



GEE LONG VASCULAR SERVICE

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POST OPERATIVE CARE FOLLOWING OPEN ABDOMINAL AORTIC ANEURYSM REPAIR

These notes are intended to assist you in your care following open surgical repair of your abdominal aortic aneurysm.

Immediately following your surgery you will be transferred to the Intensive Care Unit. Here the staff will take care of your early post-operative recovery. Pain from the incision in your abdomen will be managed with either epidural or intravenous therapy. Oral intake will be restricted until your bowel function begins to normalise. You will be permitted to sip water and suck on ice, but a full diet will not commence for 4-5 days. In the intervening period all your nutritional needs will be supplied through an intravenous drip. 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 lower limb movement activity to minimise your risks of venous thrombosis. Stockings will be applied to both legs to help in this regard. A physiotherapist will visit you early in your post-operative course and provide advice to help you achieve early mobilisation. The earlier you are able to get out of bed and mobilise, the quicker your road to recovery will be. Once your condition is considered to be stable you will be transferred to the general ward. On the ward it is expected that a physiotherapist will visit on a daily basis as your needs require. Gradually the pain relief you require will lessen, your wound will progress towards healing and your mobility will increase. Once you are eating and drinking freely, mobilising comfortably and able to attend to most of your daily activities including showering and toileting, you will be able to return home. In some cases coping at home will require the support of extra services and these will be arranged for you prior to discharge.

Following Discharge:

- 1. Wound Care:** In most cases, your wound will be closed by either dissolving sutures or skin staples. If staples have been used they will be removed prior to your discharge. 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 and manage 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 Geelong Vascular Service.
- 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 ring our service or contact your GP.
- 3. Mobility:** It is common for you to feel a little lethargic and in need of regular rest for 4-6 weeks following your 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 pursued 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.
- 4. Warnings:** Excessive pain, swelling of the leg or bleeding from your wound is not expected. If any of these occur please contact our service, or your GP.
- 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, and usually preceded by ultrasound assessment of your aortic graft.
- 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