Recovery from Endovascular Surgery for Abdominal Aortic Aneurysm Repair

Information for patients and carers

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Introduction

You are having, or may have had endovascular 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 – Endovascular 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 an endovascular repair of your aortic aneurysm.

Endovascular surgery for aortic aneurysm repair involves placing a stent into the artery spanning the aneurysm. The surgeon enters the artery via an incision in the groins. Radiology doctors are also present as the stent is guided with X rays. There is no major abdominal surgery involved, and therefore a safer procedure and recovery is quicker. Follow-up with regular scans will be required to monitor the position of the stent.

The picture of your scar
Your early recovery on the ward

Most patients will return to the ward after their operation. You may still have a drip, a catheter and oxygen initially which are removed over 1-2 days.

Pain

The incisions (cuts) in your groins are 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 tingles and aches for a few weeks.

Eating and drinking

Usually on the morning after your operation you will be able to eat breakfast and a light diet.

It is normal to lose your appetite after surgery; as a result of this you may lose a little weight. If needed, you can be seen by a dietician, who might recommend that you take supplementary drinks in order to support your recovery.

Your wound

There will be a dry dressing over the wounds in your groins. 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 practice nurse 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
By day 2 you should be finding it easier to walk around the ward area, and by day 3-4 you should be independently walking the full length of the ward. Moving around will not cause any damage to the graft, or to your wound, and will help your recovery. If needed, a physiotherapist will give you individual assistance and instructions to help you regain your normal mobility.

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
Most patients go home 3-5 days after their surgery, although this maybe longer if complications occur.

Preparing for home should start as early as possible. 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, 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 couple of weeks to feel ‘back to normal’, and can depend 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 wounds become red, sore or there 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 4 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!

It can take several weeks to make a full recovery. During this time, you should not lift heavy objects, or undertake strenuous activities or sports such as golf. 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 4-6 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. Rarely, men can 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 or consultant will be able to refer you to a specialist.

**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.

**Exercise programme**

Here are some tips for planning your exercise at home but your ability to exercise will depend on your fitness before surgery.

- **Week 1**  
  Walk gently around the house and garden. Take an afternoon nap if needed.

- **Week 2**  
  Take a daily 5-7 minute small walk around your house and garden. Take an afternoon nap, if needed.

- **Week 3**  
  Take a short 7-15 minute walk in the morning and afternoon. Take a nap in the afternoon if needed.

- **Week 4**  
  Take a 15-20 minute walk, twice a day if possible. Some days you might need a 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 booklet 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, or call for an ambulance.

Outpatient Follow Up

After endovascular repair, the stent will be scanned at 6 weeks, 6 months and then every year, to make sure that the stent is in place and not leaking. At your first follow up appointment you will see the doctor in clinic as well, to check on your recovery. For future appointments you may be sent the appointment for the scan, which is sent back to the consultant. If the scan is normal the consultant may not need to see you. About 10% of patients may need further treatment based on the results of their follow up scan.
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 counsellor, 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

Boosts 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.
## A record of your recovery

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<thead>
<tr>
<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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<tr>
<td>Glossary</td>
<td>Definition</td>
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<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>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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<tr>
<td>Deep vein thrombosis</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>Endovascular</td>
<td>A procedure/operation that is performed from with the blood vessel.</td>
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<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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Useful numbers and contacts

Vascular Ward 517: 0121 371 5170

Medical Secretaries for:

 Secretary to Mr. A. Tiwari                      Telephone: 0121 371 4903
 Secretary to Mr. M. Kay                        Telephone: 0121 371 4901
 Secretary to Mr. R. Vohra                      Telephone: 0121 371 4909
 Secretary to Mr. A. Edwards                    Telephone: 0121 371 4908