



Abdominal Aortic Aneurysm (AAA) Surgery

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INTRODUCTION

You are scheduled for an admission to NYU Hospitals Center for **Traditional Abdominal Aortic Aneurysm (AAA) surgery**. Please read this handout, which discusses how you can prepare for your surgery as well as what you can expect during your stay in the hospital and when you go home. It describes how the members of the health care team -- physicians, nurse practitioners, nurses, social workers, and nutritionists -- will work with you, the most important team member, to ensure a smooth transition to home. Please share this information with your family members and/or friends.

Bring this information packet to the hospital, as staff will be reviewing it with you.

It is anticipated that you will be **ready for discharge 5-6 days after surgery**, although this will vary depending on your specific needs. Many people are surprised at how quickly they can return home after surgery. The discharge plan will be discussed with you starting in your doctor's office at your pre-surgical visit. The health care team will be helping you with any concerns you have about discharge. Included in this booklet is a list of questions to help you plan for your discharge. If you have any questions, please speak with your doctor or nurse.



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BEFORE SURGERY

DOCTOR'S OFFICE

You will be given a pre-admission packet in your doctor's office or at Pre-Admission Testing containing information necessary to complete the admission process. This packet includes the following forms:

- Personal and insurance information for the admitting office
- Health care proxy
- Health history that you will need to complete and bring with you to Pre-Admission Testing. This history needs to include all medications that you are currently taking. Please fill out this form as thoroughly as possible.

In addition, you will:

- Sign a consent form giving your permission for the surgery after it has been explained to you.
- Discuss when to discontinue medications such as Ecotrin, Plavix, and Coumadin.
- Discuss the need for blood transfusions with your surgeon. If transfusions are likely, he/she may recommend that you donate your own blood in advance. If this is not possible, family members or friends may be able to donate for you. Please read the information on blood donations.

PRE-ADMISSION TESTING

Several days to a week before your surgery, you will be scheduled for an appointment at Pre-Admission Testing. At this appointment you will:

- Have an interview and an assessment with a nurse and a nurse practitioner/resident from the Surgical service.



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- Meet with an anesthesiologist who will explain the type of anesthesia you will have.
- Have blood tests and in some cases a chest x-ray and EKG. If you have had a chest x-ray in the last six months you can avoid another one by bringing the reports with you.
- Have additional tests if they are indicated.
- Meet with a social worker to discuss your discharge needs, if needed.

MEDICATIONS AND ADDITIONAL PREPARATION FOR SURGERY

One Week Before Surgery:

- Avoid aspirin, products containing aspirin and medications from the class known as non-steroidal anti-inflammatory agents (also called NSAIDs), such as Ibuprofen or Naproxen for one week before surgery. However, if you are taking aspirin, Plavix, or other blood thinners for heart, vascular or neurological reasons, check with the doctor/nurse practitioner for specific instructions.
- Pack items you will need during your hospital stay. You only need to bring toiletries, slippers (with enclosed backs), and a robe to the hospital. Your family can bring other items once you are assigned a room.
- Please do not bring any valuables such as furs, jewelry, cash, or credit cards to the hospital. Leave rings and good watches at home.



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The Day and Night Before Surgery:

- Take a Dulcolax suppository the day before surgery if you did not have a bowel movement.
- **DO NOT SMOKE OR DRINK ALCOHOL BEFORE SURGERY.**
- Do not eat or drink anything after midnight the night before your surgery. Try to have a healthy dinner and limit fats and salt intake, as these will increase your thirst.
- Shower the night before or morning of surgery.

The Morning of Surgery:

- Your doctor, nurse practitioner or anesthesiologist will specifically order any medications to be taken the morning of surgery. Take these medications with a sip of water. If you are taking diuretics (water pills) or diabetic medications, make sure you get specific instructions.
- Bring any x-rays or test results to the hospital with you.



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DAY OF SURGERY

Report to the **Same Day Admission Unit**, 400 East 34th Street, 6th floor (“K” elevators), at the time specified. You will be admitted and final preparation for your surgery will take place.

- Before you go to the Operating Room, you will need to go to the bathroom, change into a hospital gown, and remove all jewelry including wedding rings. Give any valuables to a family member for safekeeping.
- You may be given a sedative to help you relax.
- You will be awake when arriving at the Operating Room. You will be given medications through an intravenous line (IV) in your arm that will put you to sleep. The Anesthesiologist will give you more details about this during the consultation at Pre-Admission Testing.
- The surgery will generally take 3-4 hours. You will spend an additional period of time in the Post-Anesthesia Care Unit (PACU).
- Your visitors can wait in the Same Day Admission Unit (2 visitors maximum). It is advisable that one contact person let the surgeon’s office know where he/she can be reached after surgery. The surgeon may ask that your visitors wait at the FPO office (Suite 6F).

After surgery, you will be taken to the PACU on the 6th floor. Visiting is limited in the PACU. Your family can check on the 6th floor for visiting hours. From the PACU, you will transfer to an Intensive Care Unit (ICU), where nurses and doctors will continue to monitor you closely. There are no telephones or televisions in the PACU or ICU. On the first postoperative day, you may transfer from the ICU to a post-operative unit, which has 4 co-ed beds and allows for close monitoring.



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WHILE IN THE HOSPITAL

The following is an overview of what you can expect during your hospital stay. Your “**Patient Pathway**” is a day-by-day plan of what to expect and what you can do to assist in your recovery.

ASSESSMENT

- Your nurse will closely monitor your condition. Initially after surgery, your blood pressure, pulse, and temperature will be taken frequently.
- Your nurse will inspect the incision site and help you change position to make you comfortable. As your recovery progresses, these observations will be less frequent.

DIET

- Initially you will have a nasogastric (NG) tube, which is placed during surgery through one nostril and goes into your stomach. The NG tube is to help avoid nausea and vomiting while you are not eating. The NG tube is usually removed in 2 to 4 days. Once the NG tube is discontinued, you will be given liquids.
- Until you can eat, fluids will be given intravenously (IV).
- When you can eat, you will first be given liquids and then advanced to your usual diet.

ACTIVITY

- You will mostly remain in bed during your stay in the ICU.



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- The nursing staff will help you turn from side to side and show you how to use the incentive spirometer and do coughing, deep breathing, and ankle pump exercises.
- You will be helped to get out of bed the day after surgery to a chair. You should gradually increase your activities to include walking.
- Walking is important. When permitted, try to walk short distances a few times a day. Ask for help from staff as necessary.
- Continue with the coughing and deep breathing exercises, and use incentive spirometer every hour.

COUGHING and DEEP BREATHING

- Your nurse and physical therapist will show you how to do some simple deep breathing and coughing exercises.
- In addition, you will be shown how to use the Incentive Spirometer or Inspiron. You should use it 10 times every hour while you are awake in order to prevent lung problems after surgery. You should breathe in slowly and deeply to achieve the most benefit.

LEG EXERCISES

- You will be instructed to perform simple leg exercises in order to maintain adequate circulation when in bed. It is very important that you do these exercises as recommended.

PAIN MEDICATIONS

- You need to let the staff know your level of pain/discomfort after surgery so the nurse can give you the pain medication the doctor has ordered.



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- To help the staff assess your pain level you will be asked to rate your pain on a scale of 0 -10 with 0 being no pain and 10 being unbearable pain. Taking pain medication before the pain is excessive provides better relief.
- Immediately after surgery, pain medication is usually given through an epidural catheter. As your pain decreases and you are able to eat, it will be given in pill form. When you can take pain medication in a pill form, usually about 3 days after surgery, the epidural catheter is removed.
- In addition, since it is important that you do the coughing and deep breathing exercises and increase your activity, it may be helpful to take pain medications before these activities.

CARE OF YOUR INCISION

- At first your incision will be covered by a dressing, which your surgical team will remove.
- If the incision is draining, it will need a dressing; the nurse will change it as ordered.
- Look at your incision before you go home so that you can report any changes to your surgeon.
- Your nurse will discuss any special instructions regarding caring for your incision.
- You may shower after the epidural catheter is removed. Have someone help you the first few times. Soap and water on the staples is not harmful and will help the skin to heal. Rinse the soap off well and pat dry.



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BLADDER/BOWEL FUNCTIONS:

- A Foley catheter is inserted during surgery to drain urine from the bladder. The catheter will generally be removed the third day after surgery.
- You may also have gas pains for several days before your bowel function returns to normal. Walking and increasing your activity is the most effective method of relieving gas pain.
- You may experience some constipation after surgery. Increasing fluids and fiber in your diet can minimize the constipation.

DISCHARGE INFORMATION

- You will be ready for discharge 5-6 days after surgery. However, discharge depends on your specific needs. If you have questions or concerns about your discharge plans, speak with your doctor, nurse, vascular nurse practitioner, or social worker.
- Any drains and tubes (such as Foley catheter to drain your bladder or intravenous tube to give you fluids), which were inserted during surgery, will be removed as soon as indicated.
- Specific instructions about discharge will be given to you before you return home.
- If needed, a visiting nurse may be recommended.
- Discharge time is 10 a.m.



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GENERAL DISCHARGE INSTRUCTIONS

The following are general guidelines. Individuals vary in returning to their usual activity. Your physician and nurse will review information that is specific for you.

DIET

- Follow a prudent diet, which stresses moderate restriction of salt and fat. A copy of this diet that is recommended by the American Heart Association is included in this packet.
- If you have other medical problems, other dietary changes may be needed.
- A nutritionist will be available for consultation.

ACTIVITIES

- Gradually increase your activities. Do not overexert yourself to the point of fatigue. If you become tired, rest more. Gradual return to your normal, full activities over a 4-8 weeks period is recommended.
- Walking, especially outdoors in good weather, is encouraged. Walking is the best exercise for your circulation. Walk short distances, even in the house, and gradually increase the distance as tolerated.
- Climbing stairs is generally permitted but it is usually recommended that you climb them slowly and pause after every few steps.



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- Except for meals, when not walking, lie down or rest in a recliner chair, or on the couch. Reclining is usually more comfortable than sitting in a straight chair, and elevation of the feet helps prevent swelling.
- Driving, returning to work, and resuming sexual activity should be avoided until after the first post-discharge visit with the surgeon. These activities will be discussed at this time.
- Riding in a car as a passenger is permitted. Stop every hour to exercise your legs. Plan short trips (about 1 hour) before you try long ones.
- As you may tire easily, it is advisable to have someone available to help you at home if necessary.

BLADDER/BOWEL FUNCTIONS

- You should be able to pass urine without difficulty. Call your doctor if you experience any burning, pain, bleeding, hesitancy, or frequency.
- You may experience some constipation after surgery. Increasing fluids and fiber in your diet can minimize the constipation.

INCISION CARE

- A warm shower is recommended for comfort. Wash over the incision with soap and water and pat dry. Do not rub and do not apply cream, lotions, ointments, or powders.
- A bandage is usually not needed.
- Mild swelling, small black and bruised areas, or small amounts of drainage may be observed.



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- Look at your incision daily to see if there are any changes and report any changes to your surgeon.

MEDICATIONS

- Prescriptions for new medications started during this admission may be given to you on the day of discharge.
- Resume your previous medications unless specifically advised otherwise by the doctor or nurse practitioner.

HOME CARE

- It is not unusual that you tire easily, occasionally feel “blue,” and may not have much energy for a few weeks after discharge. It is wise to plan for household assistance during this time.
- Speak with your social worker to discuss your needs and available resources. Referral to a visiting nurse or home care agency is usually not needed.

FOLLOW-UP CARE

Primary Care Physician

- See your local physician within 2 weeks for reevaluation of your blood pressure and medications.
- Your surgeon will send a report of your hospitalization to your local doctor at the time of your surgical office visit.

Your Surgeon

- Call your surgeon’s office for an appointment when you go home. He/she will usually want to see you 7-10 days after discharge.



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DENTAL WORK

- If you require dental work or other procedures associated with bleeding during the first year after surgery, notify the dentist that you have a graft on your abdominal aorta. The doctor will usually follow prescribed guidelines for giving antibiotics before dental or other procedures.

GOOD HEALTH PRACTICES

Smoking Cessation

- **DO NOT smoke.**
- Research has proven that smoking contributes to the progression of vascular disease and may contribute to the closing of the bypass graft. Discuss ways to stop smoking with the nurse practitioner or social worker. In addition, call the Cardiac Rehab Unit at 212-263-6129 for information on programs to help you stop smoking.

Cholesterol Management

- Follow a well-balanced diet, which includes a moderate restriction of salt and fat. A copy of the Prudent diet that is recommended by the American Heart Association is included in this packet. Though not proven to prevent atherosclerosis, following this diet may reduce the risk of the condition progressing. Ask to speak to the nutritionist if you want more information on this diet.
- It is important to maintain a normal blood cholesterol level to help prevent progression of your vascular disease. See your internist or cardiologist for optimal control of your cholesterol.

Diabetes Management



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- If you have diabetes, it is important to maintain your blood sugar under good control. This chronic disease also contributes to the progression of vascular disease.
- Check your blood sugar at home as recommended by your doctor.
- Follow dietary guidelines recommended by the nutritionist.
- If you have diabetes, it is very important that you perform the recommended daily foot care. Follow the guidelines included in this packet.

Foot Care

- Wash your feet daily. Wash between toes and around nails, using lukewarm water and mild soap (e.g., unscented Dove) and pat dry. Avoid deodorant or perfumed soaps.
- Look at your entire foot every day. Especially check heels and between toes for blisters, cracks, cuts, redness, discoloration, wetness, swelling, tenderness, or pain. If you experience any of these, notify the nurse practitioner or surgeon no matter how small or insignificant they may seem.
- Lubricate foot and lower leg with moisturizing lotion. Do not put on ulcers, black or crusted areas, or on the soles of your feet.
- Separate toes with thin gauze pads.
- Wear a clean, soft, white, or light colored sock.
- Never walk without proper foot wear. Always wear slippers or soft roomy shoes that cover entire foot. Avoid slip-on slippers or shoes. Specific instructions on treatment of ulcerations will be given at time of discharge.



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After you have completed reading this handout, please speak to your nurse regarding any additional questions or concerns you may have. Please remember that we would like to make your stay as comfortable as possible.

Thank you.

SURGEON'S NAME: _____

SURGEON'S NUMBER: (212) 263-7311

**YOUR NEXT OFFICE
VISIT/APPOINTMENT:** _____

(Day)

(Date)

(Time)



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WHEN SHOULD I CALL THE DOCTOR?

Contact your doctor for the following symptoms (possible danger signs):

- ◆ Increased redness, tenderness, or pain at the incision.
- ◆ Increased drainage from the incision.
- ◆ Fever over 100.4° F orally on two occasions during the first 3 weeks after surgery. For a reliable temperature reading, do not take aspirin, acetaminophen (Tylenol), or ibuprofen for 3-4 hours before checking your temperature. Hot liquids should not be taken immediately before checking your temperature.
- ◆ Nausea, vomiting, abdominal cramps, or diarrhea.
- ◆ Back pain, new abdominal pain, or chest pain.
- ◆ Changes in color or sensation in the feet or legs.
- ◆ Prolonged or unusual fatigue, disorientation, confusion, and depression.
- ◆ Signs of a bladder infection such as burning, pain, bleeding, hesitancy or frequency in urinating. If a bladder infection is suspected, a urinalysis must be done. A course of antibiotics will generally resolve the problem.