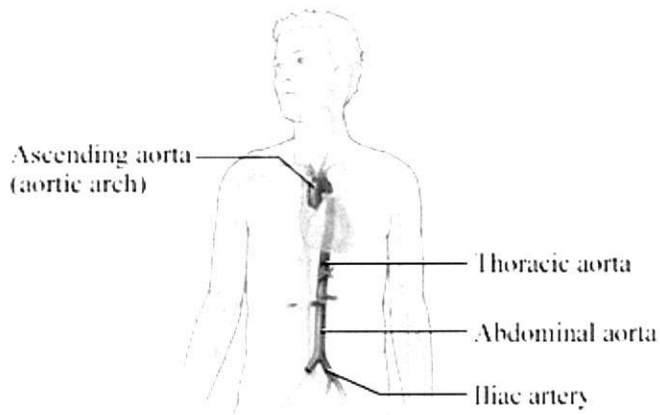


Endovascular Aortic Aneurysm Repair: Before Your Procedure

What is endovascular aortic aneurysm repair?



Endovascular aortic aneurysm repair 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. It carries blood from your heart through your belly to the rest of your body.

If you don't fix this problem, your aorta could burst. And this can cause death.

Your doctor will use a special man-made tube to fix your aorta. This is called a stent graft. After the procedure, your blood will flow through the stent graft. It will not push on the aneurysm.

To do the procedure, the doctor makes two cuts in your groin area. These are called incisions. Then the doctor puts small tubes into the arteries in that area. The tubes are called catheters. The doctor first uses the catheters to put dye in your arteries. The dye makes your aorta show up on X-rays. Next, the doctor uses wires inside the catheters to move the stent graft through the arteries and up to your aorta. After the stent graft is in place, the doctor takes out the catheters and wires. Then he or she uses stitches to close the incisions. You will have scars that fade with time.

You will probably spend 1 to 3 days in the hospital. You may be able to return to work and many of your daily activities 1 to 2 weeks after the procedure.

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 the procedure?

Procedures can be stressful. This information will help you understand what you can expect. And it will help you safely prepare for your procedure.

Preparing for the procedure

- Understand exactly what procedure 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 procedure. 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 procedure. You may need to stop taking certain medicines a week or more before the procedure. 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 the procedure?

- Follow the instructions exactly about when to stop eating and drinking. If you don't, your procedure may be canceled. If your doctor told you to take your medicines on the day of the procedure, take them with only a sip of water.
- Take a bath or shower before you come in for your procedure. Do not apply lotions, perfumes, deodorants, or nail polish.
- 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.
- You will be kept comfortable and safe by your anesthesia provider. You will be asleep during the procedure.
- The procedure will take about 1 to 4 hours.

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 procedure. 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 don't understand how to prepare for your procedure.
- You become ill before the procedure (such as fever, flu, or a cold).
- You need to reschedule or have changed your mind about having the procedure.

Where can you learn more?

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

Enter **L357** in the search box to learn more about "**Endovascular Aortic Aneurysm Repair: Before Your Procedure.**"

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Endovascular Aortic Aneurysm Repair: What to Expect at Home

Your Recovery

Endovascular aortic aneurysm repair is a procedure 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 put a man-made tube called a graft inside the aneurysm. Blood will pass through the graft in the aorta without pushing on the aneurysm.

You can expect the cuts (incisions) in your groin to be sore for 1 to 2 weeks. If you have stitches or staples in your incisions, the doctor may need to take them out.

You may feel more tired than usual for 1 to 2 weeks after surgery. You may be able to do many of your usual activities after 1 to 2 weeks. But you will probably need up to 4 weeks to fully recover.

Strenuous activities will not hurt the graft in your aorta, but they may cause problems with the incisions in your groin. You can be more active when your groin is no longer sore.

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, such as bicycle riding, jogging, weight lifting, or aerobic exercise. Your doctor will tell you when it's okay to do strenuous activity.
- Ask your doctor when you can drive again.
- You will probably need to take at least 1 to 2 weeks off from work. It depends on the type of work you do and how you feel.
- You may shower as usual. Pat the incisions dry. Do not take a bath for the first 2 weeks, or until your doctor tells you it is okay.

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.
- 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 incisions, leave the tape on for a week or until it falls off.
- Wash the area daily with water and pat it dry. Other cleaning products, such as hydrogen peroxide, can make the wounds 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 a lump that is getting bigger under your skin where the incisions were made in your groin.
- 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 or 2 to 4 low-dose 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 one of your incisions comes open.
- Bright red blood has soaked through the bandage over your incisions.
- You have signs of infection, such as:
 - Increased pain, swelling, warmth, or redness.
 - Red streaks leading from the incisions.
 - Pus draining from the incisions.
 - 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.

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