

Open Abdominal Aortic Surgery

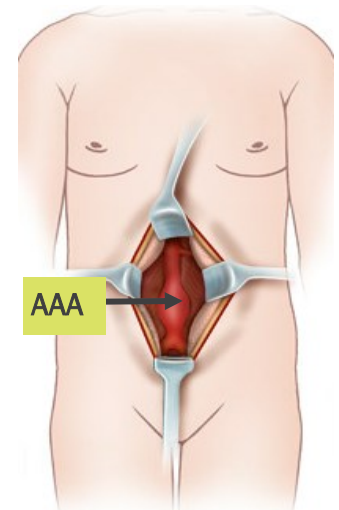
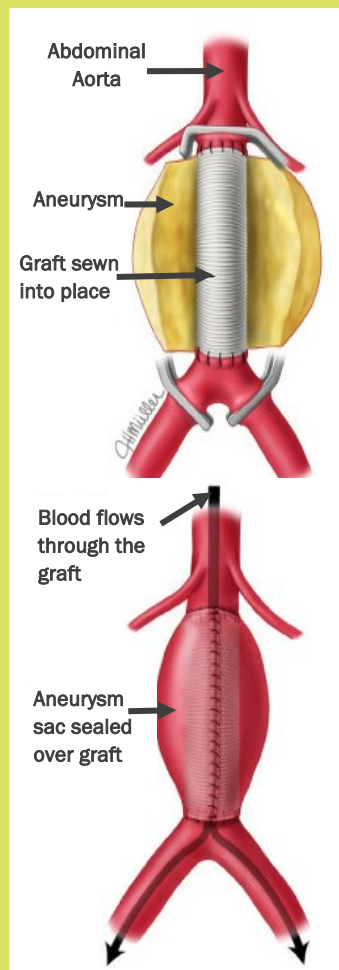
The Basics

Open abdominal aortic repair refers to surgery in the abdomen that involves replacing the diseased segment of the aorta (such as an **aneurysm** or **dissection**) with a prosthesis made of fabric material (known as a **graft**) that is sutured into place. This allows blood to flow normally and excludes the weakened aortic wall and prevents rupture. The aneurysm section is not removed, the arterial wall is used to cover the graft.

- ▶ In general this is for younger/healthier people, those with connective tissue diseases, and those in whom a stent-graft will not fit properly may be offered open surgery.
- ▶ *Aortic anatomy is evaluated using imaging such as CT scan or MRI.*

Procedure

- ▶ Performed under general anesthesia.
- ▶ You may be given an epidural to help with post op pain
- ▶ The surgeon makes a cut or “incision” in the skin of the abdomen and directly visualizes the aorta. The incision will either be in the middle, across or on the side of the belly.
- ▶ Then the surgeon will clamp the aorta above and below the diseased segment.
- ▶ They then will open the aortic wall/ aneurysm, sew a graft into the diseased section, then close the aneurysm wall over the graft. This reinforces the aortic walls.
- ▶ They will remove the clamps, and blood flows normally through the graft.
- ▶ The doctor will close the incision with sutures, staples, or skin glue and cover with bandages
- ▶ This procedure often takes 3-6 hours sometimes longer



Open Abdominal Aortic Repair



Abdominal Midline Incision

Possible Complications

- ▶ Blood clots or bleeding
- ▶ Ischemia (reduced blood flow) to organs or limbs
- ▶ Damage to organs
- ▶ GI Complications
- ▶ Kidney or lung problems
- ▶ Infection
- ▶ Heart failure, heart attack, irregular rhythm
- ▶ Need for reoperation
- ▶ Death

Post-Op Recovery

- ▶ Usually, patients can be transferred to a regular floor once they have recovered from anesthesia, unless closer monitoring is needed where they may have a short stay in the Intensive Care Unit (ICU). If you have a spinal drain (sometimes placed with TEVARs) you will go to the ICU. You may feel groggy or confused at first, this will improve with time.
- ▶ Your team will often check your pulses and your strength at regular times and compare them to your baseline preoperative examination.

Diet: you will drink clear fluids and advance to a regular diet, as tolerated. Consume a cardiac friendly diet. Do not skip meals. Do not consume alcohol for the first week after surgery or while taking any prescription pain medications.

Pain: You will receive different kinds of pain medications to control your surgical pain. Most patients do not need strong pain meds after endovascular aortic surgery.

Medications: it is important to take newly prescribed medications EXACTLY as prescribed. Keep a current list of your medicines, dosages, and times to be taken. Common medications after aortic surgery: blood pressure medications, aspirin, cholesterol medication. Other medications can include: diuretics “water pills”, blood thinners, and stool softeners.

Activity: Walking is resumed on the first postoperative day. Slowly increase your activity. Do not lift heavy objects (more than 10lbs) or engage in strenuous activity/exercise for at least two weeks.

Surgical Incision: Your incision(s) will be in your groin area, and it is necessary to keep them dry and clean to avoid infection. Typically your incision will be closed with skin glue. Occasionally there may be staples or sutures if the incision is bigger.

- ▶ Check incision every day. Mild redness or bruising is normal.
- ▶ Once you no longer need to keep the incision dry, it is ok to gently wash daily with mild soap and water and completely pat dry. Do not submerge in bath or pool. Avoid scrubbing.
- ▶ Do not apply lotions, creams, powders unless prescribed
- ▶ Be compliant with weight and activity restrictions, if you over-exert it can damage your incision.
- ▶ **Call your doctor if:**
 - ◆ There is drainage from the incision line
 - ◆ Increased redness or swelling around the edges of your incision, or if it separates
 - ◆ Increased pain and tenderness
 - ◆ Persistent fever.

Discharge: Most patients are discharged home within 1-2 days following endovascular repair. You will be encouraged to drink plenty of fluids after surgery to minimize the risk of kidney injury after the use of contrast during your procedure. Please monitor your blood pressure with a home blood pressure cuff. Keep a log of these readings 3 times a day and review with your primary care provider. Please attend any scheduled post op appointments and imaging. Your surgeon will want to see you about 1 month after surgery in clinic with a CT scan.

Endograft Surveillance: Routine surveillance is **MANDATORY** to assure the integrity of the repair. You may not feel if a malfunction with the stent is present. We suggest that surveillance should be performed at 1 month and then yearly thereafter for uncomplicated repairs to prevent late problems.