



Peter Y.  
Milne

F.R.A.C.S., F.R.C.S. (Eng),  
F.A.C.S.

**Vascular &  
Endovascular Surgeon**

## AORTIC REPAIR

You have been booked for admission to hospital for repair of the main artery within the abdomen of your body. This may be in the form of a bypass for blockage or, repair of an arterial weakening known as an "aneurysm". You will be admitted to hospital the night before operation unless there is any special medical condition requiring earlier treatment.

### **BEFORE THE OPERATION:**

**Mr. Milne** and the **Anaesthetist** will see you the night before surgery to discuss the operative procedure and the anaesthesia involved. An **Assistant** surgeon will be introduced to you prior to the start of your operation on the day of surgery. Blood tests will be performed before surgery to check kidney function, blood chemistry and blood cross matching. An electrocardiograph will be performed. Blood transfusion may be required although pre-operative blood banking by yourself can be undertaken if you are fit. Your own blood will then be used during your operation. If you have any objection to a blood transfusion please contact this office.

You should bring all your normal medications with you to hospital. Report any allergies to drugs or previous difficulties to the **Anaesthetist**.

### **THE OPERATION:**

The operation involves a large incision in the middle of the abdomen. Additional incisions may be made at the groin of each lower limb. General anaesthesia is required for this procedure. A tube (catheter) will be inserted into the bladder at the operation and will remain in place for two days post operatively. Tubes will be placed in the neck and arms called intravenous catheters. These will be used for replacing fluids and feeding you.

Abdominal surgery is quite painful and the favoured form of pain relief is by means of an epidural catheter. This is similar to the epidural catheter used during childbirth to provide pain relief during labour. Your **Anaesthetist** will discuss with you the means of post-operative pain control using this catheter.

### **AFTER THE OPERATION:**

For the first two post-operative days you will require close monitoring and will be admitted to a Special Nursing Area. After surgery on the abdomen for bypass of the main artery the intestines (small bowel) cease to function for a few days. During this period you will be supported by intravenous administration of fluids. From three to five days after surgery your bowel will commence to function again and you will be able to start eating and drinking. The urinary catheter, intravenous feeding requirements and epidural catheter requirements have usually ceased on day five after surgery and you may then resume normal mobility. Expected hospital time for this procedure is between five and ten days.

After surgery you will be visited by a **Physiotherapist** on a daily or twice daily basis who will give you instructions on the correct breathing techniques to avoid acquiring infection of the lungs or collapse of the lungs which can prolong your hospital stay.

On your discharge from hospital you will be able to walk normally. You will be able to shower and wash down the area of the operation site with soap and water and pat dry gently. Unusual events in the form of chest pain, abdominal pain, and difficulties with function of the lower limbs should be reported to Mr. Milne promptly. In the event of any chest pain, which is disabling, this should be reported without delay.

During the postoperative recovery period you will feel quite tired and note a substantial reduction in appetite for approximately six weeks. After this period there is usually a rapid return of normal appetite but you can expect a weight loss of approximately 5Kg-7Kg in the weeks following this operative procedure.

**After your operative procedure any complications or difficulties regarding the operation should be referred immediately to Mr. Milne's office or his call service. Telephone numbers are on your post-operative instruction sheet. Any other unrelated medical condition should of course be referred back to your local doctor.**

#### **EXERCISE:**

Walking is the best form of activity after surgery. It is recommended that you do not drive a motorcar for 10 days following your operation and that heavy lifting of items over 10Kg in weight should be avoided for approximately four weeks.

#### **RISKS:**

If surgery runs according to plan you have a 95% expectation of an uncomplicated recovery as described. During the post operative phase however the following complications may occur -

- Heart Attack (Coronary Thrombosis, Myocardial Infarction)
- Pneumonia or other respiratory difficulties.
- Infection - either of the lungs or wound - rarely occurs but constitutes a risk of surgery. Potency, sexual potency may decrease depending on surgery.

The risk of death, stroke, paralysis or loss of legs associated with this surgery is less than 2%.