Recovery from open surgery for abdominal aortic aneurysm repair

Information for patients and carers from the East Kent Vascular Unit

After 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 booklet gives you information on what to expect after your operation and advice about recovering from the surgery. It can be used together with the verbal information and leaflets given to you before your operation.

This booklet should answer most of your questions. The doctors, 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 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 to note down any concerns
• 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 from the heart through your chest and abdomen to the rest of your body. An aneurysm occurs when the walls of an artery weaken, causing a swelling. An abdominal aneurysm is a swelling in the aorta, which is in your abdomen/tummy.

What can cause an aneurysm?
Aneurysms are most 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:

- age
- smoking
- high blood pressure
- high cholesterol.
- diabetes
- being overweight
- lack of exercise

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

How is the aneurysm repaired?
An aortic aneurysm may be repaired by open surgery, or sometimes by a stent graft if more suitable. These choices will have been considered and discussed with you before treatment, if relevant.

What happens during the operation?
Open surgery for aortic aneurysm repair is a very 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. Usually the graft will stay in place for the rest of your life.

What happens after surgery?
Most patients spend the first 24 to 48 hours in the intensive care unit (ITU). When your condition is stable, you will return to the ward. You may still have a drip, a catheter, and oxygen.

Will I be in pain after surgery?
The incision (cut) in your abdomen is likely to be painful at first. The team will monitor your level of pain and to start with you will be given painkillers through a tube in your back (epidural), or by a machine that you control yourself (PCA). Once you are eating and drinking you will be able to take painkilling tablets by mouth. The pain will slowly improve, but you may get twinges and aches for up to four weeks.

When can I eat and drink again?
You will be allowed to start drinking straight away and, when your bowels are working, build up to a light diet. Your drip will be stopped once you are eating, which can take up to five days.

It is normal to lose your appetite after surgery and as a result of this you may lose weight. If needed, you will be seen by a dietician who may recommend that you take supplementary drinks to provide more nutrition to build up your strength and aid recovery. Choosing a high protein diet will also help.
How can I prepare to go home from hospital?
Preparing for home should start as early as possible. Discharge is usually planned for about five to eight 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 that may be difficult, especially if you have a caring role for someone else.

Stocking up on frozen and tinned items means you do not need to go shopping immediately. If there are complications with your recovery you may need to stay in hospital a little longer.

How should I care for my wound?
There will be a dry dressing over your wound. The wound is usually closed with dissolvable stitches that do not need to be removed. Your wound will be checked for infection and treated if needed.

Any bruising or swelling will settle within a couple of weeks. The skin will usually heal within two weeks but the underlying tissues take much longer so may feel lumpy, hard, and sensitive for several months.

Your wound will be red at first but will gradually fade over six months or more. After 72 hours 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 becoming darker.

How long will it take for me to recover after surgery?
Recovery times vary. It usually takes up to three to six months to feel back to normal and depends on your health and acitivity before surgery.

What can I do to help with my recovery?

• **Smoking** is the major risk for arterial disease. It also increases your risk of getting a chest infection and slows your recovery. We can help you to stop and refer you to our Smoking Cessation Clinic who may suggest treatments such as 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, high protein foods and try to include plenty of fruit and vegetables.

• **Exercise** can boost your immune system and improve recovery. Make a habit of regular exercise or a short walk daily. Take rest when needed. As you recover, try to increase your activity.

Poor **posture** can develop after the operation, make sure to sit up and stand up straight even if it pulls on your wound. Standing before a mirror can help check your posture.
What complications should I look out for?
If you think that there is something wrong with your wound once you get home, you should call a vascular nurse, the numbers are listed on page six of this leaflet.

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

• pain in your legs when walking  
• swelling, or excess pain in the wound  
• continued poor appetite, upset bowel movements.

If you develop sudden pain or numbness in your legs that does not get better within an hour, then return to the hospital immediately. Likewise, if you experience severe pain in your back or stomach, pain or swelling in your calves, shortness of breath, or pains in your chest, you must seek medical attention as soon as possible.

If you need to return to the hospital, it is best to get someone to take you.

Will I need an outpatient follow-up appointment?
After an open AAA repair, recovery is slower but the need for follow-up is limited. You will usually be seen in the vascular clinic six weeks after your discharge. Remember to bring a list of your queries if you have any.

You will not need a scan to check the graft but we will ask you a few questions on how you have been doing and examine you. Once you have recovered from your operation, you will be discharged back to the care of your GP.

When can I move around?
You will be helped to start moving and walking as soon as possible. Initially by sitting in a chair, and then walking to the bathroom or around the ward.

You will be given a daily injection of clexane to reduce the risk of blood clots in veins (DVT). 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 regain your normal mobility. Gently moving around will not cause any damage to your graft or wound, and will help speed your recovery.

Will I need to take medication after surgery?
The doctors will review your tablets. Most people will be sent home on a small dose of aspirin, to make sure the blood is less sticky, and a statin to reduce your cholesterol levels. If you are unable to take these, alternative drugs may be prescribed. Any blood pressure tablets will be reviewed. You might already be on these tablets and should continue.
How will I feel after surgery?

• It is normal to feel **tired** for at least a month after this operation. You may also feel low in spirits. You may 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.

• It may 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.

• The muscles underneath your wound will take three months to fully heal, so you should not **lift heavy objects or undertake strenuous activities or sports**. Taking regular gentle exercise such as gradually increasing short walks combined with rest is recommended. Taking on **light household chores and walking around** your house is a good starting point. Pain from activities is nature’s way of telling you to slow down.

• When to **return to work** will depend on the type of job that you do. Most need at least six to 12 weeks before returning to work and may work shorter hours or have lighter duties for a few weeks, before building back up to normal. Your GP will be able to advise you further.

• You can resume **sex** when you feel comfortable doing so. One in 10 men have problems sustaining an erection after this operation as the nerve supply may be disturbed. 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 advice or treatment to help.

• For safety and insurance reasons patients are unable to **drive** for six weeks after their operation. If you are in doubt, you should check with your insurance company. You must feel confident that you can control the vehicle, including emergency stops, before trying. Test this when stationary before driving.

**Exercise programme**
Here are some tips for planning your exercise at home.

**Week one**  Walking gently around the house. Take an afternoon nap.

**Week two**  Take a daily five minute walk around your house and garden. Take a nap, if needed.

**Week three**  Take a 10 minute daily walk in the morning and afternoon. Take a nap, if needed.

**Week four**  Take a 20 minute walk twice a day. You may also still need a nap.
Useful numbers and contacts
If you have any questions or concerns, please contact one of the following: during the working day, first try the vascular nurse or, if unable to get through or out of hours ask the hospital switchboard for the vascular registrar on call.

• Vascular Nurse Practitioners, K&C  
  Telephone: 01227 864137 (in working hours)  
  Email: ekh-tr.vascular-nurse@nhs.net

• Kent and Canterbury Hospital (K&C)  
  Telephone: 01227 766877  
  (out of hours for Registrar on call)

• Kent (Vascular) Ward, K&C  
  Telephone: 01227 783102

Glossary

• Abdomen  
  anatomical name for the belly or tummy.

• Anaesthetist  
  specialist doctor who gives patients anaesthetic for an operation.

• Aneurysm  
  a swelling of an artery due to a weakening of the vessel wall, often by atherosclerosis.

• Aorta  
  the main artery carrying blood from the heart to the whole body, it runs through the chest and abdomen.

• Aortic aneurysm  
  an aneurysm affecting the aorta most commonly in the abdomen.

• Artery  
  blood vessel taking blood from the heart.

• Atherosclerosis  
  disease causing narrowing of arteries. It occurs in people who smoke, have diabetes, hypertension, or high cholesterol.

• Cholesterol  
  type of unhealthy fat in the blood and diet.

• Clexane  
  blood-thinning drug given by injection to reduce the risk of blood clots in veins (DVT).

• Deep vein thrombosis  
  a blood clot in the veins inside the leg or elsewhere, often just called DVT.

• Diabetes  
  a disease where control of the level of sugar in the blood is impaired or lost.

• Epidural  
  a plastic tube (cannula) placed into your back by an anaesthetist, which provides pain relief.

• Graft  
  the material tube used to repair the diseased artery.

• Hypertension  
  high blood pressure.

• PCA  
  pain relief controlled by patients pressing a switch.

• 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 specialised in the surgery of blood vessels and circulation, except the heart.
A Record of your recovery

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Record of exercise

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This leaflet has been produced with and for patients

If you would like this information in another language, audio, Braille, Easy Read, or large print please ask a member of staff.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 783145 or 01227 864314, or email ekh-tr.pals@nhs.net

Further patient leaflets are available via the East Kent Hospitals web site www.ekhuft.nhs.uk/patientinformation