



Open Aneurysm Repair Discharge Advice

You have had an open aneurysm repair and this leaflet will give information on some of the things you may experience and how best to look after yourself once home.

Helping you plan for discharge home

Preparing for home should begin as early as possible, and ideally you should start to think about this prior to your admission to hospital. Discharge home is dependent on a number of factors including the length of your stay. If you do not have someone to look after you at home 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 food items means you do not need to go shopping immediately. You should also consider and make provisions for your transport home after discharge as you will be unable to drive.

If there are complications with your recovery you may need to stay in hospital a little longer.

Your recovery at home

Recovery times vary, and it can take several weeks or months to feel 'back to normal'. It also depends on your health and activity before surgery. Before going home, an occupational therapist may assess you to see if you are having any difficulties with any activities of daily living or if you require any equipment to help you to return to normal. The physiotherapy team will give you some general exercises to improve your strength and the length of time you can do exercise for.

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 increasingly red, sore or is oozing please let your GP know, as this could be a sign of an infection. A dressing is not required unless the wound is oozing. Protecting your scar from exposure to sunlight during the first year after having surgery will prevent the scar becoming darker.

The wound will appear to have healed within two weeks or so, but the underlying tissues can take several months to heal completely and you may find the scar and wound are lumpy and quite hard for several months. Following your surgery you may have bruising over your abdomen. This is normal and will disappear within a couple of weeks. You may also get swelling around the lower part of your abdomen and genitals. This should also get better within a week or so but sometimes can take a little longer.

Sleeping and feeling tired

It is normal to feel tired for at least 6 to 12 weeks after your operation and you may feel low in spirits. You will probably find it beneficial to have a short sleep in the afternoon for a few weeks until your body gradually recovers from the surgery and your level of activity increases. It is good for you and your family to be aware of this and not to worry.

Diet/appetite and bowel movement

It can take a few weeks for your appetite and diet to return to normal and to regain the weight you will have lost in hospital or when at home. Try taking smaller regular meals and eat what you fancy when you want to until your appetite returns back to normal. You may find your bowel motions take time to become more regular again. This is usual after surgery because of pain killers and poor mobility. If you have been given a laxative in hospital for constipation, ensure you take this as prescribed. If not then please contact your GP.

Mobility, hobbies and activity

It's important to start slowly. The muscles underneath your wound may take up to six to eight weeks to heal completely. During this time you should not lift heavy objects, or do any strenuous activities or sports. Walking is an excellent form of exercise not only for your muscles but also for your heart and lungs.

As a guide, take it easy at first. You will tire easily and will need to rest but do not stay in bed. Some days you will feel better than others. Go for a short walk for about five minutes. If you feel fine build up your time by five minutes a day until you are walking for one to two miles a day. You should be able to talk at the same time as walking. If you are unable to do this you are probably doing too much and need to cut back slightly.

Remember do not try and do too much too quickly. You will be able to manage light work around the house, in the garden and at work when you feel fit and able. However, avoid any heavy lifting for the first six weeks after your operation. Activities like vacuuming, mowing the lawn and carrying shopping should be avoided for the first four to six weeks. Being a little cautious will help reduce the risk of a hernia developing. Excessive activity will cause pain rather than actual damage. This is nature's way of telling you to slow down.

Working

If your job involves heavy lifting ask for advice from your consultant at your first outpatient appointment. When to return to work will depend on the type of job that you do. Most people need to wait six to twelve weeks before returning to work, and may work shorter hours for a few weeks, and build back up to their normal hours. Your GP/occupational health department will be able to advise you further.

Sex

You can resume your sex life when you feel comfortable. Up to 10% of men have problems keeping an erection after this operation, as the nerve supply may be disturbed. It's 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

You can start driving as soon as you are able to do an emergency stop. You can practise this in the car without the engine on. If you drive a manual car you need to be able to lift both legs at the same time to push down on the brake and clutch, quickly and forcefully. If this causes you pain, then you are not ready to drive yet. Sometimes this can take up to six to eight weeks after your operation. If you are in doubt, you should check with your GP your insurance company

Managing Pain

Your hospital doctor will prescribe pain medicines to use at home, try taking them at the same times each day for 3-4 days and do not stop them as they are more effective this way. Try getting up and moving around if you are having some pain in your tummy, this may ease the pain. In the early days at home, if you need to cough or sneeze you may find pressing a pillow over your incision will ease discomfort and protect your incision.

Medication

Whilst you are in hospital there may be some changes to your regular medication. Please check the names of medication you are being discharge home with. If you are unsure what they are for please ask a doctor looking after you before you go home.

Your doctor may recommend you take a medication to lower your cholesterol (statin) and a drug to help stop your blood being sticky (Aspirin/Clopidogrel), these are thought to help the blood flow through your arteries more easily and reduce your risk of heart attacks and stroke.

Exercises

Exercising after your operation will help your recovery and allow a quicker return to a normal daily life. It will stop you from stiffening up, strengthen your muscles and can also give you a general feeling of wellbeing, help you to regain normal posture and improve your strength and fitness. It's easy to develop poor posture after an operation, so it's important to stand and sit up straight at all times to prevent this.

When you first stand up you may feel some pulling on your stomach wound. This is normal. As scar tissue forms, it shrinks; so it's very important to stand tall with your shoulders back, not leaning forwards. Standing in front of a mirror can help you to check on your posture.

Week 1: Walk gently around the house, stand up straight avoiding crouching over, sit down when you begin to feel tired. You will probably feel like having an afternoon nap.

Week 2: Take 3-5 minute small walks at least twice a day around your house or garden. Take an afternoon nap, if needed.

Week 3: Take a couple of short 5 to 10 minute walks around the house, garden or outside (if you feel strong enough) in the morning and afternoon. Take a nap in the afternoon if needed.

Week 4: Take a 10 to 20 minute walk, at least twice a day. You may also still need a daily nap.

Breathing exercises

To start with, due to pain and tiredness, deep breathing may be difficult. This can lead to closure of small areas in your lungs. Phlegm may also build up and can cause a chest infection. To avoid this you need to do breathing exercises.

The active cycle of breathing technique (ACBT) is a breathing technique used to clear phlegm and re-inflate your lungs. It has three parts:

- breathing control
- deep breaths
- huff or cough

Your physiotherapist will advise you on how often you will need to do your breathing exercises but it's usually once every hour that you are awake. Firstly, find a comfortable well supported position, ideally sat out in the chair or sitting upright in bed. Relax your neck, upper chest, shoulders and arms.

Breathing control

- Rest your hand lightly on your stomach.
- Breathe in and out quietly and gently through your nose if you can.
- As you breathe in, your stomach should rise.

Deep breaths

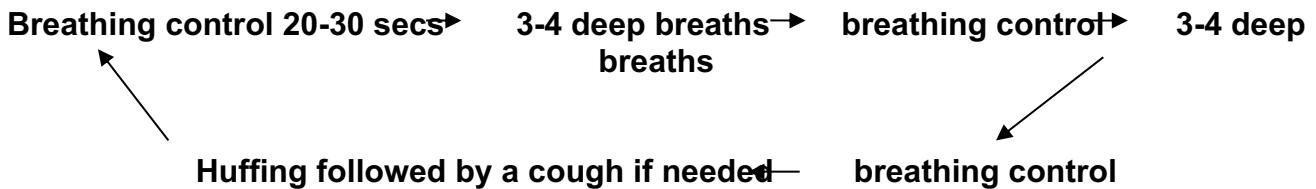
- Deep breaths help to get the air behind the phlegm that is stuck in your airways. Try to hold each deep breath for the count of three as this will also help to re-inflate your lungs.
- Take a long, slow deep breath in through your nose and out gently through your mouth.
- Try to breathe right down to the bottom of your lungs, expanding your ribcage
- Aim to do three to four deep breaths before returning to breathing control. You may need to do a few cycles of deep breathing and breathing control before doing a huff (see below) if your phlegm is sticky.

Huff

- A huff is similar to a cough but you aim to keep your mouth and throat open.
- Imagine you are trying to steam up a mirror right in front of you.
- Take a breath in and then force the air out quickly, keeping your mouth open.
- If you wheeze as you exhale you are huffing too hard.

Cough

- After doing a huff you may need to do a good strong cough and bring your phlegm out into a pot or tissue. When coughing and huffing always use a rolled up towel to support your wound, hugging it in firmly. This will make coughing more comfortable. It's important to clear the phlegm off your chest after the operation to prevent a chest infection.



Exercises to improve your circulation

These exercises will improve the circulation in your legs and are important to reduce the risk of blood clots. Try and do these exercises three times a day, when you are in bed or sitting on a chair.

Brace your knees

- Lie on the bed with your legs straight or if you are sat in a chair slowly straighten one leg.
- Brace your knee by pushing the back of your knee down and into the bed.
- Keeping your leg straight, draw your foot towards you and hold for five seconds.
- Repeat five times on each side.

Knee-bend and straighten

- Sitting on a chair or in bed, bend and straighten your leg ten times on each side.

Ankle circles

- Move your foot in a circle, repeating ten times with each foot. Make sure your heels are free from rubbing on the sheet

Marching on the spot

- Sit on a chair and march on the spot with your feet ten times.

Knee rolling

- Tighten your tummy muscles by gently pulling your tummy button into your back, breathing normally. With your knees bent and your feet resting on the bed, gently roll your knees to one side as far as is comfortable. Repeat on the other side. This exercise can help with trapped wind.

My notes

Use this space to record anything you wish to make a note of, such as questions you would like to ask your healthcare professional next time you meet.

.....
.....
.....
.....
.....
.....
.....
.....
.....

Accessibility

To view this information in a different language or use the text-to-speech reader visit www.uhb.nhs.uk, click the yellow and black circular icon in the bottom right of the web page to open the ReachDeck toolbar and then use the search bar to search by the name of the leaflet. If you require this information in another format such as braille or audio please email interpreting.service@uhb.nhs.uk.



How did we do?

If you have recently used our services we'd love to hear about your experience. Please scan the QR code or follow the link to share your feedback to help us improve our services. Thank you! www.uhb.nhs.uk/fft

