Recovery from Open Surgery for Aortic Aneurysm (AAA) Repair

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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 booklet 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 booklet 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. The graft will stay in place forever.

Your early recovery on the ward

Most patients spend the first 24-48hrs in the intensive care unit (ICU). When your condition is stable you will return to the ward. You may still have a drip, a catheter and oxygen.

Pain

The incision (cut) in your abdomen is likely to be uncomfortable at first. The nurses will monitor your level of pain and initially you will be given painkillers via a tube in your back, or by a machine that you control yourself. 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 between 3 to 4 weeks.

Eating and drinking

When your guts are working you will be allowed to start drinking and then build up to a light diet, and your drip will be stopped. You can normally eat as soon as you are properly awake from your anaesthetic. Sometimes it may take longer (rarely up to 5 days).
It is normal to lose your appetite after surgery; as a result of this you may lose weight. You may be seen by a dietician 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. The stitches will usually be removed between 7-10 days after the operation. If your stitches 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. During this time, some patients have to wear special support socks to help circulation, and you will be given a daily injection of heparin 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. Most people will be sent home on a small dose of aspirin, to ensure the blood is less sticky and a statin to reduce your cholesterol levels. If you are unable to take aspirin an alternative drug maybe prescribed. Any blood pressure tablets will be reviewed. You might already be on these tablets.
Preparing for discharge

Preparing for home should start as early as possible. Discharge is usually planned for between 7 to 10 days after your operation. It is a good idea to have someone to help look after you for a while. 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 to feel ‘back to normal’, and 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 becoming darker.

Sleeping and feeling tired

It is normal to feel tired for at least 6 to 12 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. You may resume gentle sports, such as golf or aerobics, when you feel comfortable to do so. 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, as the nerve supply may be disturbed. This affects approximately 10% of men. 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. If you drive a bus or lorry for a living, you will need to let the DVLA know that you have had your AAA repaired.

Exercise programme

Here are some tips for planning your exercise at home:

**Week 1** Walking gently around the house. Take an afternoon nap.

**Week 2** Take a daily 3 to 5 minute small walk around your house and garden. Take an afternoon nap, if needed.

**Week 3** Take a short 5 to 10 minute daily walk in the morning and afternoon. Take a nap in the afternoon if needed.

**Week 4** Take a daily 10 to 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 a few hours then contact the hospital immediately. Likewise if you experience severe pain in your back or stomach, pain or swelling in your calves, any shortness of
breath or pains in your chest, you must seek medical attention as soon as possible.

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 may be seen in the vascular clinic 4 to 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 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 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 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. Take a nap if needed. As you recover try to increase your activity, to having a daily walk.
Record of your recovery

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<th>Concern/ observation</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Record of exercise</th>
<th>Date</th>
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## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td>Abdomen</td>
<td>The tummy</td>
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<tr>
<td>Anaesthetist</td>
<td>Specialist doctor who gives patients the anaesthetic for an operation.</td>
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<tr>
<td>Aneurysm</td>
<td>A swelling of an artery due to a weakening of the vessel wall by atherosclerosis.</td>
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<tr>
<td>Aorta</td>
<td>The main blood vessel carrying blood from the heart to the whole of the body.</td>
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<tr>
<td>Aortic Aneurysm</td>
<td>An aneurysm affecting the aorta, usually in the abdomen area.</td>
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<tr>
<td>Artery</td>
<td>Blood vessel taking blood from the heart.</td>
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<td>Atherosclerosis</td>
<td>Narrowing of the artery, by plaque- a fatty substance. It is associated with people who smoke or have diabetes.</td>
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<tr>
<td>Cholesterol</td>
<td>Type of unhealthy fat in the blood.</td>
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<td>Deep vein thrombosis (DVT)</td>
<td>A blood clot in the large veins in the leg.</td>
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<tr>
<td>Diabetes</td>
<td>A disease where people are unable to control the level of sugar in their blood.</td>
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<tr>
<td>Graft</td>
<td>The material used to patch/ repair the diseased artery. This is a man- made material.</td>
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<td>Heparin</td>
<td>Blood thinning drug given by injection to reduce the risk of blood clots</td>
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<tr>
<td>Hypertension</td>
<td>High blood pressure</td>
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<tr>
<td>Physiotherapist</td>
<td>Healthcare professional trained in the care of patients to aid recovery with coughing and breathing exercises and mobility assessment.</td>
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<tr>
<td>Vascular Surgeon</td>
<td>A surgeon who is specialised in the surgery of blood vessels and circulation.</td>
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## References and Further Information

NHS Constitution. Information on your rights and responsibilities. Available at [www.nhs.uk/aboutnhs/constitution](http://www.nhs.uk/aboutnhs/constitution)
If you or the individual you are caring for need support reading this leaflet please ask a member of staff for advice.

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