine for pain, take it as prescribed.
 - If you are not taking a prescription pain medicine, ask your doctor if you can take an over-the-counter medicine.
 - Do not take two or more pain medicines at the same time unless the doctor told you to. Many pain medicines have acetaminophen, which is Tylenol. Too much acetaminophen (Tylenol) can be harmful.
- If you think your pain medicine is making you sick to your stomach:
 - Take your medicine after meals (unless your doctor has told you not to).
 - Ask your doctor for a different pain medicine.
- If your doctor prescribed antibiotics, take them as directed. Do not stop taking them just because you feel better. You need to take the full course of antibiotics.

Incision care

- If you have strips of tape on the incision, leave the tape on for a week or until it falls off.
- Wash the area daily with warm, soapy water, and pat it dry. Other cleaning products, such as hydrogen peroxide, can make the wound heal more slowly. You may cover the

area with a gauze bandage if it weeps or rubs against clothing. Change the bandage every day.

- Keep the area clean and dry.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

When should you call for help?

Call 911 anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).
- You have severe trouble breathing.
- You have sudden chest pain and shortness of breath, or you cough up blood or foamy, pink mucus.
- You have severe pain in your belly.
- You have chest pain or pressure. This may occur with:
 - Sweating.
 - Shortness of breath.
 - Nausea or vomiting.
 - Pain that spreads from the chest to the neck, jaw, or one or both shoulders or arms.
 - Dizziness or lightheadedness.
 - A fast or uneven pulse.

After calling 911, chew 1 adult-strength aspirin. Wait for an ambulance. Do not try to drive yourself.

Call your doctor now or seek immediate medical care if:

- You have new or increased shortness of breath.
- You are dizzy or lightheaded, or you feel like you may faint.
- You are sick to your stomach or cannot keep fluids down.
- You have pain that does not get better after you take pain medicine.
- You have a fever over 100°F.
- You have loose stitches, or your incision comes open.
- Bright red blood has soaked through the bandage over your incision.
- You have signs of infection, such as:
 - Increased pain, swelling, warmth, or redness.
 - Red streaks leading from the incision.
 - Pus draining from the incision.
 - Swollen lymph nodes in your neck, armpits, or groin.
 - A fever.
- You have signs of a blood clot, such as:
 - Pain in your calf, back of the knee, thigh, or groin.
 - Redness and swelling in your leg or groin.

Watch closely for any changes in your health, and be sure to contact your doctor if:

- You have sudden weight gain, such as 3 pounds or more in 2 to 3 days.
- You have increased swelling in your legs, ankles, or feet.
- You have any concerns about your incision.

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