

Abdominal and Thoracic Aortic Aneurysm Surgery

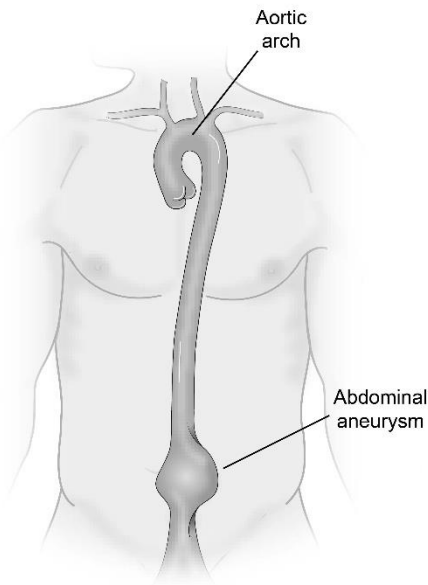
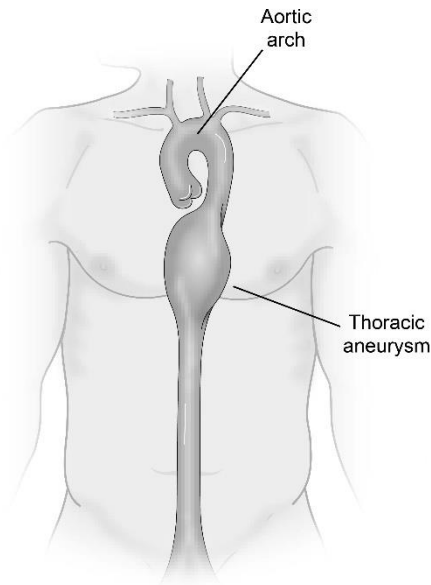
The Aorta

There are two types of blood vessels in the body – arteries and veins. Arteries carry blood rich in oxygen from the heart to all the organs of the body. Veins carry blood back to the heart. The aorta is the largest artery in the body. It is also the most important blood vessel. If there is a problem with your aorta or arteries, there is less blood flow to the rest of your body.

Aortic Aneurysm

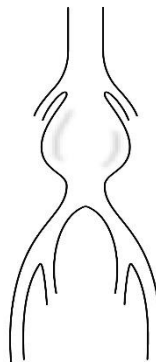
An aortic aneurysm is a weak part of the artery, that develops over time. The wall of the aorta weakens and gets bigger like a balloon. Aneurysms can be in the chest or in the abdomen. In the abdomen, it is called an abdominal aortic aneurysm (AAA).

If it is in both the chest and abdomen, it is called a thoraco-abdominal aneurysm (TAA). If the aneurysm bursts or tears, it may cause life-threatening bleeding.

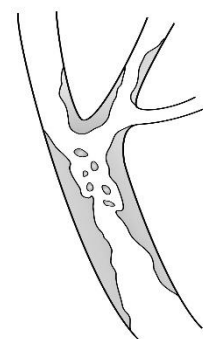


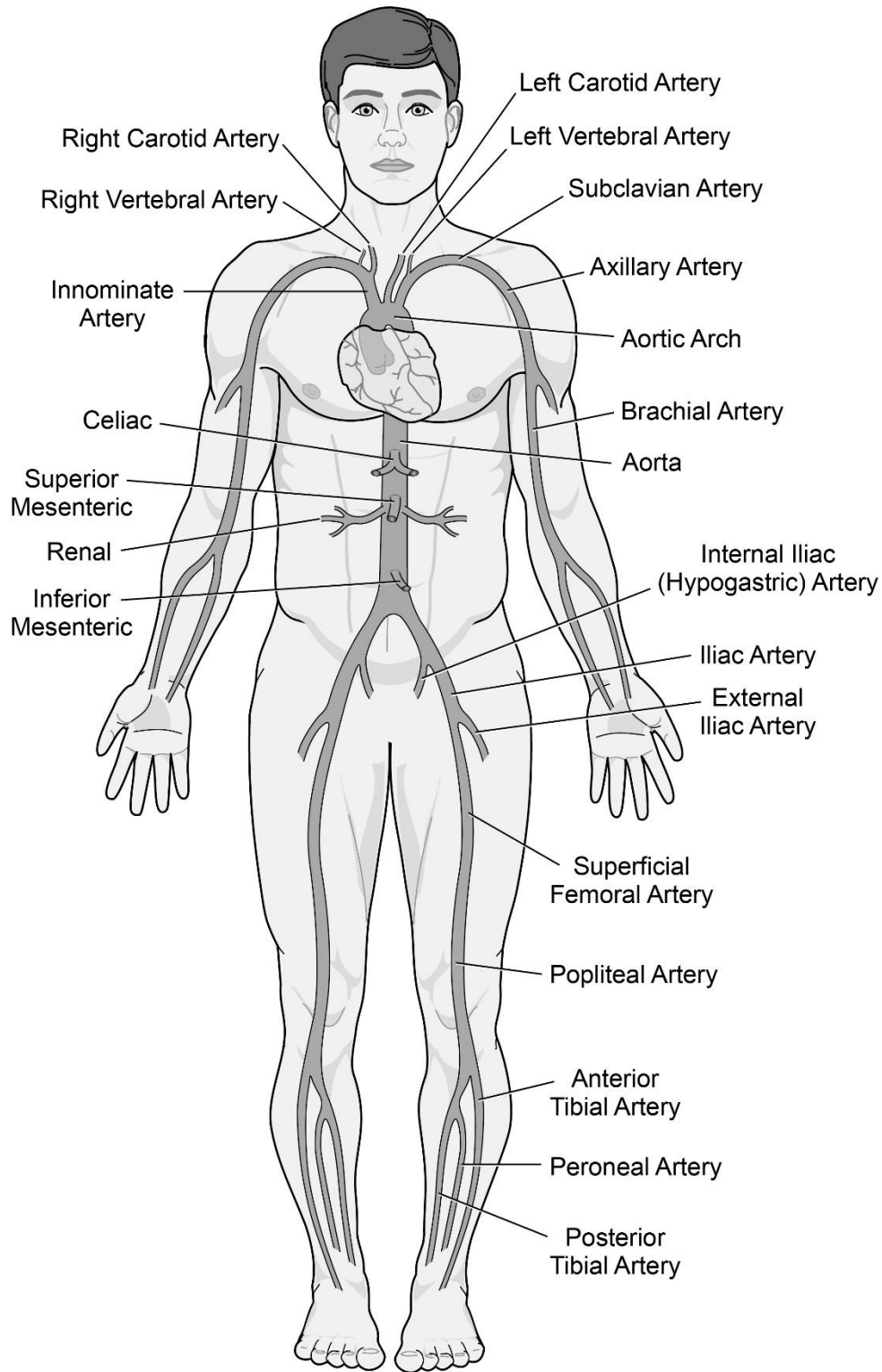
Blood clots can also form in aneurysms. Blood clots stick to the wall of the arteries and can break off and block blood flow. This is called an embolus.

Aneurysm



Embolus





Risk Factors

Risk factors that can be changed or treated:

- Tobacco use and exposure to second hand smoke
- Hypertension (high blood pressure)
- High cholesterol
- Diabetes

Risk factors that cannot be changed:

- Aging
- Sex (males have a higher risk)
- Family history of aneurysms

Symptoms of Aneurysm

You may not have any symptoms, or you may notice:

- Back pain
- Abdominal pain
- Chest pain (thoracic aneurysm)
- Pulsating feeling in abdomen
- Discolored feet

Diagnostic Tests

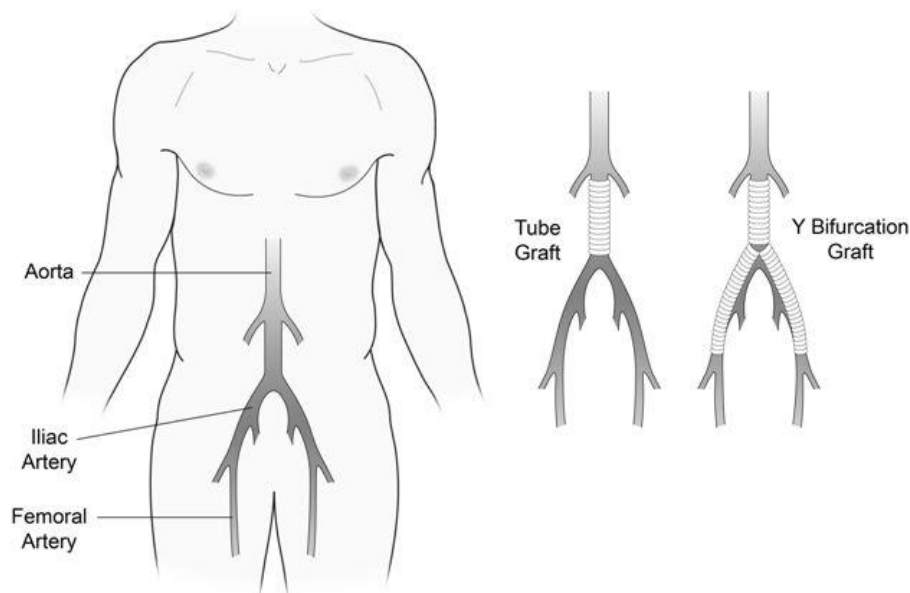
You may have tests to find out more about your disease. These may include:

- Computerized tomography (CT)
- Ultrasound
- Magnetic resonance angiogram (MRA)

Surgery

Surgery to fix an aortic aneurysm is done under general anesthesia. This means you will be asleep during surgery. Your incision will be on your chest or abdomen. You may also have incisions in your groin.

The surgeon will put a clamp above and below the damaged part of your aorta. The surgeon will open the damaged part of your aorta, and sew a graft into it. A graft is made of special fabric and will make the walls of the aorta stable. The incision will be closed with staples or stitches. The surgeon will put a dressing on your incision.



What to Expect after Surgery

After surgery we may move you to an intensive care unit (ICU) or to an intermediate care unit (IMC). We will closely watch your heart rate, blood pressure, and blood oxygen level.

When you wake up you will have some tubes and lines attached to you.

Breathing tube-You may have a breathing tube to help you breathe. We will take it out when you can breathe on your own.

IV-You will have an IV in your arm or neck. The nurses will use the IV to give you medicine and fluids.

Arterial line-You will have an arterial line in the artery in your wrist. The arterial line is used to measure your blood pressure and draw blood.

Urinary catheter-You will have a urinary catheter in your bladder to drain urine.

You may have other drains in your stomach, incision, chest, or spine.

The nurses will give you pain medicine to help with pain.

You will not be able to eat or drink for a few days. You will slowly be able to eat more each day. You will work with nurses and physical therapists to get back your strength.

Most patients can go home within 5-7 days.

Wound Care

Your incision is closed with stitches or staples. You will receive care instructions before you go home.

- You may get it wet in the shower. Do not swim or take tub baths.
- You may clean the incision gently with mild soap and water.
 - Remove any dried drainage. Do not scrub the incision.
 - Rinse it and pat dry.
- Do not use any lotions, alcohol or powders.
- Most incisions can be left open to air **except** for incisions in the groin. These should be covered with a dry gauze dressing or Mepilex dressing. Be sure your incision is dry before you apply the gauze or Mepilex dressing.
- Your stitches or staples will be taken out at the clinic.

Activity

When you go home you should be able to do most of your basic daily routines. You will need to give yourself time for rest. You will tire easily. You may feel weaker. This is **normal**. Your strength and energy level will increase as your body heals.

Walking is good for you. Start slowly and increase your distance a little bit each day. This will help you get stronger. Walking also helps prevent constipation and blood clots.

You will have some restrictions. For the first few weeks after surgery:

- Do not lift more than 10 pounds during the first 6 weeks at home. This includes groceries, pets and children. One gallon of milk weighs about 8 pounds.
- Do not drive until your doctor says it is okay. **Do not** drive while taking opioid pain medicine.
- Do not play contact sports or any exercise other than walking until your doctor approves.
- Ask your doctor at your first clinic visit when you may return to work and resume sex.

Pain

It is normal to have some pain at your incision. You may also have pain in your abdomen, chest, back or groin. The pain will decrease as the incision heals. You should take pain medicine as prescribed and ask your provider what over-the-counter medicines are safe for you to take. Do not drive while taking opioid pain medicine.

Opioid pain medicine can make you constipated. Use over-the-counter stool softeners as needed. Drink plenty of fluids and eat high fiber foods. Fruits and vegetables (prunes, raisins, apples, oranges, potatoes, spinach and carrots) and whole grain breads or rice have fiber. Staying active also helps prevent constipation.

Diet

You may lose your appetite and even lose weight. Try to eat a healthy diet to help your body heal. You may want to eat small amounts of food several times a day instead of eating three large meals.

You should also drink plenty of fluid. Dehydration can make you feel more tired and weak. Drink at least 8 to 10 eight-ounce

glasses of fluid each day. Water and milk are good options. Limit the number of drinks with caffeine (soda, coffee) because they can dehydrate you.

Eat a heart healthy diet:

- Eat less saturated fat. Eat less fatty meats, fried foods, butter and whole milk dairy products. Eat more fish, chicken, turkey and veal and less beef, lamb and pork.
- Limit eating organ meats (liver, kidneys, etc) to once a month.
- Use polyunsaturated oils, such as canola, safflower, soybean, sunflower, sesame and cottonseed oils.
- Drink skim milk instead of whole milk.
- Eat sherbet or Italian ice instead of ice cream.
- Eat less trans fats. Eat less sweets such as donuts, cookies, and desserts.
- Eat less carbohydrates.
- Eat less sugars and sweetened drinks.
- Eat less sodium. Do not add extra salt to your food.
- Eat less processed foods.
- Eat less cholesterol. Eat less egg yolks and shrimp.

Antibiotics

If you have an artificial graft, you will need antibiotics before dental cleanings or dental procedures for the first year after your surgery. Tell your dentist or doctor about your artificial graft so you can get antibiotics. This may prevent a graft infection.

Leg Swelling

As you become more active, your legs may swell. If this happens, elevate your legs when you sit. Your doctor may want you to wear stockings or ace bandages when you go home. These help reduce swelling and return blood to the heart. Apply them before walking. If you wear ace bandages, they should be wrapped snugly from toe to knee. Your nurse will show you how to wrap them. Remove them when you go to bed.

You may need to wear stockings or ace wraps for the first 2 weeks, or until the swelling is gone. If you still have swelling, keep wearing them for support. Ask your provider when you can stop wearing them.

Do not wear clothes that constrict your legs or feet such as tight socks or garters. Buy shoes that fit well to prevent pressure sores or swelling in your feet. Wear socks with your shoes to prevent blisters.

Smoking

Try to quit smoking. Smoking delays wound healing, and can decrease blood flow, shrink arteries, and raise your blood pressure. If you'd like help quitting, call the Quit Line: **1-800-QUITNOW (784-8669)**.

Follow Up

You will come to the Vascular Surgery Clinic about 2 weeks after you go home. If you still have staples or stitches, they may be removed at this visit.

When to Call

- An increase in redness or warmth at the incision site.
- Red streaks on your skin that extend from the incision.
- Bulging or swelling at the incision.
- New drainage or bleeding from your incision. Call if drainage is cloudy, yellow, green or foul-smelling.
- Open spots between the stitches or staples where the skin is pulling apart.
- Skin along the incision is getting darker or turning black.
- Sudden increase in pain that is not relieved by pain medicine.
- A fever greater than 101.5°F (38.5°C) by mouth for two readings taken 4 hours apart.
- New weakness or numbness in your legs or feet.
- Cold or discolored legs.
- Numbness, tingling or loss of movement in your legs.
- Sudden increase in tenderness or swelling in your leg.

Who to Call

Vascular Surgery Clinic
8:00 am to 5:00 pm Monday through Friday
(608) 263-8915

After hours, please call **(608) 263-6400** and ask for the “vascular surgery doctor on call.”

Give your name and phone number with area code. The doctor will call you back.

Toll-free- **1-800-323-8942**.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 08/2023 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#4885.