



GEELONG VASCULAR SERVICE

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POST OPERATIVE CARE FOLLOWING ENDOLUMINAL STENT GRAFT REPAIR OF ABDOMINAL AORTIC ANEURYSM

These notes are intended to assist you in your care after endoluminal stent graft exclusion of your abdominal aortic aneurysm.

The approach to endoluminal grafting of your abdominal aortic aneurysm is through a small incision in each groin. The appropriate anaesthetic used in your case will be based on a decision made between yourself and an anaesthetist who will also be involved in your operation. The graft is deployed by negotiating a small plastic tube through an incision in each groin artery and into the arteries of your abdomen and pelvis. The graft is guided into position using x-rays, then expanded and secured in place to restore normal flow through the aorta and iliac arteries. Following graft deployment the groin wounds are closed, usually with dissolving sutures. You will then be transferred to the Intensive Care Unit for post-operative monitoring. It is expected that you will be able to eat and drink normally within a few hours of the procedure and that you will be discharged to the general surgical ward the following day. While the nursing staff will take good care of you, it is important that you become involved in your post-operative recovery. You will be advised to sit up in bed as often as you can when awake, take frequent deep breaths and engage in lower limb movement activity to minimise your risks of venous thrombosis. The earlier you are able to get out of bed and mobilise, the quicker your road to recovery will be. It is anticipated that you will be ready for discharge approximately 2-3 days after your operation.

The Risks

Every procedure carries risks. In aortic stenting the important risks include:

1. **Death.** The mortality associated with endoluminal stent grafting approximates that for open surgery and is estimated at being between 1 and 4% for elective procedures. In A/Prof McClure's hands this risk is approximately 0.8%.
2. **Endoleak.** One of the peculiar problems with the procedure is the risk of small vessels leaking back into the aneurysm sac after the graft has been deployed. This can occur in up to 20% of cases but usually carries little significance. If the leak is large, or the aortic sac continues to increase in size, further investigation may be required. This is an uncommon occurrence.
3. **Other uncommon risks** include bleeding, vessel damage, distal embolisation to bowel, kidneys or legs, contrast reaction and complications related to the anaesthetic.

Following Discharge:

1. **Wound Care:** In most cases your wound will be closed by dissolving sutures. It is expected that your wound will be clean and dry by the time of discharge and that you will be able to shower each day; managing the wound simply by patting it dry with a towel. The strength of the wound does not reach its maximum for 6 weeks. Therefore, over this period of time you should avoid heaving lifting or heavy pushing. Any activity that causes wound pain should be avoided. It is not normal for you to have redness, tenderness or bleeding from your wound. If any of these occur you should contact our service, or your GP.
2. **Pain:** You may still require oral analgesics, like Panadol or Panadeine, for wound pain after discharge. Two Panadol tablets every four hours is permitted but if pain is excessive you should contact our service, or your GP.
3. **Fever:** It is not uncommon for patients to develop a transient fever 1-3 days following aortic stent graft deployment. This is related to chemicals that are released from the thrombus within your aneurysm sac. If an elevated temperature or sweating occurs, two Panadol tablets every four hours will help. The sensation should subside over 24 hours. If it persists, or worries you, please call our service or your GP.
4. **Mobility:** It is common for you to feel a little lethargic and in need of regular rests for up to 4 weeks following this surgery. This is quite normal. As each day passes your mobility should increase and by 6 weeks you'd be expected to have returned to normal activity. Walking is good exercise and this should be enjoyed each day after hospital discharge. Provided you feel confident of being able to stop in an emergency, there is no reason for you not to be able to drive a motorcar. The choice of whether to do so is your responsibility.
5. **Review Appointment:** Arrangements will be made for your review appointment with A/Professor McClure at the time of your hospital discharge. This is usually made for six weeks. An ultrasound of your graft will be undertaken prior to this visit.
6. Our staff at Geelong Vascular Service will be happy to handle any concerns you may have should you need to call Monday to Friday 09.00 – 16.30 hours.

I trust your hospital stay is a pleasant one. If you have any queries please do not hesitate to contact me.

Yours sincerely,

A/Prof David McClure
Vascular & Endovascular Surgeon