

You may also be seen by the hospital's discharge planner. They will assist you and your family in planning the best possible recovery after discharge. This recovery plan could include discharge to home with wound care or physical therapy support, transfer to a rehabilitation facility or skilled nursing facility.

At discharge, your doctor will tell you when to return for an office visit. Please call your doctor's office to make an appointment.

### AFTER YOU GO HOME

**Activity:** Physical exercise is very important. You should walk each day, gradually increasing your distance. Before driving, please consult your doctor.

**Bathing:** Please do not take tub baths to avoid submerging your incisions into water. You may shower with soap and water. Wash the incision gently and pat dry. If mild drainage occurs, use hydrogen peroxide to cleanse 1-2 times a day.

**Diet:** Eating while healing is important, however, limit high fatty foods. Plaque is partially caused by a high fat, low fiber diet. Fruits, vegetables, whole grains and lean meats are healthy options.

**Medications:** Unless otherwise directed, continue the same medication you were taking before surgery. For pain, take the medication prescribed at the time of discharge. Do not drive while taking prescription pain medications.

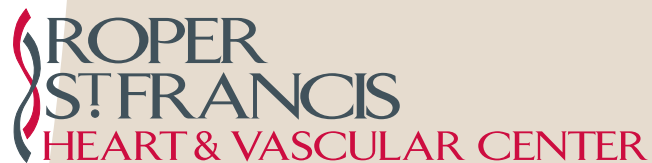
### GENERAL INFORMATION

Call your doctor if you have excessive drainage from the incision, severe pain or a fever of 101.5° or higher.

Soreness, numbness or discoloration of your incision is normal. You may also experience some bruising and swelling. Generally after vascular surgery, several weeks are required before you are fully recovered. However, everyone reacts to surgery differently. If you become concerned about any aspect of your procedure, please call your doctor's office. If necessary, arrangements will be made for you to be seen promptly.

#### For more information call:

Roper St. Francis Healthcare  
Vascular Surgery Unit  
7 South  
843-724-2796



[www.ropersaintfrancis.com](http://www.ropersaintfrancis.com)

HEALTHLINE 402-CARE

ROPER ST. FRANCIS HEALTHCARE

# Patient Guide to Abdominal Aortic Aneurysm



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# Preparing for Surgery



## WHAT IS AN ABDOMINAL AORTIC ANEURYSM (AAA)?

An aortic aneurysm is an enlargement or ballooning of the largest artery in the body. It carries all of the blood pumped out of the heart to every organ. It is located in the chest and abdomen and is connected to the heart with branches to smaller arteries that provide blood to the other organs. Many people have aneurysms for years before symptoms develop. Once this is diagnosed, surgery or a stent graft is typically required to repair the weakened area. You are at a higher risk for an AAA if you smoke, have high blood pressure and a family history of this disease.

## THE DAY BEFORE SURGERY

- Do not drink or eat anything after midnight the night before or the morning of your surgery. This includes water, ice, coffee, candy and gum.
- Do not drink alcohol or smoke 18 hours before your surgery.
- Make arrangements for someone to bring you to the hospital, take you home and stay with you at home.
- If you have a cold, fever, infection or any other health-related problem, be sure to inform your doctor as soon as possible before your surgery.

## THE DAY OF SURGERY

- Bring a list of all medications you are currently taking.
- Bring your insurance card and co-pay.
- Take medications as instructed by your nurse or doctor.
- Wear loose fitting clothing.
- Do not wear jewelry, dentures or bring other valuables.
- Do not wear makeup or perfume.
- Do not wear contact lenses. If you plan on removing your contact lenses while at the hospital, please remember to bring the lens case.

When you arrive at the hospital, you will be asked to sign a consent form for your operation. This is a routine procedure and gives the doctors permission to perform your surgery. You will also meet with an anesthesiologist who will put you to sleep and monitor your vital signs during surgery.

When it is time for surgery, you will be placed on a stretcher and taken to a holding area outside of the operating rooms. A nurse will start an IV in your arm to give you fluids and medicine through your veins as needed. You will then be taken from the holding area to the operating room.

While you are in surgery, your family and friends (preferably no more than two adults) are welcome to wait in our surgical waiting area or enjoy a meal in our cafeteria.

## AFTER SURGERY

After surgery, the doctor will discuss the operation with your family as you are taken to the recovery room. While in the recovery room you will be closely observed until the anesthesia wears off. The nurses will do vascular checks often. This consists of checking the extremity for color, temperature, pulse and sensation. When you wake up, you will have a Foley catheter in place to drain your bladder.

You will also be attached to a cardiac monitor and pulse oximetry to monitor your heart and oxygen levels. After a few hours in the recovery room, you will be transferred to the surgical intensive care unit.

In the ICU, your vital signs and extremities will be monitored closely. Your movements will be limited. Visiting hours are more regulated. You may feel anxious because of the noise, and additional monitors and equipment. You may also feel a loss of independence as the ICU nurses care for your most basic needs. These feelings are normal. The nurses will make every effort to support you through your ICU stay and include your family as often as possible. When your condition improves, you will be transferred to the vascular unit.

Expect to stay in the hospital 4-6 days after surgery. During this time, you may experience numbness, swelling or pain in the incision area. You will have an epidural in your back for pain management. After this is removed, you will be given pain medication through your IV until you can take oral medication.