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Patient Information

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If you need this information in large print, easy read, on audiotape or in another language please call 0800 7838058 or e-mail pals@dchft.nhs.uk

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Publication Date: 02/16
Review Date: 02/19

Abdominal Aortic Aneurysm Surgery

What you need to know about your operation...

Why do I need the operation?

The main artery in your tummy (abdomen) is called the aorta. This has become stretched and weakened. This operation is to repair the stretched section so that it will not burst (rupture).

Before the operation

There are a number of tests that need to be done to assess your general fitness before the decision to operate is made. These include:

- A special x-ray of the aneurysm called a CT scan
- A scan of the heart called an echocardiogram

You may also need to have your fitness assessed by an anaesthetist:

- You will be given an outpatient appointment to give you the opportunity to discuss the operation. Please ensure you ask any questions you may have and tell the doctor of any concerns
- You will be asked to sign a consent form before surgery. Please ensure you understand the procedure and risks involved before you sign

When your surgery has been decided you will be sent an appointment to attend a pre assessment clinic for further pre-operative tests. These tests may include:

- Blood tests. ECG (tracing of your heart beat), blood pressure, pulse and blood oxygen recordings
- A Health practitioner will also listen to your heart and breathing.

The day of the operation

- Please bring any medications that you are currently taking
- You will be admitted to your bed and one of the nurses will complete all the paperwork
- You will be visited by one of the surgeons who will be performing your operation and also by the doctor giving your anaesthetic

The Anaesthetic

The type of anaesthetic you will have will be discussed with you before the operation.

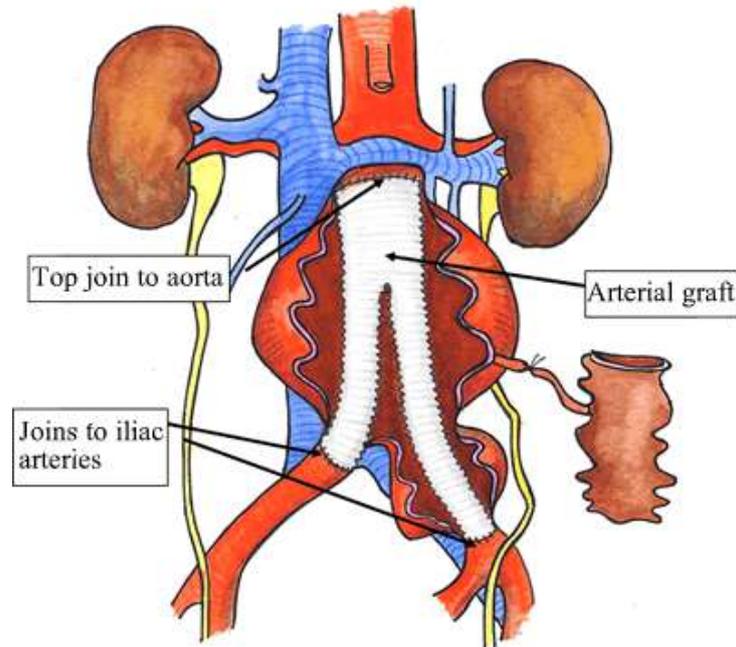
This will usually be a general anaesthetic so that you will be asleep during the operation. The anaesthetic will be injected through a small needle placed in the back of your hand

Once you have been given the anaesthetic you will have:

- A tube placed in your bladder to drain the urine
- A tube placed in your neck to measure the venous blood pressure and give you fluids
- A tube is placed in the artery (usually at the wrist) to measure your blood pressure.
- Sometimes a tube is placed via your nose into your stomach to stop you feeling sick
- You may also have a small tube inserted into your back (epidural). This will also help with pain relief after your operation.

The Operation:

- You will have an incision down or across your tummy and sometimes it is necessary to make one or two further incisions in one or both groins
- The part of the aneurysm that contains the aneurysm will be replaced by an artificial blood vessel. Sometimes this is a tube or as in the illustration a Y shaped graft to each leg artery (called the iliac artery).
- The part of the aneurysm wall which is no longer needed is closed over the new graft
- The wounds are closed with either stitches or by metal clips which will need to be removed after 10-14 days



After the operation:

- You will normally spend 1-2 days in the intensive care or high dependency unit
- It is sometimes necessary to remain on a breathing machine for a short period after the operation
- Following this type of operation the bowel may stop working for a while and so you will be given fluids until the doctors are happy that the bowel is working and that you can take fluids by mouth
- A blood transfusion may be required
- The nurses and doctors will try to keep you free from pain by giving you pain killing injections or by the epidural tube in your back. You may be given a machine that delivers pain killers that you can control yourself.
- As you recover the tubes will be removed and you will go back to the ward until you are fit enough to go home (usually 6-10 days)

When leaving hospital:

- If your stitches or clips need removing this will be done either whilst you are still in hospital or by your GP's nurse or district nurse
- You may feel tired for many weeks after the operation but this will slowly improve
- Short walks combined with rest are recommended for first few weeks gradually returning to normal activity

- **Driving:** You will be able to drive when you can concentrate properly and safely perform an emergency stop. This may be as soon as 3-4 weeks after surgery but may be longer. If in doubt, discuss with your GP.
- **Bathing:** Once your wound is dry you can shower as normal. Refrain from having a bath for 5-7 days.
- **Work:** Depending on your work you should be able to return to work 6-12 weeks after surgery. Discuss this with your GP when you ask for a sickness certificate.
- **Lifting:** You should avoid heavy lifting for 12 weeks after surgery
- **Medicines:** You will be advised about any new medication or if there is any old medication that you no longer need. We usually recommend a tablet to keep the blood a bit thinner called Clopidogrel. If you are not already taking this or aspirin (you do not need to take both unless otherwise advised) your GP can give you a prescription for this.
- **Sexual activity:** You can resume your normal sexual activity as soon as you feel comfortable enough. This will vary but most couples prefer to wait until the healing is complete.

The risks involved in this operation:

- **Chest infections:** These can occur after this type of operation particularly in smokers and may require treatment with antibiotics and physiotherapy
- **Wound infection:** Wound sometimes become infected and may need treatment with antibiotics. Bad infections are rare. Occasionally the wound may need to be cleaned out under anaesthetic.
- **Graft infection:** Very rarely (about 1 in 500), the graft becomes infected. This is a serious complication and usually results in the graft being removed and replaced or bypassed.
- **Fluid leak from the wound:** Occasionally the wound in your groin can fill with fluid called lymph that may leak between the stitches. This usually settles with time.
- **Bowel problems:** Occasionally the bowel is slow to start working again after the operation. This requires patience and fluids will be provided in a drip until your bowels return to normal.
- **DVT/PE (deep vein thrombosis/ pulmonary embolism):** After any large operation there is a risk of DVT or PE. You will be on medication to reduce this risk, however if this does occur you will require tablets to thin the blood (warfarin) for a period of 3-6 months.
- **Impaired sexual activity/ impotence:** This may occur in men due to the nerves in the tummy being cut during the operation. This occurs in about 10% of patients.

- **Major complications:** As with any major operation there is a small risk of you having a medical complication such as a heart attack, stroke, kidney failure, chest problems and loss of circulation in the legs or bowel. There is also a chance of infection in the replacement artery. Each of these is rare, but overall it does mean that some patients may have a fatal complication from their operation. For most patients this risk is 6%-in other words 94 in every 100 patients will make a full recovery from the operation.

The doctors and nurses involved in your care will try and prevent these complications and deal with them rapidly if they occur.

If you already have a serious medical condition your risk of a major complication may be higher than that quoted. It is important to remember that your surgeon will only recommend treatment for your aneurysm if they believe that the risk of the aneurysm bursting is much higher than the risk of the operation.

Are there any alternatives to this operation?

Some aneurysms may be suitable for repair by an alternative treatment called endovascular stenting. This is a procedure by which the new graft is placed within the aorta through an artery in the groin. There is an alternative information leaflet that explains this in more detail.

If your surgeon feels that this is a more suitable form of treatment he will discuss it with you.

What could happen if I don't have my aneurysm repaired?

If an aneurysm burst /ruptures the chances of survival are not good. Overall only 2 in 10 people will survive. Half the patients with aortic rupture will die before they reach hospital.

Consent

We must by law obtain your written consent to this procedure beforehand. Staff will explain all the risks, benefits and alternatives before asking you to sign a consent form. If you are unsure about any aspect of the treatment proposed, please do not hesitate to speak with a senior member of staff.

Further information and advice

- Vascular Nurse Consultant
01305 255898 (answer phone)
01305 251150 bleep 464
- Vascular Department Dorset County Hospital
c/o vascular secretary
01305 255480

This leaflet has been adapted from the Vascular Surgical Society patient information website: www.vascularsociety.org.uk