

Vascular Surgery

Aortic Aneurysm Surgery (Open Repair)

Why do I need the operation?

The main artery (aorta) in your abdomen has stretched and weakened, forming an aneurysm. This operation is to repair the stretched section so that it will not burst (rupture). Approximately one in three AAA patients undergo open aneurysm repair.

Before your operation

A CT scan is performed which will determine whether you are suitable for a stent or open repair. To ensure you are fit for surgery a fitness test (CPEX) will be required. If this is satisfactory you will be invited along to a pre-admission clinic which includes blood tests, chest x-ray and a heart tracing. You will also see a vascular anaesthetist during this review. You will be admitted into hospital either the day before or the morning of your operation.

Coming into hospital

Please bring all your current medication with you. The doctor who will give you the anaesthetic and your surgeon will visit you before your operation. If you have any questions about the operation, please do ask.

The operation

You will be taken to the anaesthetic room where you will be given your anaesthetic, and from there into theatre. As well as being put to sleep, you may have a small tube placed in your back (an epidural) to help with pain relief following surgery.



Patient Information

While you are asleep, small tubes will be inserted into your bladder to drain your urine; into your stomach (through your nose) to prevent you feeling sick; and into a vein in your neck for pressure measurement and to give you fluid following surgery.

You will have a cut down or across your tummy (abdomen) and it may be necessary to make a small cut in one or both groins. A graft will be stitched inside the aorta to re-line the vessel. The wounds may be closed with a stitch under the skin which dissolves by itself, or by clips which will need to be removed about 10 days after surgery.

After the operation

When you leave the operating theatre, you will be taken to the PACU (post anaesthetic care unit, in the recovery department) or to the Critical Care Unit so that we can keep a special eye on you. It may be necessary for you to remain on a breathing machine for a period after the operation, but you will be taken off this as soon as possible. Following this surgery, the bowel stops working for a while, so you will be given all the fluid you need in a drip until your bowel will cope with you drinking normally. You may also need a blood transfusion. The nurses and doctors will try to keep you free from pain with pain killers either through a small tube in your back (epidural), by a small machine you control yourself by pressing a button, or by injection.

As the days pass and you improve, the various tubes will be removed, and you will be returned to the normal ward until you are fit enough to go home. People are discharged any time from the 7th day after surgery, but some people need longer to recover particularly if the surgery was completed as an emergency. If necessary, you will be visited by the physiotherapist before and after your operation, who will help you with your breathing (to prevent you developing a chest infection) and with your walking.

Going home

If dissolvable stitches have been used, it will not be necessary to have these removed. If your stitches or clips have not been taken out before you go home, your practice nurse will remove them and check your wound.

Patient Information

You will feel tired for many weeks after the operation, but this should gradually improve as time passes.

Regular exercise such as a short walk followed by a rest period is recommended for the first few weeks after surgery, followed by a gradual return to your normal activity level.

You will be sent an appointment for an outpatient review; it is important that you do not drive your car until you have been seen in clinic.

Potential complications

Chest infection can occur following this type of surgery, particularly in smokers, and may need treatment with antibiotics and physiotherapy. Slight discomfort and twinges of pain in your wound is normal for several weeks after surgery, but wounds sometimes become infected, and these can usually be treated successfully with antibiotics. Also, the wound in your groin can fill with a fluid called lymph that may discharge between your stitches, but this usually settles with time.

As with any major operation such as this, there is a very small risk of you having a medical complication such as a heart attack, but the doctors and nurses will try to prevent these complications and deal with them quickly if they occur.

The bowel can be slow to start working again and this requires patience; fluids will be given in a drip until your bowel gets back to normal.

Sexual activity may be affected due to nerves in your abdomen being cut during the operation and there is a chance you may become impotent.

If you have any concerns, please discuss them with your surgeon.

What can I do to help myself?

If you are a smoker, you should try to stop completely, as continued smoking can cause further damage to your arteries and increase your chance of having a heart attack or stroke. Smoking cessation support is available via your GP surgery and local chemist

General health measures such as reducing weight, a healthy, balanced diet and regular exercise are also important.

Patient Information

If you would like to discuss the information in this booklet, please contact a Vascular Nurse Specialist:

Alison Kite on 02476 965569

Ellena Smedley or Edward Lopez on 02476 966914.

Further Information

www.vascularsociety.org.uk

www.circulationfoundation.org.uk

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 02476 965569 and we will do our best to meet your needs.

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