

Open Aortic Aneurysm Repair

Surgical Services Directorate Vascular Unit
Information for Patients and Carers



University Hospitals of Leicester

NHS Trust

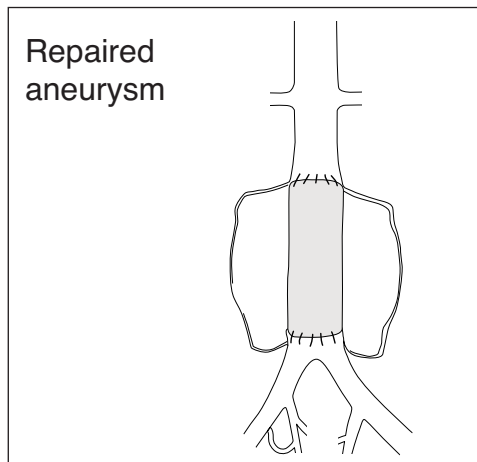
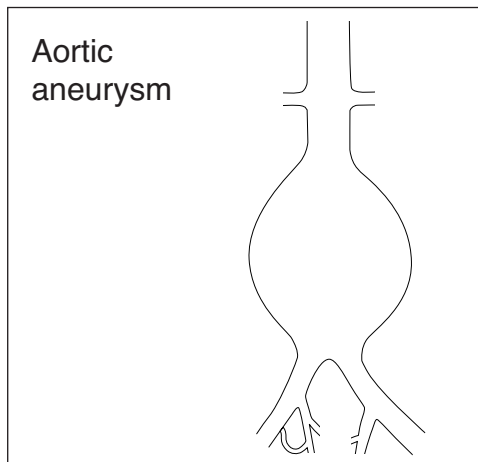


Caring at its best

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1 Why have I been offered this operation?

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



2 What are the risks?

Your consultant will have discussed the operation in full with you, including the risks involved in this type of surgery. These include:

Death

Aortic aneurysm repair is a major operation performed under a general anaesthetic. Patients undergoing this operation often have other medical conditions such as history of heart attack, diabetes or disease of the kidneys. All of these can increase the risk of the surgical procedure and the anaesthetic. The average risk of dying from this procedure is 5 to 7%. In certain high-risk patients the percentage of risk will be higher. If this applies to you, your consultant will discuss it with you.

2 What are the risks? (continued)

Infection

All operations carry a small risk of infection. The antibiotics that you are given during and after your operation prevent most infections. Unfortunately there are some infections (such as MRSA) that affect patients in hospitals and these can be very difficult to treat with antibiotics. During the course of your elective aneurysm repair, the blood supply to your kidneys and bowel may fall below normal levels. This is because the arteries supplying blood to the kidneys and bowel lie very close to the aneurysm. For most patients, this is a temporary event, causing no long term problems. Very rarely, however, the fall in blood supply may be sufficient enough to require you to need post-operative dialysis (to support your kidneys) or further surgery (which could include removal of a segment of bowel). Please be assured that these are very rare problems following elective aneurysm surgery and your surgical and nursing team will do everything possible to avoid this from happening.

Ischaemic bowel

Sometimes the lower bowel can lose part of its blood supply. This may require the removal of the affected part of the bowel and in some circumstances a temporary colostomy may be formed.

Sexual dysfunction

Some patients experience reduced sensations, men may experience absent ejaculation or poor erection following this procedure.

Circulatory problems

Sometimes the blood supply to the kidneys can be disrupted, which could lead to temporary or permanent damage.

The circulation to the legs can be also be disrupted and this may require further surgery.

Hernia

In the longer term it is possible to get a hernia (weakening of the wound) that can occur in about 5% of cases.

3 Before the operation

You will be asked to attend a hospital clinic for a pre-admission assessment about two weeks before your operation to have tests to ensure that you are fit for your surgery.

These tests may include blood tests, X-rays and an ECG. It will also be necessary to take some swabs (using a cotton bud) from your nose and skin to identify any pre-existing MRSA infection (see separate information letter). In order to reduce the risk of MRSA, all patients, regardless of their MRSA status, are given an antibacterial nasal cream and a shower gel to wash with.

This pre-admission appointment could take up to half a day. Please bring all your current medications with you.

You may also be asked to attend the hospital for an anaesthetic assessment.

4 Coming into hospital

You will receive a letter telling you which ward you will be admitted to.

Again, please bring with you all the medicines you are currently taking.

You will usually be admitted to the ward the day before your operation. On admission one of the nurses will check your personal details. The surgeon who will be performing the operation and the anaesthetist will visit you.

IF YOU ARE ON ASPIRIN DO NOT STOP TAKING YOUR USUAL DOSE.

5 What should I bring in with me?

You should bring:

- All your usual medication
- Nightwear & slippers
- Toiletries
- Towel
- A small amount of money

Whatever you bring into hospital with you is your responsibility and the trust accepts no responsibility for any items lost or broken during your stay.

6 No Smoking Policy

Smoking is not allowed in any hospital building. There are smoking shelters for patients and visitors outside the hospital and staff will be able to direct you to the nearest one.

7 Mobile phones

The use of mobile phones is restricted in some areas. Please check with the nurse in charge before you use your phone.

8 Ward visiting times

Please check with the ward you are admitted to about visiting times.

9 The operation

You will be prepared and escorted to theatre by a nurse. You will be taken to the anaesthetic room where you will be given your anaesthetic, and then into theatre. Before being put to sleep you may have a small tube inserted into your back (epidural) to help with pain relief following surgery.

While you are asleep tubes will be inserted:

- into your bladder to drain your urine
- into your stomach (via your nose) to stop you feeling sick
- into your neck for blood pressure measurements and administration of fluids

You will either have a cut down the centre or across your abdomen. A man-made artery (a graft) will replace the swollen area of the aorta.

Please note that the plaque which is removed from the artery is usually sent to laboratories for ongoing research projects. Please let us know if you object to this.

10 After the operation

You will be taken to an intensive care or high dependency unit after your operation so that you can be closely monitored. Following this sort of surgery the bowel stops working for a while. This is quite normal and nothing to worry about. It can take anywhere between 24 and 72 hours for the bowel to start working again. Until this happens, you will be given all the fluids that you need in a drip until you are able to take fluids by mouth again.

The nurses and doctors will try to keep you free from pain by giving pain killers by injection, via a tube in your back, or through a machine which you are able to control yourself by pressing a button.

10 After the operation (continued)

After about 24 hours you will return to the ward. As the days pass and you improve, the various tubes will be removed. The physiotherapist will visit you before and after your operation. They will help you with breathing exercises to prevent you developing a chest infection. They will also assist with your mobility.

11 Going home

Wounds

Your stitches or staples will either dissolve or be removed, usually 10 to 14 days after your operation. If you still have stitches when you are discharged, your ward nurse will arrange for a district nurse to remove them at home.

It is quite normal to have some bruising. But if you notice any increasing redness, swelling or discharge from the wound, you should contact your GP for advice.

Discomfort

It is quite normal to experience discomfort and itching around your wound site. This is part of the healing process. You will usually be given a supply of painkillers to take home with you. If these are not effective, contact your GP.

Diet

After you go home, you should be able to eat normally, but lightly for the first week or two. There is no reason why you should not enjoy a moderate intake of alcohol, unless it affects any medication you are taking.

Bathing

Once your wound is dry you can bathe or shower as normal.

11 Going home (continued)

Smoking

If you were a smoker before the operation, **you should never smoke again**. If you would like help to give up smoking please telephone Resolution on 0116 225 2828 or STOP on 0116 2954141.

Driving

You will be safe to drive when you can perform an emergency stop without causing you any pain. This will normally be at least four weeks after your surgery. If in doubt check with your GP. If you require further advice on driving regulations or you drive for a living, please contact the DVLA.

Exercise

Getting back to your normal lifestyle will be a gradual process. If you feel tired, then rest. Your strength will return and you will eventually make a full recovery from the operation, but it may take 3 to 6 months.

Sex

You may resume sexual activity when your wounds are fully healed. This usually takes about four to six weeks. If you have any concerns please contact your GP.

Work

If you work you should be able to return to work within approximately one to three months of your operation. The time you need away from work will depend on the job you do. If you need a sick note please ask for one before you are discharged.

12 What else can I do to help myself?

If you are taking an aspirin daily then you should continue to do so unless otherwise directed by your vascular surgeon.

13 Outpatient follow up

You will usually be given an outpatient appointment for six weeks after your discharge. If you cannot attend please telephone and change the appointment. It is important that you are reviewed by one of the surgical team.

If at any time after discharge you are concerned about any symptom or problem you should normally contact your GP.

Alternatively you can contact:

Leicester Royal Infirmary

Ward 21

0116 258 5429 or

0116 258 6571

Nurse Specialist

0116 258 5440

14 Some questions patients have asked

Q Can my vascular prosthesis (graft) be affected by outside energy sources like motors, microwave ovens, airport security checks, sun beds and the like?

A No.

Q What about travelling?

A Once the graft has become integrated within the vascular system, and you are fully recovered, travel should not be restricted.

Q How often does my vascular prosthesis need replacing?

A Your vascular graft has been designed to last and remain functional indefinitely, provided there is no change in the amount of blood flowing into or out of the graft.

15 Important information

As with Cardiac Surgery, information about adverse outcomes following Vascular Surgical operations (eg deaths/major complications) are submitted to a national database in order to ensure that we are providing safe and effective care and that we (as a Unit) are accountable to our patients and also comply with National Quality Standards. If you undergo an operation to repair your aortic aneurysm, we would normally submit data relating to your operation to this database. Any data we submit about your operation is maintained in a secure computerised database and we hope that you are happy for this to happen. However, if you have any objection to us submitting data to the National Vascular Database, please phone the Vascular Unit on either 0116 258 7768 or 0116 258 6136 and we will ensure that this does not happen.

Your questions

If you would like this information in another language or format, please contact the Service Equality Manager on 0116 258 8295

ਆਪਨਿ ਯਦਿ ਐ ਲਿਫਲੇਟੋਰ ਅਨੁਵਾਦ - ਲਿਖਿਤ ਭਾ ਅਡਿਓ ਟੇਪ' ਐ ਚਾਨ, ਤਾਹਲੇ ਅਨੁਗ੍ਰਹ ਕਰੇ ਸਾਰ੍ਵਿਸ਼ ਇਕੁਏਲਿਟੀ ਮਾਨੇਜ਼ਰ ਡੇਭ ਬੇਕਾਰ' ਐਰ ਸਾਥੇ 0116 258 8295 ਨਾਂਬਾਰੇ ਸ਼ੋਗਾਸ਼ੋਗ ਕਰਨ ।

यदि आप को इस लीफ़्लिट का लिखती या टेप पर अनुवाद चाहिए तो कृपया डैब बेकर, सर्विस ईक्वालिटी मैनेजर से 0116 258 8295 पर सम्पर्क कीजिए ।

ਜੇ ਤਮਨੇ ਆ ਪਤ੍ਰਿਕਾਨੂੰ ਭੇਜਿਤ ਅਥਵਾ ਟੇਪ ਉਪਰ ਆਖਾਂਤਰ ਜੇਹੰਨੂੰ ਭੋਖ ਨੇ ਮਫੇਰਆਨੀ ਕਰੀ ਤੇਐ ਭੇਕਰ, ਸਰਵਿਸ ਏਕੁਏਲਿਟੀ ਮੈਨੇਜਰਨੋ 0116 258 8295 ਉਪਰ ਸੰਪਰਕ ਕਰੋ.

Haddaad rabto warqadan oo turjuman oo ku duuban cajalad ama qoraal ah fadlan la xirii, Maamulaha Adeegga Sinaanta 0116 258 8295.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਲੀਫਲਿਟ ਦਾ ਲਿਖਤੀ ਜਾਂ ਟੇਪ ਕੀਤਾ ਅਨੁਵਾਦ ਚਾਹੀਦਾ ਹੋਵੇ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਡੈਬ ਬੇਕਰ, ਸਰਵਿਸ ਇਕੁਏਲਿਟੀ ਮੈਨੇਜਰ ਨਾਲ 0116, 258 8295 ਤੇ ਸੰਪਰਕ ਕਰੋ ।

Eğer bu broşürün (kitapçığın) yazılı veya kasetli açıklamasını isterseniz lütfen servis müdürüne 0116 258 8295 telefonundan ulaşabilirsiniz.