



ENDOVASCULAR ABDOMINAL AORTIC ANEURYSM (AAA) REPAIR DISCHARGE INSTRUCTIONS

GUIDELINES

These are general instructions. Special instructions for you may be included in the hospital discharge paperwork.

MEDICATIONS:

You will be started back on your pre-operative medications on the day after surgery. Discharge medications will include most of those medications that you were taking prior to your surgery. The health care team will review your medications before your discharge.

If you have diabetes, your diabetes medications may be restarted by the time you are discharged. While in the hospital, we may manage your diabetes with insulin. You may or may not need to go home on insulin.

Call us if you think your medicines are not helping or if you feel you are having side effects. Keep a written list of your medications and carry it with you. Bring all medicines to any appointments. We recommend that you carry a card in your wallet or purse that tells about your AAA. List all the medicines that you are taking on the back of the card. This information will help caregivers if you ever have an emergency. You may also contact MedicAlert to order a special medical bracelet.

PAIN CONTROL:

Your doctor has prescribed medications for your pain. You need to achieve and maintain adequate post-operative pain control, so you can perform functional activities without a lot of discomfort. Take your pain medications when your incision pain begins to increase. After one or two weeks, acetaminophen or ibuprofen (non-narcotics) may be enough to control pain. If your incision pain becomes worse, despite the pain medication, call your Vascular Surgeon's office.

ACTIVITY:

Physical Therapy and Occupational Therapy may be assigned to work with you and they will evaluate your exercise and range of motion. If you recover without needing their services, you should walk several times per day. You may shower, but do not soak your incisions for at least 4 weeks or until you have seen your Vascular Surgeon. Avoid lifting more than 10 pounds (nothing heavier than a gallon of milk) and driving for at least one week.

If you smoke, please quit. Smoking can increase your risk of having a heart attack, lung disease, cancer or make your vascular problem worse.

INCISION CARE:

Leave your incisions open to air. If there is any drainage, you may cover this area with a dry gauze. Cleanse your incisions twice a day with warm water and antibacterial soap.

You may shower but do not take a tub bath or go swimming until your Vascular Surgeon says it is ok.

DIET:

You may return to the diet you had before your admission. It is important that you take in enough protein and calories for at least 6 weeks after your surgery. A diet low in saturated fat and cholesterol, and high in vegetables, fruits and whole grains, will be important for the rest of your life. Drink at least six (6) cups of water per day.

If you have diabetes, control of your blood glucose will be important to healing your incisions. Be sure to follow a consistent carbohydrate diet along with your other dietary guidelines. Try not to miss a meal.

MONITORING AND MANAGING YOUR DIABETES:

- Until your follow up appointment with your Primary Care Provider after your hospitalization, check your blood glucose 4 times daily. We recommend that your first test be done before breakfast in the morning. Then test your glucose before lunch and again before supper. The last daily test is at bedtime.

If you cannot perform the blood glucose test 4 times daily, at least test your glucose before breakfast each morning. Then, test a second time during the day, rotating the times before lunch, the next day before supper, and then at bedtime the following day.

- Record all your blood glucose results in a log with the date and time of the test. Under "Comments" include anything significant which might affect your glucose levels. You can make a simple chart like this:

Date & Time	Blood Glucose	Comments
May 14; 8 a.m.	93	Slept well
May 14; 8 p.m.	134	Active all day going to appointments

- Your target glucose levels should be less than 140 fasting in the morning and less than 180 all other times.
- Contact your Primary Care Provider immediately if your blood glucose remains elevated above 300 for 24 hours.
- Be sure to see your Primary Care Provider within 2 weeks of being discharged from the hospital. Take your log of blood glucose results with you, as well as your hospital discharge instructions with the list of discharge medications on it.

FOLLOW UP:

Be sure you understand your follow-up visit schedule. Keep all appointments. Write down any questions you may have. This way you will remember to ask these questions during your visit.

CALL US, IF ANY ONE OF THE FOLLOWING OCCURS:

- You have pain or swelling in your abdomen that is worse or does not go away.
- Your incision is swollen, red, or has pus coming from it.
- You have a temperature that is 101 degrees, for more than 8 hours.
- You have chills, a cough, or feel weak and achy.
- Your skin is itchy, swollen, or has a rash
- You have questions or concerns about your AAA, medicine, or care.
- Phone 434-243-6828, between 8:00 am and 4:30 pm on weekdays. Call 434-924-0000, for evenings, nights, and weekends then ask to speak with the Vascular Resident on call.

SEEK EMERGENCY CARE IMMEDIATELY IF:

- You have chest pain or trouble breathing all of a sudden.
- You have blood in your stool or begin vomiting blood.
- Your stitches or staples come apart or your bandage becomes soaked with blood.
- Your incision continues to swell or becomes much more painful over an 8 hour period.
- You have the following signs and symptoms:
 - Sudden, bad pain in your abdomen (belly), back, or side. The pain may travel down to your legs, hips, and groin.
 - Fast heart beats in your chest, or you can feel heart beats in your abdomen.
 - When you touch your abdomen, it feels hard and tight.
 - Nausea (feel sick to your stomach) and vomiting (throwing up).