Surgery on the Aorta
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Your surgeon has arranged for you to have surgery on your aorta. This pamphlet will help you understand what will happen after your surgery.

The aorta is the largest artery in the body. It supplies all the tissues with oxygen-rich blood. Oxygen nourishes the tissues. The two major arteries that supply the lower legs with blood come off the aorta.

Fat and other materials can build up in the walls of arteries. This is called atherosclerosis, or hardening of the arteries. It can cause narrowing of the artery and aortic aneurysm.
Aortic stenosis or occlusion

Blood flow is reduced if the arteries get narrowed. This will mean poorly nourished tissues. This is much like what happens in an old, rusty pipe. This process is called occlusive vascular disease.

These problems can happen during occlusion:

- A change in skin colour.
- A tired feeling or pain in the legs when walking.
- Sores on the feet that heal slowly (this may lead to gangrene).

Your doctor may decide to treat your narrowed or blocked aorta with surgery. An aortic fabric graft is placed along the artery in your abdomen (stomach area).
Bypass graft surgery
This method makes another path for blood to flow around the blockage to keep blood moving. This bridge may be made using a vein from your own leg, or synthetic (man-made) material.

Aneurysm
An aneurysm is a weak, enlarged area of a blood vessel. Atherosclerosis may lead to weakening and enlargement of the walls of the arteries. High blood pressure, an abnormal vessel, injury, and a family history of this problem can also cause an aneurysm.

An aneurysm is like blowing up a balloon. The bigger you blow up the balloon, the thinner the walls get. The walls of the artery stretch and get weaker. If it gets large enough, the aneurysm can break and cause severe bleeding and death.

To keep an aneurysm from breaking, it must be repaired. The weakened area is taken out and replaced with a fabric graft. Aortic aneurysms are named for the area where they happen within the aorta. The two types of aortic aneurysms are abdominal and thoracic.
Abdominal aneurysm
An abdominal aortic aneurysm happens in the main artery of the abdomen. This is by far the most common aneurysm.

Thoracic aneurysm
A thoracic aneurysm happens in the thoracic aorta, along the chest cavity. This type of aneurysm may be caused by atherosclerosis, but is more likely from an inherited (passed down through families) disease, such as Marfan Syndrome.
Surgical repair

There are 2 ways to repair aneurysms. Your vascular surgeon will talk about your options with you.

1) Resection with graft
   In this method, the surgeon will make a large abdominal incision (cut) where he or she can take out the weakened vessel and replace it with a synthetic graft.

2) Endovascular Aortic Repair (EVAR)
   The surgeon will make small incisions in the groin and thread a mesh tube through the lining of the bulging vessel, creating a new pathway for blood flow. Ask for the patient education pamphlet on EVAR.
After surgery

You will wake up in the Intensive Care Unit (ICU) on level 5 of the Halifax Infirmary. You will stay in ICU overnight. When you wake up, you will notice the special equipment that is used to closely monitor your progress.

When your condition is stable, you will be moved to the Intermediate Care Unit (IMCU) or a nursing unit at the Halifax Infirmary.

Will I be able to get up and walk around after surgery?

- It is very important to get out of bed and start walking as soon as your doctor or nurse tells you that you are able.
- As you get stronger, you will be spending more time out of bed, sitting in a chair, walking short distances, and increasing your activity over time.
- Your activity will be increased until you are taking 3-4 walks in the hall each day.
- You will find that you will tire easily and need extra rest for several weeks. Your energy will come back over time.
Will I have pain?

• You will have some discomfort for a few weeks. The pain will decrease over time.
• It is important to take pain medication so that you are comfortable and able to breathe deeply. This helps keep your lungs clear.
• Keep the nurse updated and aware of your pain level so it can be properly managed.

When may I eat after my surgery?

• You will not be able to eat or drink for 3-4 days after surgery, or maybe longer.
• You will start slowly with sips of clear fluids and your diet will be increased to include regular food.
• You will get fluids from your intravenous (IV) until you are eating and drinking without feeling sick to your stomach.
• It may take a while for your appetite to return to normal. Eat smaller meals more often.
• Eating healthy meals will help you get your strength back and heal more quickly.
• Your bowels may not move for a few days after surgery. This is normal. Pain medications, decreased activity, and diet can cause constipation.
What about my incision?

• Your incision (cut) may or may not have staples. If it does, they will be taken out about 7-10 days after surgery. If you have left the hospital, your family doctor or surgeon will take your staples out.

• If Steri-Strips™ (special tape) were placed on the incision, they can be peeled off as they get loose. This is about 7-10 days after your surgery.

How long will I be in the hospital?
You will be in the hospital for about 5-7 days after surgery. This can vary depending on your progress.

Care at home

What activities can I do?

• Over time, increase your activity at home. You will find that you tire easily and may need extra rest. Your energy will return slowly.

• Try going for a short walk every day.

• Do not vacuum, mow the lawn, or lift anything over 5 pounds for 4-6 weeks after surgery unless your doctor gives other advice.
When can I drive my car?
• **Do not drive if you are taking pain pills.**
• You may drive your car in 4-6 weeks. It takes time for your concentration and reflexes to return to normal.
• Talk about driving with your doctor when you return for your follow-up appointment.

When can I return to work?
• Returning to work will depend on your type of work, as well as your general health and recovery.
• It is usually 4-6 weeks after you leave the hospital.
• Talk about this with your doctor at your follow-up appointment.

When can I have sex?
You may have sex when you feel well enough. If you have concerns, speak to your doctor.

Do I have to change my diet?
• Pain medications, decreased activity, and diet can cause constipation. Drink 8-10 glasses of water a day unless you are not allowed to because of another health problem. Try to eat foods high in fibre (such as bran cereals, whole wheat bread, fruit, and vegetables). Ask your doctor about using laxatives or stool softeners.
if you need them. You do not need to have a bowel movement every day to be healthy.

- If you have diabetes, it is very important to control your blood sugar so you will heal faster.
- Your family doctor should be checking your cholesterol. A low-fat diet helps to prevent plaque from building up on the walls of your blood vessels.

How do I care for my incision?

- You may shower one week after surgery if the incision(s) is healing well with no drainage. Pat the area dry.
- You may have a tub bath when the incision is completely healed.
- Watch your incision closely for infection. **Call your doctor if you notice increasing pain, heat, redness, swelling, or drainage.** Some bruising is normal and will disappear in a few weeks.

What medication do I take?

- Take medication as prescribed by your doctor. Your doctor or nurse will talk about this with you before you go home.
- **Do not drink alcohol while taking pain medication.**
A healthy lifestyle
A healthy lifestyle may help prevent your graft from blocking and prevent more circulation problems.

Stop smoking
It is very important not to smoke. Smoking will cause further damage to your arteries and you may need more surgery and even an amputation. If you wish to stop smoking, speak to your nurse or doctor who will offer some help.

Eat healthy food
• Choose food low in fat and salt.
• Ask to speak with a dietitian if you need help with planning meals.
• Keep a healthy weight.

Be active
• Exercise every day.
• Exercise helps with weight loss and improves blood flow.
• Exercise helps keep your blood sugar and blood pressure under control.
Control diabetes
• Follow your meal plan.
• Check your blood sugar regularly.
• See your doctor regularly.
• Take your medication or insulin as ordered by your doctor.
• Foot care is very important. Be careful not to injure your feet. If you do injure your foot, call your doctor.

Control your blood pressure
• Have your blood pressure checked regularly.
• Take medication as ordered by your doctor. If you stop, your blood pressure will rise again.

Reduce stress
• Exercise more.
• Get plenty of sleep.
• Talk to others about your problems.
• If possible, avoid anything that places you under stress for long periods of time.
• Relaxation techniques such as yoga or meditation may help.
Call your doctor if you have:

- Any sign of infection, such as increased redness, swelling, drainage, or pain in the area of your incision(s).
- Separation of the edges of the incision.
- Fever over 38°C or 101°F that lasts for more than 24 hours.
- Changes in colour of your foot or leg.
- An abnormal feeling of cold or warm legs and feet.
- Numb feet or legs.
- Vomiting (throwing up).
- An injury that does not heal or gets infected.

Follow-up visit
Your follow-up appointment will be 4-6 weeks after you are discharged from hospital. You may need an earlier appointment for staple removal.

If you have any questions, please ask.
We are here to help you.
Questions
Write your questions here for your doctor or other healthcare team members.