

Abdominal Aortic Aneurysm Repair Endovascular Approach

Royal Columbian Hospital

Your surgery and recovery at home

This booklet belongs to: _____

We also give you '**Preparing for Your Surgery**' booklet.

Read both booklets carefully.

Bring both booklets to every hospital visit before your surgery.

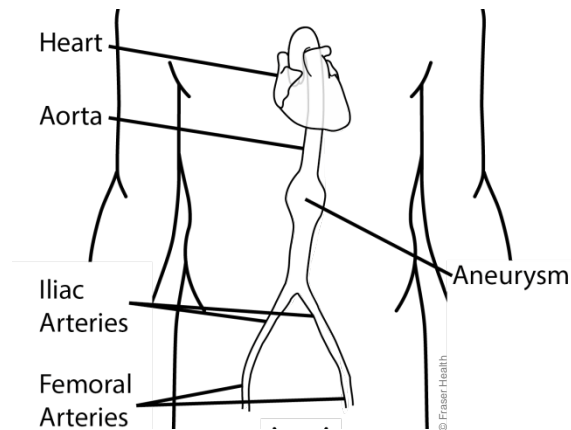
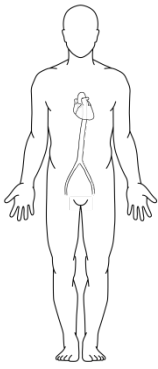
Abdominal Aortic Aneurysm Repair

Endovascular Approach

You are having a procedure to repair your abdominal aortic aneurysm.

Your aorta is the main artery that carries blood from your heart to the rest of your body. It is about the size of a garden hose. The part that carries blood to your lower body is the abdominal aorta.

An aneurysm (say *ann-yer-iz-uhm*) is a bulge in the wall of the aorta. It comes from a weakness in the wall of the aorta. With the pressure from the blood pumping, the weak part of the aorta balloons out.



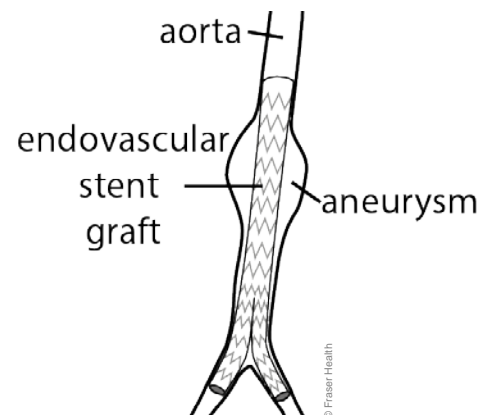
How is the surgery done?

The surgeon makes a small cut(s) through the skin (an incision) in your groin. This is called the 'access site'. A long, thin, flexible tube is inserted into your femoral artery. This is guided to where the aneurysm is located using a special x-ray camera.

A graft (called a 'stent graft') is placed in the aorta to create a new, stronger 'wall' for the artery. The stent graft is a fabric tube reinforced with metal wires.

The surgeon inserts the graft through the tube to the aneurysm location. Once in place, the surgeon slowly releases the graft, letting it expand into the aorta.

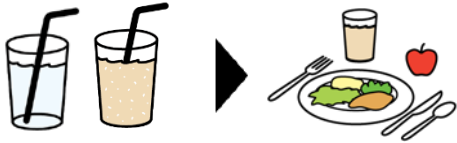




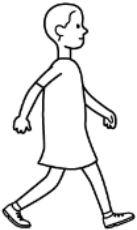

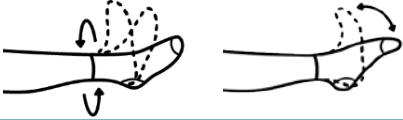
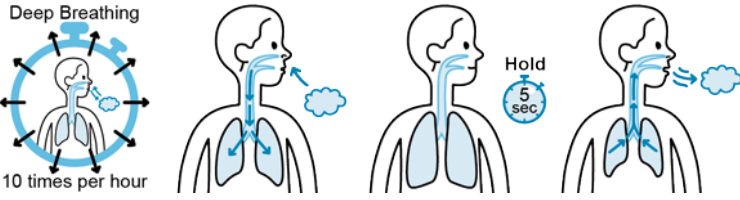





This surgery usually takes about 2 to 3 hours.



Read '**Preparing for Your Surgery**' booklet for instructions on how to prepare for your surgery.

Path to Home Guide: Abdominal Aortic Aneurysm Repair (Endovascular)

This gives you an example of a person's recovery in hospital after surgery.

Category	After Surgery	
	Surgery Day	Day 1
Nutrition	 <p>Full fluids to regular diet</p>	 <p>Regular diet</p>
Activity	 <p>Lie flat with leg straight for 6 hours</p>  <p>Head of bed up to 30 degrees for meals</p>  <p>Stand or sit at bedside in the evening</p>	 <p>3 or more times</p> 
	<p>Leg exercises every day</p> 	
Deep Breathing Exercises	<p>Deep Breathing</p>  <p>10 times per hour</p> <p>Hold 5 sec</p>	
Pain Control	<p>Pills or injections</p> 	
	<p>Pain at a level comfortable for you</p>	
Tubes and lines	 <p>Intravenous Urinary catheter, if needed</p>	<p>Intravenous capped</p>  <p>▶</p> <p>Intravenous removed</p> 

After Your Surgery

Going home



How long you stay in the hospital depends on:

- your health before the surgery
- how you recover from the surgery

Most people can go home 1 to 3 days after surgery.

You are ready to go when:

- ✓ You are eating and drinking regular food and drinks.
- ✓ Your pain is controlled.

Going home checklist

- You know what medications (including new ones) you are taking, how to take them, and why you need them.
- You have prescription(s) for your medications, if needed.
- You have a ride home from the hospital.
- You have arranged for some help at home for the first few days, if needed.

Caring for Yourself at Home

Managing pain

It is normal to have some discomfort or pain when you return home. This should steadily improve but might last for a few days to a couple of weeks.

The level of pain and type of pain medication you need depends on:

The type of surgery you had

If you were taking pain medicine before surgery

Your pain should be at a comfortable level that allows you to move, deep breathe, cough, and to do every day activities.

When you are ready to go home, your surgeon will give you instructions to take pain medicine. This might include a prescription for an opioid (narcotic).

For the first few days:

If your pain is at an uncomfortable level, take your pain medicine as directed.

As your pain improves, take your pain medicine less often and/or a smaller amount until you have little or no pain, then stop.

At first, you might have to take a prescription medication. After a short time and as your pain improves, a non-prescription pain medicine should be enough to manage your pain.

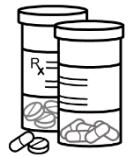
Non-prescription pain medicines (also called 'over-the-counter' medicines) – You buy them at the pharmacy without a prescription. You might only need to take this type of medicine if you don't have much pain after surgery.

Examples of non-prescription medicines (and brand names):

- acetaminophen (Tylenol®)
- acetylsalicylic acid or ASA (Aspirin®)
- non-steroidal anti-inflammatory drugs (NSAIDs)

Examples: ibuprofen (Advil®, Motrin®) ★
 naproxen (Naprosyn, Aleve®) ★

★ **Note:** NSAIDs are not for everyone after surgery. If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, check with your surgeon or family practitioner before using NSAIDs.



Questions about medicines?

Call your local pharmacy and ask to speak to the pharmacist.

For after-hours help, call 8-1-1.

Ask to speak to a pharmacist.

Family Practitioner:

Refers to either a family doctor or nurse practitioner

Remember

You can do other things to help ease your pain or distract you from the pain:

- ✓ Slow breathing
- ✓ Listen to music
- ✓ Watch T.V.

Opioid (narcotic) pain medicines – You might get a small number of pills for severe pain.

They are only meant to be taken for a short time. Take only as much as you need to allow you to do daily activities.

Examples of opioid pain medicines:

- Tramacet® (tramadol and acetaminophen) ★
- Tylenol #3® (codeine and acetaminophen) ★
- Oxycocet® / Percocet® (oxycodone and acetaminophen) ★
- tramadol, hydromorphone, morphine, oxycodone

★ **Note:** These medications also have 300 to 325mg acetaminophen in each tablet. All total, **do not** take more than 4000mg of acetaminophen in 24 hours (too much can harm your liver).

When taking non-prescription pain medicines as well, most people need to take a lower amount of the opioid or take the opioid less often.

Safe use of opioid pain medicines

If you are using any medicines with opioids (narcotics) in them, we want you to do so safely. However, serious problems can happen. Take note of the following safety information.

Before taking opioids:

- Tell your surgeon if you have sleep apnea. Opioids can make your sleep apnea worse.

Safely storing opioids:

- Store opioid medicines in a secure place.
- Keep out of sight and out of reach of children, teens, and pets.
- Never share your opioid medicine with anyone else.

Safely disposing of unused opioids:

- Take any unused opioid medicines back to your pharmacy to be safely disposed. **Do not** keep unused medicines at home.

Safely taking opioids:

- Your pain should lessen over the first week. You should not need to take opioid pain medicine for more than 1 week.
- Always use the least amount possible for the shortest amount of time.
- Common side effects include constipation, feeling sick to your stomach (nausea), a dry mouth, sweating, dizziness, and feeling drowsy.
- **Do not** crush, cut, break, chew, or dissolve opioids before taking. Doing this could cause serious harm, even death.
- While taking opioid pain medicines: **Do not** drive or drink alcohol. **Do not** take any sleeping pills unless your doctor has said you can.

Always read the label and/or information from the pharmacist for how to safely take medication.

Drinking and eating

Return to your normal diet when you get home. You might feel sick to your stomach (nausea) or throw up (vomit). This should not last long. It is important to stay hydrated.

If you feel sick or throw up:

- Drink 'flat' ginger ale, clear soups, and clear fluids, and eat mild foods until you feel better. Other good choices include dry toast, crackers, popsicles, and gelatin dessert (such as Jell-O). Stay away from caffeine, carbonated soft drinks, and acidic fruit juices while feeling sick.
- Drink and eat small amounts often.
- Rest in bed until you feel better. Place a cool, damp cloth on your face and neck.
- Try not to smoke or be around smoking. It can make your nausea worse.

To heal, your body needs extra calories and nutrients.

- Eat foods high in protein such as meat, poultry, fish, eggs, dairy, peanut butter, tofu, or legumes – unless you have specific diet needs.

You can get constipated because you are less active, eating less fibre, or taking opioid pain medication.

To prevent constipation:

- Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).
- Eat high fibre foods such as bran, prunes, whole grains, vegetables, and fruit.
- Increase your activity.

If you continue to be constipated, talk with a pharmacist or family practitioner about taking a laxative.

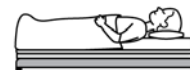
Getting rest

It is very common in the first few weeks to feel tired and have low energy. Rest and sleep help you heal.

Try to get at least 8 hours of sleep each night. Take rest breaks and naps during the day, as needed.

If you have trouble sleeping, talk to your family practitioner.

Need help with food choices?
Call 8-1-1.
Ask to speak to a dietitian.





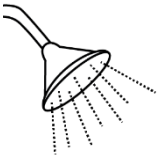
Caring for your incision

Always wash your hands before and after touching around your incision site(s).

Before you leave the hospital, your nurse will teach you how to care the incision at the access site.

Showering:

- You can take a shower starting 2 days after surgery.
- Continue to only take showers until your incision(s) is well healed.
- Do not scrub your incision. You can let the water run over the incision area.
- Dry the area completely afterwards by gently patting it.



For at least the next 2 weeks or until the incision is healed:

- ✗ No soaking in a bath tub or hot tub.
- ✗ No swimming.
- ✗ No creams, lotions, or ointments on your incision, unless directed by your surgeon.

Doing any of these things could delay healing.

Being active

Activity and exercise help build and maintain your muscle strength, give you more energy, and help with recovery. You need to find a balance between rest and activity. Pace yourself for the first few weeks.



You can return to **sexual activity** when you feel ready and your pain is well controlled.



Usually, you can return to **driving** when you can do emergency braking and comfortably wear your seatbelt. If you are not sure about it, ask your surgeon.

Remember: Do not drive when you are taking opioid pain medication.

Informing others

It is important to tell other doctors, dentists, and podiatrists that you have a graft in place. You might need to take antibiotics before certain procedures.

If you are having any medical tests such as a Magnetic Resonance Image (M.R.I.), tell them that you have a 'stent graft' in place when you schedule the test.

When to get help

If you notice **any sudden bleeding or swelling** of the access site:

- Lie down flat.
- Press down firmly over the access site for 15 minutes.
- If bleeding does not stop or the swelling gets worse, **call 9-1-1**.

Call your surgeon or family practitioner if:

- Your legs or feet feel different:
 - You have pain in either leg (usually the first sign of a problem).
 - One leg is colder to touch than the other.
 - Either leg turns from normal skin colour to shades of blue.
 - You have a new numbness or tingling feeling in either leg.
 - You notice a weakness in either leg.
- You have a fever over 38°C (101°F).
- Your incision (access site) is warm, red, swollen, or has blood or pus (yellow/green fluid) draining from it.
- You have a cough that is new or continues to get worse.
- You notice stinging, burning, or pain when you urinate (go pee).
- You have redness, tenderness, or pain in your calf or lower leg.
- Your pain stops you from moving and recovering, and does not ease with pain medicine.
- You are throwing up often.
- You have diarrhea that is severe or continues for more than 2 days.
- You feel increasingly tired or dizzy.

Cannot contact the surgeon or family practitioner?

Have any questions about your recovery?

Call **8-1-1** (HealthLinkBC) to speak to a registered nurse any time - day or night.

Call 9-1-1 if you have any of the following:

- trouble breathing or shortness of breath
- chest pain
- sudden, severe pain

new or sudden abdominal or back pain

9-1-1



Available in 130 languages.

For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

Appointments after surgery

See your family practitioner in 1 to 2 weeks.

My appointment is on: _____

If you have staples or sutures (stitches), arrange to have them removed 10 to 14 days after the surgery.

I have an appointment with: _____

My appointment is on: _____

See your surgeon 4 to 8 weeks after going home from the hospital.

My appointment is on: _____

Questions you might have:

Examples: 'How will my bowel habits change?' 'When will I be able to return to my regular activities?' 'When can I return to work?'

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This information does not replace the advice given to you by your healthcare provider.

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