

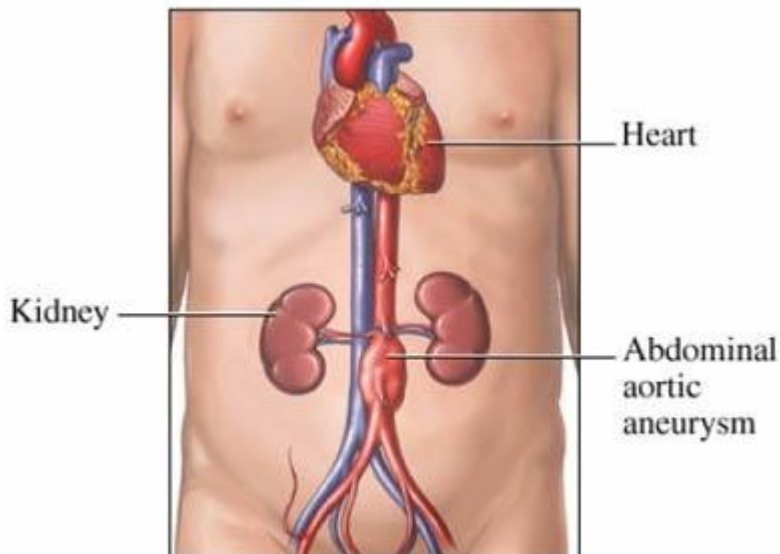
Patient's Name: John Q. Patient
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Date: April 2, 2015
Notes: Nurses can write personalized notes to patients here.

Abdominal Aortic Aneurysm Repair

Definition

The aorta is the largest artery in the body. The abdominal portion of the aorta carries blood to the abdomen, pelvis, and legs. Sometimes the walls of the aorta weaken and bulge in one area. This is called an abdominal aortic aneurysm (AAA). AAAs are most often caused by [atherosclerosis](#), also known as hardening of arteries, and [high blood pressure](#).

Abdominal Aortic Aneurysm



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Reasons for Procedure

Surgery to repair an AAA is often done when the aneurysm:

- Causes physical symptoms such as abdominal pain
- Reaches a size of 2 inches (5 centimeters) across or has been growing rapidly. Smaller aneurysms are watched closely. They are rarely repaired with surgery.
- Has burst—Surgery must be done right away.

Preventive AAA surgery generally has a good outcome for people who are relatively healthy. Emergency surgery to fix an AAA rupture has a much lower survival rate, due to the rapid loss of blood.

Possible Complications

Your doctor will review a list of possible complications, which may include:

- Problems from general anesthesia, including lightheadedness, low blood pressure, and wheezing
- Infection
- Bleeding
- Damage to organs
- Death

Some factors that may increase the risk of complications include:

- [Smoking](#)
- Heart disease
- Previous episodes of [transient ischemic attack \(TIA\)](#) or stroke
- Lung disease
- Weakness due to cancer
- Diabetes
- [Obesity](#)

What to Expect

The procedure varies. It can be done before a rupture as a preventive measure or after a rupture on an emergency basis. The preventive procedure is outlined here.

Prior to Procedure

Your doctor may need detailed pictures of your abdomen, heart, and lungs. These can be made with:

- [CT scan](#)
- [MRI scan](#)
- [Chest x-ray](#)
- [Abdominal ultrasound](#)
- [Cardiac catheterization](#)

Your doctor may also need a record of your heart activity. This can be made with an [electrocardiogram](#).

Your doctor may ask you to see a cardiologist—a doctor who specializes in heart conditions. The cardiologist will check your heart before surgery.

You may need to stop taking certain medications 1 week before surgery. Talk to your doctor about your regular medications.

On the day of the procedure, you will be given an antibiotic by IV. You may also be given a laxative or enema to clear out your bowels.

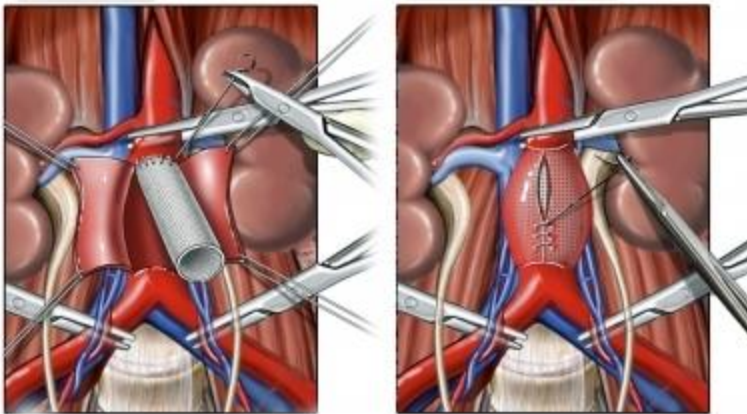
Anesthesia

[General anesthesia](#) will be used. It will block any pain and keep you asleep through the surgery. It is given through an IV.

Description of Procedure

In most cases, an incision is made from the breastbone to below the belly button. The aorta is clamped slightly above and below the aneurysm. Any blood clot on the inside of the aorta is removed. An artificial wall is used to strengthen the area. This is called a graft. The graft will be stitched to the normal aorta on either side. Then, the clamps are removed. The wound is closed with stitches.

Abdominal Aortic Aneurysm Surgery



*An artificial graft is stitched to the aorta.
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How Long Will It Take?

About 4-6 hours

How Much Will It Hurt?

Anesthesia prevents pain during the procedure. Most people will be sore after the procedure and will be given pain medications.

Average Hospital Stay

The length of your hospital stay depends on your overall condition. Ask your doctor how long you should plan to stay.

Post-procedure Care

At the Hospital

While you are recovering at the hospital, you may receive the following care:

- You will be sent to the intensive care unit for monitoring.
- You will have tubes in place, which may include the following:
 - IV—provides medications and fluids
 - Urinary catheter—monitors urine output
 - Arterial catheter—monitors blood pressure
 - Central venous catheter—monitors pressure in the heart
 - Epidural catheter—provides pain medication
 - Nasogastric tube—inserted through the nose and into the stomach to remove secretions and provide nutrition until your intestines regain normal function

At Home

When you return home, do the following to help ensure a smooth recovery:

- To help prevent further problems, you and your doctor will need to work to increase your overall health. This can be done with medications and a healthy lifestyle. If you are a smoker, you should talk to your doctor about quitting.
- Follow your doctor's instructions.

Call Your Doctor

After you leave the hospital, contact your doctor if any of the following occurs:

- Redness, swelling, increasing pain, excessive bleeding, or discharge at the incision site
- Signs of infection, including fever and chills
- New abdominal pain
- Back pain
- Any change of color or sensation in your legs or feet
- Burning, pain, or problems when urinating
- Nausea or vomiting
- Abdominal cramps or [diarrhea](#)
- Unusual fatigue or [depression](#)
- Disorientation or confusion
- Numbness or tingling in the legs
- New, unexplained symptoms
- Cough, shortness of breath, or chest pain

In case of an emergency, call for emergency medical services right away.

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