PATIENT INFORMATION

Open Abdominal Aortic Aneurysm Repair (AAA Repair)

Please pack this booklet with your belongings that you will bring to the hospital. You will need to refer to this booklet after surgery.
Disclaimer
This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified healthcare provider. Please consult your healthcare provider who will be able to determine the appropriateness of the information for your specific situation.
# Table of Contents

**Introduction** .................................................................................................................. 1

**Your condition and your surgery** ...................................................................................... 1

**Clinical Pathway for Abdominal Aortic Surgery** ................................................................. 3, 4, 5, 6

**The Pre-Admission Unit Visit** ............................................................................................. 7

**Your Care in Hospital – After Surgery** .............................................................................. 7
  Your stay in Intensive Care Unit ......................................................................................... 7
  Pain management after surgery ....................................................................................... 8
  Intravenous (IV) .................................................................................................................. 8
  Nasogastric tube (NG) ......................................................................................................... 8
  Urinary catheter (Foley) ...................................................................................................... 8
  Oxygen .............................................................................................................................. 8
  Incision ............................................................................................................................. 9
  Diet ..................................................................................................................................... 9
  Moving and positioning .................................................................................................... 9
  Getting out of bed ............................................................................................................. 10
  Activity while in hospital .................................................................................................. 10

**Post-operative Exercises** ................................................................................................. 10
  Deep Breathing and Coughing .......................................................................................... 10
  Calf and ankle pumping exercises ................................................................................... 11

**Preparing For Discharge** ................................................................................................. 12

**After Discharge** ................................................................................................................ 12
  Activity ........................................................................................................................... 12
  Diet ................................................................................................................................... 13
  Medications ...................................................................................................................... 13
  Wound care .................................................................................................................... 14
  Smoking ........................................................................................................................... 14
  Follow-up with Physician ............................................................................................... 14
  Call your Surgeon if you experience any of the following ............................................. 15
  Web Sites ......................................................................................................................... 15
  Health Information for Patients and Their Family
  Patient and Family Libraries at The Ottawa Hospital ..................................................... 15
Introduction

Welcome to The Ottawa Hospital. This booklet was prepared for you by the Abdominal Aortic Surgery team to help you understand:

- your condition and your surgery
- how you can help yourself
- your care in hospital
- your needs, care and resources after discharge

Your healthcare team has made a plan in advance for certain parts of your care. This plan is shown in the Clinical Pathway – Abdominal Aortic Surgery on pages 3 to 6. The clinical pathway describes some of the usual care for people with your condition. This plan will be adapted for your specific needs.

Please:

- Read the booklet carefully
- Share it with your family
- Ask questions if there is anything you don’t understand
- Pack the booklet with your belongings and bring it with you when you are admitted to hospital.

Your condition and your surgery

The aorta is the main artery in the body. The aorta carries freshly oxygenated blood out of the left ventricle of the heart and delivers it to the body. All other arteries branch off the aorta.

The walls of an aorta and other blood vessels have a muscular, almost elastic, quality that keeps blood moving through the body. Once that elasticity starts to fail, the walls of the vessel begin to sag. An aneurysm is an enlargement of a blood vessel due to the weakening of the blood vessel walls. When this weakening happens in the aorta found in the abdomen it is called an abdominal aortic aneurysm. As the aneurysm enlarges, you might experience back pain and/or abdominal pain. When an aneurysm grows it can become large enough and can burst, causing dangerous, often fatal, bleeding inside the body.
Surgical repair of the abdominal aneurysm involves the use of a synthetic (Dacron) graft. The graft can either be a single tube or a divided tube. This will depend on the location of the aneurysm.

A large incision from the breast bone to the pelvic bone is made in your abdomen. The surgeon will open the weak area of your aorta and clamp it off. The surgeon then opens the aneurysm and sews in the graft. The graft takes the place of the weakened section in your aorta and allows your blood to pass easily through it. This no longer allows the direct pressure of the blood to further expand the weak area of the artery wall. The artery is then closed around the graft.

The surgery is performed under a general anesthetic and takes up to 6 hours. The length of surgery depends on the extent of the repair. Following surgery, you will be transferred to the Intensive Care Unit.

The following four pages show the clinical pathway for your condition. There is more detailed information after the clinical pathway.
<table>
<thead>
<tr>
<th>Clinical Pathway for Abdominal Aortic Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tests</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Assessments and Treatments</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Medications</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Dressing</strong></td>
</tr>
<tr>
<td><strong>Elimination</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Patient Teaching</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Discharge Planning</strong></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
## Clinical Pathway for Abdominal Aortic Surgery

<table>
<thead>
<tr>
<th>Tests</th>
<th>Intensive Care Unit Post-op Day 1</th>
<th>Intensive Care Unit Post-op Day 2</th>
<th>In-patient Ward / Day 1 (First full day on Ward)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bloodwork</td>
<td>Bloodwork</td>
<td>Blood tests</td>
</tr>
<tr>
<td></td>
<td>Chest x-ray</td>
<td>Chest x-ray</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cardiogram</td>
<td>Cardiogram</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Assessments and Treatments</th>
<th>Intensive Care Unit Post-op Day 1</th>
<th>Intensive Care Unit Post-op Day 2</th>
<th>In-patient Ward / Day 1 (First full day on Ward)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vital signs</td>
<td>Vital signs</td>
<td>Vital signs</td>
<td>Blood pressure, pulse, respiratory rate</td>
</tr>
<tr>
<td>Leg pulses</td>
<td>Leg pulses</td>
<td>Oxygen</td>
<td>Leg pulses</td>
</tr>
<tr>
<td>Removal of breathing tube</td>
<td>Oxygen</td>
<td>Intravenous</td>
<td>Oxygen measurement</td>
</tr>
<tr>
<td>Oxygen</td>
<td>Intravenous</td>
<td>Removal of large IV in neck</td>
<td>Intravenous</td>
</tr>
<tr>
<td>Intravenous</td>
<td>Removal of BP monitoring line in wrist</td>
<td></td>
<td>Pain</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medications</th>
<th>Intensive Care Unit Post-op Day 1</th>
<th>Intensive Care Unit Post-op Day 2</th>
<th>In-patient Ward / Day 1 (First full day on Ward)</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV PCA/Epidural</td>
<td>IV PCA/Epidural</td>
<td>IV PCA/Epidural</td>
<td>Intravenous Patient Controlled Analgesia (IV PCA) or Epidural</td>
</tr>
<tr>
<td>Pain medication</td>
<td>Pain medication</td>
<td></td>
<td>Pain medication</td>
</tr>
<tr>
<td>Sedation as needed</td>
<td></td>
<td></td>
<td>Blood thinner</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity</th>
<th>Intensive Care Unit Post-op Day 1</th>
<th>Intensive Care Unit Post-op Day 2</th>
<th>In-patient Ward / Day 1 (First full day on Ward)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Range of motion</td>
<td>Range of motion</td>
<td></td>
<td>Up in chair x 2</td>
</tr>
<tr>
<td>Dangle at edge of bed with assistance if off ventilator</td>
<td>Up in chair</td>
<td>Deep breathing and coughing</td>
<td>Up walking x 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Deep breathing and coughing exercises</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ankle Exercises</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nutrition</th>
<th>Intensive Care Unit Post-op Day 1</th>
<th>Intensive Care Unit Post-op Day 2</th>
<th>In-patient Ward / Day 1 (First full day on Ward)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing by mouth, ice chips as needed</td>
<td>Nothing by mouth, ice chips as needed</td>
<td></td>
<td>Nothing to drink or eat, clear fluids if nasogastric (NG) tube removed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dressing</th>
<th>Intensive Care Unit Post-op Day 1</th>
<th>Intensive Care Unit Post-op Day 2</th>
<th>In-patient Ward / Day 1 (First full day on Ward)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change as needed</td>
<td>Change as needed</td>
<td></td>
<td>Change as needed</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Elimination</th>
<th>Intensive Care Unit Post-op Day 1</th>
<th>Intensive Care Unit Post-op Day 2</th>
<th>In-patient Ward / Day 1 (First full day on Ward)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urinary catheter</td>
<td>Urinary catheter</td>
<td></td>
<td>Urinary catheter</td>
</tr>
<tr>
<td>Nasogastric tube</td>
<td>Nasogastric tube</td>
<td></td>
<td>Nasogastric tube</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Teaching</th>
<th>Intensive Care Unit Post-op Day 1</th>
<th>Intensive Care Unit Post-op Day 2</th>
<th>In-patient Ward / Day 1 (First full day on Ward)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deep breathing and coughing</td>
<td>Transfer out of ICU</td>
<td>Deep breathing and coughing</td>
<td>Deep breathing and coughing exercises</td>
</tr>
<tr>
<td>Pain management</td>
<td>Pain</td>
<td>Activity</td>
<td>Ankle exercises</td>
</tr>
<tr>
<td>Ventilator weaning</td>
<td>Activity</td>
<td></td>
<td>IV PCA/Epidural</td>
</tr>
</tbody>
</table>

| Consults                  |                                  |                                  | If needed – smoking cessation                 |

<table>
<thead>
<tr>
<th>Discharge Planning</th>
<th></th>
<th></th>
<th>Confirm discharge plans with family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transfer out of ICU to ward</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Clinical Pathway for Abdominal Aortic Surgery

<table>
<thead>
<tr>
<th>Tests</th>
<th>In-patient Ward / Day 2</th>
<th>In-patient Ward / Day 3</th>
<th>In-patient Ward / Day 4</th>
</tr>
</thead>
</table>
| **Assessments and Treatments** | • Blood pressure, pulse, respiratory rate  
• Leg pulses  
• Oxygen measurement  
• Intravenous  
• Pain | • Blood pressure, pulse, respiratory rate  
• Leg pulses  
• Oxygen measurement  
• Intravenous may be changed to saline lock  
• Pain | • Blood pressure, pulse, respiratory rate  
• Leg pulses  
• Oxygen measurement  
• Saline lock  
• Pain |
| **Medications** | • IV PCA or Epidural  
• Pain medication  
• Blood thinner  
• Anti-nausea medication, if needed  
• Stool softener or laxative  
• Oxygen if necessary  
• Patient’s own medication if required  
• Sedatives if needed | • IV PCA or Epidural  
• Pain medication  
• Blood thinner  
• Stool softener or laxative  
• Oxygen if necessary  
• Patient’s own medication if required  
• Sedatives if needed | • Pain medication  
• Blood thinner  
• Stool softener or laxative  
• Oxygen if necessary  
• Patient’s own medication if required  
• Sedatives if needed |
| **Activity** | • Up in chair x 2  
• Up walking x 1  
• Deep Breathing and coughing exercises  
• Ankle exercises | • Up in chair x 2  
• Up walking x 1  
• Deep Breathing and coughing exercises  
• Ankle Exercises | • Progress to ambulating independently |
| **Nutrition** | • Increase from sips to diet as tolerated if NG tube removed | • Increase from clear fluids to diet as tolerated | • Diet as tolerated |
| **Dressing** | • Changed as needed | • Changed as needed | • Changed as needed |
| **Elimination** | • Urinary catheter (may be removed)  
• Nasogastric tube (may be removed today) | • Urinary catheter (may be removed) | |
| **Patient Teaching** | • Deep breathing and coughing exercises  
• Ankle exercises  
• IV PCA/Epidural  
• Teaching  
• Activity | • Deep breathing and coughing exercises  
• Ankle exercises  
• Pain management  
• Activity | • Deep breathing and coughing exercises  
• Ankle exercises  
• Pain management  
• Activity |
| **Consults** | • If needed – smoking cessation | | |
| **Discharge Planning** | • Confirm discharge plans with family  
• Confirm discharge plans with family for 10 a.m. on day of discharge | • Confirm discharge plans with family for 10 a.m. on day of discharge | • Confirm discharge plans with family for 10 a.m. on day of discharge |
<table>
<thead>
<tr>
<th>Clinical Pathway for Abdominal Aortic Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assessments and Treatments</strong></td>
</tr>
<tr>
<td>In-patient Ward / Day 5</td>
</tr>
<tr>
<td>• Blood pressure, pulse, respiratory rate</td>
</tr>
<tr>
<td>• Leg pulses</td>
</tr>
<tr>
<td>• Oxygen measurement</td>
</tr>
<tr>
<td>• Pain</td>
</tr>
<tr>
<td>In-patient Ward / Day 6 Discharge Day</td>
</tr>
<tr>
<td>• Blood pressure, pulse, respiratory rate</td>
</tr>
<tr>
<td>• Leg pulses</td>
</tr>
<tr>
<td>• Oxygen measurement</td>
</tr>
<tr>
<td>• Pain</td>
</tr>
<tr>
<td><strong>Medications</strong></td>
</tr>
<tr>
<td>• Pain medication</td>
</tr>
<tr>
<td>• Blood thinner</td>
</tr>
<tr>
<td>• Stool softener or laxative</td>
</tr>
<tr>
<td>• Patient’s own medication if required</td>
</tr>
<tr>
<td>• Pain medication</td>
</tr>
<tr>
<td>• Blood thinner</td>
</tr>
<tr>
<td>• Stool softener or laxative</td>
</tr>
<tr>
<td>• Patient’s own medication if required</td>
</tr>
<tr>
<td><strong>Activity</strong></td>
</tr>
<tr>
<td>• Ambulating independently</td>
</tr>
<tr>
<td>• Ambulating independently</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
</tr>
<tr>
<td>• Diet as tolerated</td>
</tr>
<tr>
<td>• Diet as tolerated</td>
</tr>
<tr>
<td><strong>Dressing</strong></td>
</tr>
<tr>
<td>• Changed as needed</td>
</tr>
<tr>
<td>• Changed as needed</td>
</tr>
<tr>
<td><strong>Patient Teaching</strong></td>
</tr>
<tr>
<td>• Deep breathing and coughing exercises</td>
</tr>
<tr>
<td>• Ankle exercises</td>
</tr>
<tr>
<td>• Activity</td>
</tr>
<tr>
<td>• Pain management</td>
</tr>
<tr>
<td>• Wound care</td>
</tr>
<tr>
<td>• Medications</td>
</tr>
<tr>
<td>• Signs and symptoms to report to the doctor after discharge</td>
</tr>
<tr>
<td>• Deep breathing and coughing exercises</td>
</tr>
<tr>
<td>• Ankle exercises</td>
</tr>
<tr>
<td>• Activity</td>
</tr>
<tr>
<td>• Pain management</td>
</tr>
<tr>
<td>• Wound care</td>
</tr>
<tr>
<td>• Medications</td>
</tr>
<tr>
<td>• Medications (prescription to go home)</td>
</tr>
<tr>
<td>• Signs and symptoms to report to the doctor after discharge</td>
</tr>
<tr>
<td><strong>Discharge Planning</strong></td>
</tr>
<tr>
<td>• Confirm discharge plans with family</td>
</tr>
<tr>
<td>• Plan for discharge at 10 a.m. tomorrow</td>
</tr>
<tr>
<td>• Discharge today at 10 a.m.</td>
</tr>
<tr>
<td>• Follow-up appointment made</td>
</tr>
</tbody>
</table>
The Pre-Admission Unit Visit

Before you are admitted for surgery you will have an appointment at the Pre-Admission Unit (PAU). The hospital will call to arrange this appointment. If you would like more information regarding your surgery you can visit The Ottawa Hospital Web site at www.ottawahospital.on.ca select Clinical Services then select ‘my surgery’. (http://www.ottawahospital.on.ca/wps/portal/Base/TheHospital/ClinicalServices/mySurgery)

Your Care in Hospital – After Surgery

Your stay in Intensive Care Unit

After your surgery, you can expect to spend approximately 2 days in the Intensive Care Unit or “ICU”. The ICU has specialized nurses, physicians, respiratory therapists and other health professionals that are highly trained in caring for patients following this type of surgery.

Right after surgery many patients need a mechanical ventilator or “breathing machine”. This requires a special tube placed into your trachea. This breathing tube and the ventilator are usually removed on the first day following surgery. After the tube is removed the respiratory therapist will apply an oxygen mask. This will make breathing more comfortable. It is normal to have a sore throat the tube is removed. This will go away in a day or so.

The ICU is a specialized monitoring area. You will have many different wires and sensors that monitor your vital signs. Sensors will measure heart rate, oxygen levels and heart function. The monitors are used by the nurses to ensure you are progressing as expected. Most of these monitoring devices will be removed prior to discharge from the ICU.

A family information booklet is available from the ICU waiting room volunteers. It outlines visiting guidelines, as well as some of the different treatments that are often used in the ICU.

The staff in the Intensive Care Unit are always available to answer questions you or your loved ones may have concerning your care and your stay.
**Pain management after surgery**

Your comfort is our concern. It is important that you have effective pain relief. Pain is personal. The amount of pain you feel may not be the same as others feel, even for those who have had the same surgery. Our goal is to help you be comfortable enough to participate in the healing process. Your pain should be controlled enough that you can rest comfortably and that pain does not prevent you from deep breathing, coughing, turning, getting out of bed and walking.

Both drug and non-drug treatments can be successful in helping prevent and control pain. The most common pain control treatments for after surgery are described in the *Pain Management After Surgery* booklet. You, your doctors and your nurses will decide which ones are right for you to manage your pain. Please read the booklet before your surgery. Bring it to the hospital on the day of your surgery.

**Intravenous (IV)**

You will have an IV to replace your fluids until you are able to drink and eat well. Do not pull on the IV tubing. When you are walking, use your hand that does not have the IV to push the IV pole.

**Nasogastric tube (NG)**

You will have a tube placed down your nose and into your stomach. This tube drains fluid from your stomach and helps prevent nausea. This will be connected to a suction pump and is usually removed after a few days.

**Urinary catheter (Foley)**

You will have a urinary catheter to drain urine from your bladder. The nurse will clean the area around your catheter.

**Oxygen**

Under certain conditions, the body may require extra oxygen. These conditions may include lung disease, heart disease and the demands of surgery. Extra oxygen can help restore normal oxygen levels in the blood and body tissues and reduce the workload of the heart and lungs.

During your hospital stay you may receive extra oxygen. This is given through a mask placed over your nose and mouth or small tubes placed in your nostrils (nasal cannulae).
The amount of oxygen in your blood is measured by placing a small, painless clip on your finger. This is called pulse oximetry. This measurement is used to check that your body is getting the right amount of oxygen. The nurse will use these measurements to increase, decrease or stop giving you extra oxygen.

You will be encouraged to do your deep breathing and coughing exercises to keep your lungs clear. (See the section on Post-operative Exercises)

**Incision**

You will have an incision, either extending from your breast bone to the pubic bone or along the left side of your abdomen. Your surgeon will discuss this with you. The incision is closed with clips (like staples) and covered with a dressing.

**Diet**

Once your NG tube is removed you will be allowed to start with small amounts of fluids—ice chips, sips of water or juice and then to increase to a regular diet according to how you feel.

It can sometimes take a few days and up to a few weeks for your appetite to return to normal.

- Try to eat 3 small meals plus 2 to 3 snacks daily.
- Eat slowly and take time to chew your food well.

Choose low fat, protein rich foods at each meal and snack to help meet your nutrition needs after surgery. Some examples of protein rich foods:

- meat, fish, poultry (chicken/turkey), eggs, yogurt, milk, cheese or cottage cheese.

**Moving and positioning**

While in bed, it is important to move and reposition yourself. You should reposition yourself at least every 2 hours while awake. This will help your skin from getting wounds.
Getting out of bed

- Ask for assistance the first time you get out of bed.
- Roll onto your side and bring your knees up towards your abdomen. While supporting your abdomen:
  - Place your upper hand on the bed below your elbow.
  - Raise your upper body off the bed by pushing down on the bed with your hand.
  - Swing your feet and legs over the edge of the bed and bring your body to a sitting position.
- Once in the sitting position, take a few breaths and ensure your balance is good before attempting to stand.
- Slide your bottom to the edge of the bed.
- Stand up keeping your back as straight as possible.
- When getting back into the bed, reverse the process.

Activity while in hospital

- You will be encouraged to walk as soon as possible after your surgery.
- You should continue to increase your activity and endurance as you tolerate.

Post-operative Exercises

Deep Breathing and Coughing

After surgery we tend to take smaller breaths. This can be because of pain, the anesthetic medications given during your surgery, or because you are not as active as before your surgery. Doing deep breathing and coughing exercises will help keep your lungs healthy by getting rid of extra secretions.
Deep breathing exercises work best when you are sitting up in a chair or on the side of the bed. Follow these instructions:

- Support your incision with a small blanket or pillow.
- Take a deep breath in through your nose. Hold for five (5) seconds.
- Breathe out through your mouth.
- Repeat this exercise ten (10) times each hour while you are awake and until your activity level increases.

Coughing exercises help to loosen any secretions that may be in your lungs and should be done after your first five (5) deep breaths. To produce an effective cough:

- Support your incision with a small blanket or pillow.
- Take a deep breath and cough.

Calf and ankle pumping exercises

Calf and ankle exercises help the blood circulate in your legs while you are less mobile. Do these 10 times each hour, while you are awake and until your activity level increases

- Lie on your back with your legs straight (see picture).
- Point your toes (as if you were pressing on a gas pedal) and then point your toes towards your chin. Repeat 10 times.
- Move your ankles in a circle clockwise and counter-clockwise.
- These exercises will help prevent blood clots by increasing blood circulation in your legs.
- Remember to do these exercises 10 times each hour.
Preparing For Discharge

You may need help at home when you are discharged. It would be best to organize for this before being admitted to the hospital. Arrange for someone to pick you up at 10 a.m. on the day of discharge. If you think you may have problems at home, discuss them with your nurse or social worker. You will receive a follow up doctor appointment and a prescription for medication.

Be sure you understand about your:
- Medications
- Exercise program
- Diet
- Any restrictions regarding your surgery
- When to call the doctor for symptoms
- Follow-up appointments
- Preventing falls at home

After Discharge

Activity
- Take frequent rest periods as necessary. Let your body be your guide.
- Continue doing deep breathing and coughing, ankle and calf pumping exercises.
- You may climb stairs.
- Increase your walking distance each day.
- Do light activities for 2 weeks. Avoid strenuous exercise including heavy lifting, lifting grocery bags, shoveling snow, or pushing a lawn mower until you have seen your doctor on your follow-up visit.
- Increase your walking distance each day.
- Resume your usual activities gradually over 8 weeks. Discuss any specific concerns with your doctor including when to resume sexual activity.
- Do not drive a car for at least 2 weeks. You may resume driving after two weeks if you feel comfortable.
• If your incision extends over the groin area, avoid bending more than 90 degrees at the groin.
• Regular, daily exercise helps control your weight, helps reduce stress and controls blood pressure. It is not necessary to exercise vigorously. Mild exercise, such as walking, is generally safe and helpful for most people, but needs to be done on a regular basis to decrease risk of disease. Discuss exercise with your health care professional.

Diet
A well balanced, nutritious diet is encouraged to promote healing after surgery. You may need to continue to eat smaller more frequent meals and snacks until your appetite returns to normal

Constipation is common after surgery. Adding fibre to your diet and taking plenty of fluids (water, fruit and vegetable juices or soups) can help to prevent or treat constipation. Fibre can be found in the following foods: whole grain breads and cereals, bran, fresh fruits and vegetables and legumes (peas, beans and lentils).

These six building blocks to a Heart Healthy diet will help to prevent future blood vessel problems:
• Choose healthy proteins which can protect your heart and blood vessels over time: fish, legumes (beans, peas, lentils), soy and nuts
• Choose low fat dairy products
• Eat plenty of fruits and vegetables
• Choose whole grain breads and cereals, brown rice
• Limit sodium/salt
• Choose unsaturated fats and oils, e.g. olive, canola oils, nuts, salmon

Medications
• Take your pain medication as required. It is normal to experience some wound discomfort for a period of time after discharge.
• To avoid constipation (a side effect of many pain medications) add water-soluble fiber to your diet, e.g. bran, whole grains, fruit. If constipation is a problem, you may take a mild laxative.
• Do not drive a vehicle or sign any legal papers while you are taking narcotics, (e.g. Tylenol #3, Hydromorphone, Percocet). Narcotics may slow your reaction time and impair your judgment.
Wound care

- Do not wear clothes which irritate or constrict the incision.
- You may have a shower when the clips have been removed. Soaking in a tub for long periods may delay the healing process of your incision. Clean your incision with mild soapy water. Pat incision dry.
- The clips on your incision will either be removed before you leave hospital or by your family doctor after you are discharged. Your surgeon will discuss this with you before you go home. If the staples are to be removed outside of the hospital make sure you get a staple remover.
- Observe the incision for increased redness, pain, swelling, drainage, and/or incision separation. If these occur notify your doctor immediately. If you are unable to reach a doctor go to the Emergency department.

Smoking

Stop Smoking! Avoid all forms of tobacco (cigarettes, cigars, pipes, chewing tobacco)
Smoking damages the lining of the arteries and increases the risk of atherosclerosis.
Smoking cessation programs are available to assist you to stop smoking. Ask your nurse while in hospital about the programs available.

After discharge contact the University of Ottawa Heart Institute: Prevention and Rehabilitation Centre Heart Check Smoking Cessation Program at 613-761-4753 or www.ottawaheart.ca.

Follow-up with Physician

Before you are discharged you will be given a follow-up appointment with your surgeon.
For maps to the clinic see pages 19 and 20. Your follow-up appointment will be at the following location:

Vascular Surgery Clinic
The Ottawa Hospital Civic Campus
190 Melrose Avenue, 1st Floor, J section
Tel.: 613-798-5555, ext. 12479

If you are unable to make your appointment please contact the central booking number:

613-761-4766 you will need to know the name of your surgeon.

Your surgeon’s name: Dr. ____________________________
Call your Surgeon if you experience any of the following

- Chills or fever (temperature greater than 38.5°C)
- Increased pain, redness, swelling or drainage around the incision
- Increased pain in your legs or feet
- Separation of the incision
- Sudden back or abdominal pain
- A change in the colour (blue or white) or temperature (colder than normal) of the feet or lower legs.

Web Sites

Visit The Ottawa Hospital web site at www.ottawahospital.on.ca for more information.

For more information regarding your surgery see the My Surgery section on the Ottawa Hospital Web site at www.ottawahospital.on.ca. Click on Clinical Services and select ‘my surgery’.

Health Information for Patients and Their Family
Patient and Family Libraries at The Ottawa Hospital

The Ottawa Hospital’s two patient and family libraries provide onsite access to:

- Reliable information on a variety of health, wellness and medical topics;
- Information about local associations and support groups;
- Books, videos and DVDs for loan;
- Computers with Internet connections.

Our Collection: The collection has over 2000 books, videotapes, audiotapes and DVDs. The collection includes medical dictionaries, home medical encyclopedias, reference texts, as well as books on a variety of health topics, such as medical tests, specific diseases and conditions, and caregiving.

Loaning materials: Patients and family can borrow items from the library for three weeks (21 days) and renew for a further three weeks if the material has not been reserved.

If you cannot visit the library in person, please contact us by telephone or email—or visit us on the Web at http://www.ottawahospital.on.ca > Patients & Visitors > campus services > Patient and Family Libraries.

Come Visit Us!
Ninon Bourque Patient Resource Library – General Campus
Specializing in cancer-related information
Cancer Centre (expansion), Main Floor (C 1239)
503 Smyth Road, Ottawa ON K1H 1C4
**Hours:** Monday to Friday: 8:30 a.m. to 12:30 p.m. and 1 to 3:30 p.m.
**Tel.:** 613-737-8899, ext. 70107
**Fax:** 613-761-5292
**Email:** patientlibrary@ottawahospital.on.ca

Patient and Family Library – Civic Campus
Main Building, Room D100A (take the “C” elevators to the 1st floor)
1053 Carling Avenue, Ottawa ON K1Y 4E9
**Hours:** Monday to Friday: 8:30 a.m. to 12:30 p.m. and 1 to 3:30 p.m.
**Tel.:** 613-798-5555, ext. 13315
**Fax:** 613-761-5292
**Email:** patientlibrary@ottawahospital.on.ca

The Patient and Family Library service at TOH provides information only, not medical advice. Your healthcare professional is the only person qualified to give you a medical opinion.
We hope this book has helped to guide and support you at this time. The information comes from team members and patients like yourself. Your suggestions are important.

The Division of Vascular Surgery asks for your support in attaining Excellence in Patient Care, Research and Education. The Division of Vascular Surgery has research accounts. Please consider a donation. All donations are tax receiptable. Your gift is greatly appreciated.

The Ottawa Hospital, The Division of Vascular Surgery,
Civic Campus
1053 Carling Avenue
Ottawa, Ontario K1Y 4E9
c/o Vascular Surgery Research Account
Open Abdominal Aortic Aneurysm Repair

Centre de diagnostic vasculaire
Vascular Diagnosis Centre

Cliniques de neurosciences
Neurosciences Clinics

ICU Family Lounge
Salle familiale des soins intensifs

Soins intermédiaires en neurosciences
Acute Care Unit

Directions to Infectious Disease, Vascular Surgery
Clinic and Wound Healing Centre
Directions vers la Clinique des maladies infectieuses, la Clinique de chirurgie vasculaire et le Centre de cicatrisation des plaies
Directions to Infectious Disease, Vascular Surgery Clinic and Wound Healing Centre

- Exit the elevator and turn left, following the signs to J1.
- Once you are at J1 follow the signs to the elevators.
- Take the elevators down to main floor (level M).
- Exit the elevator and turn right.
- Follow the signs to the Infectious Disease, Vascular Surgery Clinic and Wound Healing Centre.

Directions vers la Clinique des maladies infectieuses, la Clinique de chirurgie vasculaire et le Centre de cicatrisation des plaies

- À la sortie de l’ascenseur, tournez à gauche et suivez les panneaux vers le secteur J1.
- Dans le secteur J1, suivez les panneaux vers les ascenseurs.
- Prenez les ascenseurs pour descendre au rez-de-chaussée.
- À la sortie de l’ascenseur, tournez à droite.
- Suivez les panneaux vers la Clinique des maladies infectieuses, Clinique de chirurgie vasculaire et Centre de cicatrisation des plaies.