Open Repair of Your Abdominal Aortic Aneurysm

Information for patients and families

Read this booklet to learn:

• what an abdominal aortic aneurysm is
• how surgery can repair it
• what to expect
• who to call if you have any questions

What is an abdominal aortic aneurysm?

The aorta is the main blood vessel that carries blood from your heart to other parts of your body. Your aorta is about 2 centimetres wide. Disease in the wall of your artery causes it to balloon out.

An aneurysm is diagnosed when the artery grows 50% larger than the normal size. In the abdomen or chest this is about 3 centimetres for most patients.
What causes an abdominal aortic aneurysm?

Aneurysms are most common in men. If you smoke, your risk of having an aneurysm is 5 to 6 times higher than someone who has never smoked. Aneurysms can be hereditary (common in families). They are also more common in people who are over 70 years old.
Is it dangerous?

An abdominal aortic aneurysm is usually only treated when it is 5 centimetres wide in women or 5.5 centimetres in men. If your aneurysm is large it is repaired to prevent it from bursting.

A burst aorta is dangerous. It causes bleeding inside your body. This can cause death if it isn’t treated quickly. Speak to your vascular surgeon about the risk or danger of your aneurysm bursting.

There are risks of having the surgery to repair an aneurysm. Your doctor will consider this before deciding whether your aneurysm should be repaired.

If your aneurysm is smaller, your surgeon may recommend regular checks with an ultrasound or a CT scan (special x-ray of your body).

What should I watch out for?

Go to your nearest emergency department and tell them you have an aneurysm if you:

- have very bad back, stomach or groin pain
- feel dizzy or like you might faint

These are signs your aneurysm may be leaking.

How can my aneurysm be treated?

Your abdominal aortic aneurysm can be treated with 1 of these surgeries:

1. an open repair
2. an endovascular stent graft (EVAR)

Your surgeon will talk to you about the benefits and risks of each surgery and which surgery may be right for you.
Not every abdominal aortic aneurysm can be treated with an EVAR. This depends on the shape of your aneurysm and where it is.

**What can I expect during open repair of my abdominal aortic aneurysm?**

During open repair surgery:

1. You get an anesthetic (medicine) by intravenous (IV). The anesthetic helps you fall asleep and keeps you comfortable during the surgery.
2. You have a breathing tube put into your throat.
3. Your surgeon makes an incision (cut) in your abdomen to access your aneurysm.
4. They replace your aneurysm with a man-made graft (tube). Your blood flows through the inside of this tube instead of the aneurysm.

The surgery usually takes about 3 to 4 hours.
Will I need a blood transfusion?

Yes, you may need a blood transfusion (need to receive more blood) during surgery. We use a machine called a cell saver to recycle the blood you lose during surgery. This reduces the chance that you will need a blood transfusion.

Preparing for open repair surgery:

What tests will I need to have?

Before your surgery, you may have:

- a CT scan or an MRI (a test that uses a magnetic field to take pictures of your body) or an angiogram (a blood vessel x-ray). These tests give your surgeon pictures of your arteries.
- heart tests to see if your heart is strong enough for the surgery
- blood tests
- a chest x-ray
- an ECG (a test that measures the electrical activity in your heart)

What can I expect during my preadmission visit?

The preadmission visit helps prepare you for the surgery. During the visit, your health care team does a complete check of your health. This visit can take from 3 hours to the whole day. **If you don’t come for your preadmission visit, your surgery will be cancelled.**

You will have your preadmission visit within one month of your surgery. Take your medicine as usual unless your doctor asks you not to. Eat as usual on this day.
During the visit, you may:

• go through steps (paperwork) for admitting
• have blood tests, an ECG, a chest X-ray, a urine test
• have a medical assessment (check-up)
• have a nursing care assessment
• be examined by an anesthetist. This is the doctor that will give you the anesthetic and check on you throughout the surgery.

What should I bring to the preadmission visit?

Please bring:

☑️ your health (OHIP) card and University Health Network (UHN) blue hospital card
☑️ information about your extended health insurance plan such as policy numbers
☑️ a credit card
☑️ your history and physical form completed by your family doctor
☑️ all medicines that you take in their original bottles
☑️ this booklet
☑️ lunch or lunch money since you will be here most of the day

Don’t make any changes to your health card or hospital card after you have completed your preadmission visit.

What about my medicines?

Your surgeon and/or your anesthetist will talk to you about your medicines. Tell your surgeon if you are on a blood thinner such as: Warfarin (Coumadin®), Rivaroxaban (Xarelto®), Dabigatran (Pradaxa®), or Apixabax (Eliquis®). You will have to stop taking your blood thinner. Sometimes a different blood thinner will be used instead.
If you are taking Clopidogrel (Plavix®), you will have to stop taking it before your surgery. Continue to take Aspirin® unless your surgeon tells you not to.

**How can I plan for going home after surgery?**

- Plan to have someone help you at home after your surgery. You will need help for at least 1 to 2 weeks. You may need help with laundry, cleaning, cooking and grocery shopping.
- Make or buy extra meals that you can freeze before your surgery.
- Plan to have someone look after your family and pets while you are in the hospital.
- Plan to have someone pick you up from the hospital when you are discharged. You will not be able to drive for 6 weeks after your surgery.

**Special instructions before your surgery:**

- Don’t eat or drink anything after midnight the night before surgery. This means no water, tea, coffee, toast, candy or gum. If you have been told to take a medicine, take it with a small sip of water.

- **Don’t smoke after midnight.** If you smoke, try to quit. If you can’t quit, smoke less. Smoking irritates your lungs.
- Shower at home the night before or morning of your surgery.
- Take off all your nail polish and makeup at before coming into the hospital.
- Come to the hospital **2 hours** before your surgery.
- Check in at:
  - Surgical Admission Unit reception desk
  - Toronto General Hospital
  - Peter Munk Building – 2nd floor (Munk elevators)
Where can my family wait while I am in surgery?

The surgical waiting room is on the 3rd floor in the Peter Munk Building. Take the Munk elevators to the 3rd floor.

Your family should introduce themselves to the volunteers there. Your surgeon will speak to your family when the surgery is done. If your family will not be in the waiting room, tell your surgeon’s office where they can be reached.

Where will I go after my surgery?

After your surgery, you will go to the recovery room. Then we will take you to the CVICU (Cardiovascular Intensive Care Unit). It is on the 2nd floor.

Phone: 416 340 3550

After a day or 2, we will transfer you to the Vascular In-Patient Unit. This is on the 4th floor, New Clinical Services Building. Take the Munk elevators.

Phone: 416 340 4208

Your family members (no more than 2 at a time) can visit you in the CVICU or Vascular In-Patient Unit between 11 am and 9 pm.

What can I expect after surgery?

- When you wake up you may have a tube in your bladder so the nurse can measure your urine output (how much you urinate).
- You will have an IV in your vein for fluids and pain medicine.
- You will have a second IV in your wrist artery. We will use this to draw blood for tests and to monitor your blood pressure.
- You will be attached to a heart monitor to check your heart rhythm.
- You will have a long incision in your abdomen. We use metal clips to close the incision. They will be removed about 10 to 14 days after your surgery.
• While you are in the hospital, the vascular team will see you each morning. This team includes doctors, nurse practitioners and nurses. Please talk to them about any concerns or questions you have.

How can I expect to feel?

• You will feel sleepy from the anesthetic.
• You may have nausea and be sick to your stomach for about 1 day.
• Your throat may feel a little sore from the breathing tube you had during surgery. It will feel better in a couple of days.
• You won’t be able to eat solid food until your doctors and nurses tell you that it’s safe. You will have clear liquids for about 2 to 3 days before you can start solid foods.

How can I manage my pain?

Most patients have pain after surgery. You can expect to feel pain in the area you had your surgery. You may also feel stiffness and aches in other areas. Take your pain medicine regularly. This will help you start moving around sooner.

You may have an epidural to help control your pain. An epidural is a needle that goes into your spine. It delivers pain medicine. If you have an epidural, you will have a pump that will let you push a button to deliver pain medicine when you need it. We will remove your epidural in a couple of days and you will start taking pain pills.

If you are unable to have an epidural, you will have a Patient Controlled Analgesia (PCA) pump instead. There will be a button on the PCA that you can push to give yourself pain medicine when you need it.
How long will I be in the hospital?

You will be in the hospital for about 5 to 7 days. When you can go home will depend on how well you are recovering from surgery. The time it takes to recover is different for everyone. Your body will continue healing at home.

The hospital staff will usually tell you when you can go home about 1 or 2 days before.

What do I need to know about going home?

- You can go home at 11:00 am. Please arrange for your ride to pick you up by this time.
- Your nurse will give you instructions to follow at home before you leave.
- You will get a prescription. Please take this to any pharmacy. There is a pharmacy on the 1st floor of the Munk building that you can use.
- We will also give you a discharge letter to take to your family doctor. You should see your family doctor within 1 week of going home.
- Make a follow-up appointment with your vascular surgeon at about 4 to 6 weeks after your surgery.

What can I expect after I get home?

You may not feel very hungry or want to eat very much after you get home. This is normal and can last for about 2 to 4 weeks after surgery.

Try to eat small meals more often during the day to keep up your energy and give your body the nutrients it needs. Your energy will usually start to improve about 4 to 6 weeks after surgery.
Who can I talk to if I have any questions?

If you have any questions before your surgery, please call your surgeon’s office. If you have questions while you are in hospital, please ask your nurse or your nurse practitioner.

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