



Endovascular Graft Repair of Abdominal Aortic Aneurysm

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INTRODUCTION

You are scheduled for admission and surgery to NYU Hospitals Center for **Endovascular Graft Repair of the Abdominal Aortic Aneurysm**. 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 the information packet to the hospital, as staff will be reviewing it with you.

It is anticipated that you will be **ready for discharge 1 to 2 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-surgery visit. The health care team will be helping you with any concerns you have about discharge. If you have any questions, please speak with your physician or nurse.



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BEFORE SURGERY

MD OFFICE

You will be given a pre-admission packet in your doctor's office or in 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.
- A consent form that you will sign giving your permission for the surgery, after it has been explained to you.

In addition, you will:

- Discuss when to discontinue medications such as Ecotrin, Plavix, Coumadin, diuretics, and blood pressure medicines.

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 your surgeon's service.
- 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.
- You may meet with a social worker to discuss your discharge needs.



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ADDITIONAL PREPARATION

One Week Before Surgery:

- Avoid aspirin, products containing aspirin and medications from the class known as non-steroidal anti-inflammatory agents, 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.

The Day and Night Before Surgery:

- Take a Dulcolax (bisacodyl) 10 mg suppository the day before surgery if you did not have a bowel movement. You do not require a prescription for this medication. It can be purchased in any drug store and many supermarkets.
- **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 physician, 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), diabetic, or blood pressure 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.

- Immediately 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 (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 2-4 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).

Immediately after surgery, you will be taken to the PACU on the 6th floor until the effects of the anesthesia wear off.

From the PACU, you will be transferred to a monitored room, which may be located in a post-operative on a Surgical floor or in the Cardiac and Vascular Center on HCC 13. On the first post-operative day, you will transfer from a postoperative unit to a regular room.



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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 your recovery.

ASSESSMENT

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

DIET

- Initially in the PACU, you will not be given anything by mouth. Fluids will be given intravenously (IV). The IV is to help avoid nausea and vomiting while you are recovering from anesthesia. Later that evening, you may be given liquids as tolerated.
- When you are tolerating liquids, you will be advanced to your usual diet.

ACTIVITY

- You will remain in bed on the day of surgery.
- 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. Continue with the coughing and deep breathing exercises, and use the incentive spirometer every hour.



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- You will be helped to get out of bed the day after surgery to a chair and assisted to walk. Walking is important. Try to walk short distances a few times a day. Ask for help from staff as necessary.
- You can shower 48 hours after surgery with soap and water. Pat dry.

COUGHING/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 maximum 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 pain medication.
- 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 by injection or through an epidural catheter. When you are able to take liquids, it will be given in pill form and the catheter is removed.



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- In addition, it is important that you get out of bed on the day following your surgery; it may be helpful to take pain medications before this activity.

CARE OF YOUR INCISION

- Your incision will be covered by a dressing, which your surgical team will remove on the second postoperative day, or before your discharge home.
- Your sutures are under the skin and will dissolve in time. Small bandages called “steri-strips” cover the incision. After 3 to 4 days, these will start to roll up at the edges and can then be removed.
- 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 on the second postoperative day. Have someone help you the first few times. Soap and water on the incision is not harmful. Rinse the soap off well and pat dry.

BLADDER/BOWEL FUNCTIONS

- A Foley catheter is inserted during surgery to drain urine from the bladder. The catheter will generally be removed the morning after surgery.
- You may experience some constipation after surgery. Walking and increasing fluids and fiber in your diet can minimize constipation.



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DISCHARGE INFORMATION

- You will be ready for discharge 1-2 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 a Foley catheter to drain your bladder or an IV 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-week 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.
- Except for meals, when not walking, lie down or rest in a recliner chair or on the couch. Reclining is usually more comfortable than



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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-operative 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. Call if you experience a decrease in amount of urine.
- You may experience some constipation after surgery. Walking and increasing fluids and fiber in your diet can minimize constipation.

INCISION CARE

- A warm shower or tub bath 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. Apply gauze over the incision. Hold the gauze in place with underwear or jockey shorts to prevent irritation and to keep dry.
- 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. Male patients may notice swelling in their scrotum. Support will be provided by wearing jockey shorts or an athletic support. The swelling dissipates over 1-2 weeks.

MEDICATIONS

- Prescriptions for any new medications started this admission will be given to you on the day of discharge.
- Resume your previous medications unless specifically told not to do so by the doctor or nurse practitioner.

HOME CARE

- It is not unusual that you tire easily, occasionally feel “blue,” and feel a lack 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.

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.
- Referral to a visiting nurse or home care agency is usually not needed. However, you can discuss this with the health care team.



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Your Surgeon

- Call your surgeon's office for an appointment when you go home. He/she will usually want to see you 4 weeks after discharge. Call and make an appointment for a CAT Scan the same day as you see your surgeon. If you have an allergy to contrast dye, be sure to inform your doctor. You will then be instructed to take steroids before the scan.

Surgeon: _____

Telephone Number: (212) 263-7311

Date of Appointment: _____ / _____ / _____
(Day) (Date) (Time)

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 in your aorta. The doctor will usually follow prescribed guidelines for giving antibiotics before dental or other procedures.

GOOD HEALTH PRACTICES

Smoking Cessation

- **AVOID smoking.**
- 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.



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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

- 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 the 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 the toes for blisters, cracks, cuts, redness, discoloration, wetness, swelling, tenderness, or pain. If you experience any of these symptoms, notify the nurse practitioner or surgeon no matter how small or insignificant they may seem.



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- Lubricate feet and lower legs with moisturizing lotion. Do not put lubricates 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 footwear. 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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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
- ◆ Fevers are common after endovascular surgery. Please call if you have a fever over 100.4°F orally on two or more 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
- ◆ Development of a lump in the groin
- ◆ Changes in color or sensation in the feet or legs
- ◆ Prolonged or unusual fatigue, disorientation, confusion, and depression