Recovery at home following endovascular abdominal aortic aneurysm (AAA) repair

Vascular Surgery
Patient Information Leaflet

Surgeons, anaesthetists, radiologists and nurses from Russells Hall Hospital in Dudley, New Cross Hospital in Wolverhampton and Manor Hospital in Walsall are working together as part of the Black Country Vascular Centre (BCVC) to improve the care that patients with vascular conditions receive.
Introduction
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.

Endovascular surgery for aortic aneurysm repair involves placing a stent into the artery around 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 it is therefore a safer procedure with a quicker recovery. Follow up with regular scans will be required to monitor the position of the stent.

Recovery times vary – it can take several weeks to feel back to normal, and it depends on your health and activity prior to surgery.

What do I do about my wound?
There will be a dry dressing over the wounds in your groins. The stitches will usually be dissolvable. If your stitches need to be removed when you are at home this will be done either by a district nurse or a nurse at your GP surgery. They will also check the wound. After two to three days the dressing can be removed if the wound is dry.

You may have bruising and swelling around the genital area which can be extensive; however, this will settle and should not cause any problems. For men, it may help to wear supportive pants such as briefs rather than loose boxer shorts.

When can I wash and have a shower?
Once the dressings have been removed you can take a shower or bath. Ensure the wound is dried well by gently patting it with a clean towel. Do not apply any cream or talcum powder to the area.
Moving around
By day two after your operation you should be finding it easier to walk around the ward area. 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 start moving around normally.

Medication
The hospital doctors will review your medication. Most people will be given a small dose of aspirin to ensure the blood is less sticky, and a statin to reduce your cholesterol levels, if you are not already taking them. If you are unable to take aspirin, an alternative drug may be prescribed. Any blood pressure tablets will be reviewed.

What complications should I 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 that discharged you.

The things to keep a look out for are:
- Pain in your legs when walking
- Pain, redness or swelling in the wound
- Continued poor appetite and upset bowel movements

If these happen to you, please contact the vascular team (see ‘Contacts’ section).

If you develop sudden pain or numbness in your legs that does not get better within a few hours, contact ward B3 at 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 either from your GP or by dialling 999.

If you need to come back to the hospital in an emergency, it is best to ask someone to take you, or call for an ambulance.
Contacts
You can ask a question about your recovery at any time by contacting:
Ward B3, Russells Hall Hospital on 01384 244124 (24 hours daily)
Vascular nurses – Joy Lewis/Sharron Cole on 01384 456111
Ext 2456 (8am to 4pm, Monday to Friday)

Why am I sleepy and tired?
It is normal to feel tired for at least four 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.

Why have I lost my 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 eating small, regular meals. You may find your bowel motions take time to become more regular again. If you find you are constipated, your GP may prescribe a laxative for you.

What about my hobbies and activities?
You will need to start slowly as 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 and tennis. Taking regular exercise such as a short walk combined with rest is recommended for the first few weeks. You can gradually increase the distance and number of walks you do. Doing light household chores and walking around your house is a good starting point.
Exercise programme
Here are some tips for planning your exercise at home. However, 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 five to seven minute small walk around your house and garden. Take an afternoon nap, if needed.

Week 3  Take a short seven to 15 minute walk in the morning and afternoon. Take a nap in the afternoon, if needed.

Week 4  Take a 15 to 20 minute walk, twice a day, if possible. Some days you might need a nap.

When can I go back to work?
When to return to work will depend on the type of job that you do. Most people need to wait four to six 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.

What about 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 per cent 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 reasons patients are advised not to drive for four weeks after this operation. Before you drive you must be confident that you can perform an emergency stop should you need to. If in doubt, you should check with your GP and you should contact your insurance company to make sure you are covered.

Flying
If you are planning to fly, you will need to tell your travel insurance company about the operation to make sure that you are covered.
What can I do to help myself?
Aneurysms are often caused by arterial disease or atherosclerosis (please see the section ‘Can I find out more?’ for more information about these). There are certain factors that make people more at risk from these diseases. These include:

- Age
- Smoking
- High blood pressure
- High cholesterol
- Diabetes
- Being overweight
- Lack of exercise

Part of your medical treatment will be to try and reduce these risk factors where you can.

Stop smoking
Smoking is a major risk for arterial disease, and it also increases the chances of you 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 how much you can move around and can slow your recovery. Concentrate on eating a healthy, balanced diet that includes fruit and vegetables. Think about the food that you are buying and plan to stay within the recommended levels of calories, fats and salt.

Exercise
Exercise boosts your immune system and improves your recovery. Take regular exercise such as a short walk every day.

Follow up
You will be sent an appointment to see your consultant six weeks after your operation.

After endovascular repair, the stent will need to be scanned at regular intervals. The appointments for these scans will be sent to you by post.
Can I find out more?
The following website links will give you more information:

www.nhs.uk/conditions/repairofabdominalaneurysm/pages/introduction.aspx
www.nhs.uk/conditions/atherosclerosis/Pages/Introduction.aspx
www.nhs.uk/conditions/peripheralarterialdisease/pages/introduction.aspx
If you require any further information regarding our services, or if you have any questions about the management of your condition, please contact your consultant or vascular nurse on the telephone numbers below.

**Russells Hall Hospital, Dudley**

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<tr>
<th>Name</th>
<th>Title</th>
<th>Contact Details</th>
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<tbody>
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<tr>
<td>Mr Wall</td>
<td>Consultant vascular surgeon</td>
<td>Tel: 01384 456111 Ext 1235</td>
</tr>
<tr>
<td>Joy Lewis/Sharron Cole</td>
<td>Vascular nurse specialist</td>
<td>Tel: 01384 456111 Ext 2456 (answer machine)</td>
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**New Cross Hospital, Wolverhampton**

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**Manor Hospital, Walsall**

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This leaflet can be made available in large print, audio version and in other languages, please call 0800 0730510

यदि आपको यह दस्तावेज अपनी भाषा में चाहिए तो पेशेंट इनज्यमेषन को-आउटेन्टेट को टेलीफोन नंबर 0800 0730510 पर फोन करें।

यदि आप यह पत्रिका तमामी भाषाओं में प्राप्त करना चाहते हैं, तो मुफ्त करें पेशेंट इनज्यमेषन को-आउटेन्टेट को टेलीफोन नंबर 0800 0730510 पर संपर्क करें।

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अगर आप इस उपलब्धि को इस स्थान पर महसूस करते हैं, तो यह करें पेशेंट इनज्यमेषन को-आउटेन्टेट को टेलीफोन नंबर 0800 0730510 से कॉन्टैक्ट करें।

Information Co-ordinator

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