

# A PATIENT GUIDE TO ABDOMINAL AORTIC ANEURYSM

stonybrookvascularcenter.com  
(631) 638-1670








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Stony Brook **Medicine**

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# WELCOME TO STONY BROOK MEDICINE

**T**he vascular and endovascular surgery team at Stony Brook Medicine is committed to providing you with outstanding care. Patient education is an extremely important part of your care, before and after surgery. By becoming an educated and active member of your healthcare team, you will have an integral role in your treatment and recovery.

Now that you and your physician have decided that you need surgery, you may have some questions and concerns. This booklet will help answer your questions, as well as provide general information about your condition and treatment. Knowing what to expect can help make your hospital stay more pleasant and help speed up your recovery.



# YOUR VASCULAR AND ENDOVASCULAR SURGERY TEAM



**Apostolos K. Tassiopoulos, MD**  
Chair, Department of Surgery; Chief,  
Vascular and Endovascular Surgery;  
Professor of Surgery



**Antonios P. Gasparis, MD**  
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Physician Assistant

**Carol Paradise, PA**  
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**Krystal Sposito, PA**  
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**Carleen Conde, NP**  
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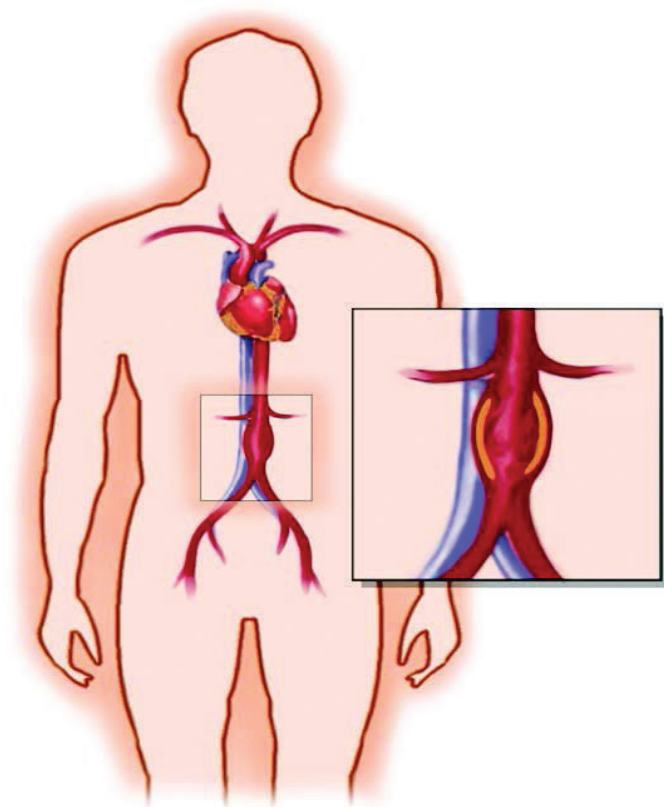
**Tara McSweeney, NP**  
Nurse Practitioner

# ABDOMINAL AORTIC ANEURYSM

## WHAT IS AN ABDOMINAL AORTIC ANEURYSM?

Nearly 200,000 Americans are diagnosed with abdominal aortic aneurysms (AAA) annually, and approximately 15,000 individuals die each year from a ruptured AAA.

The aorta is the largest artery in the body, delivering, through its multiple branches, oxygen-rich blood to the entire body. An AAA occurs when the wall of the aorta progressively weakens and begins to bulge. The normal diameter of the abdominal segment of the aorta is 2 cm or 0.8 inches. If the diameter exceeds 3 cm (1.2 inches), the aorta is considered to have an aneurysm present. An AAA can continue to enlarge without causing any symptoms. If it is not diagnosed and is left untreated, it may eventually rupture, causing significant internal bleeding and possibly death.



Diagnosis requires abdominal ultrasound or CT scan. AAA's can be safely treated with early diagnosis.

The risk of rupture increases with the size of the aneurysm, and when the diameter exceeds 5 cm (2 inches) in females or 5.5 cm (2.2 inches) in males, repair is required. Smaller size aneurysms can be safely monitored with regular ultrasound examinations.

When repair of the AAA is required, treatment options include placement of an endovascular stent graft or open surgical repair of the aneurysm.

Early detection and elective repair prevent rupture and can save a person's life.



# ABDOMINAL AORTIC ANEURYSM

## WHAT ARE THE RISK FACTORS?

Anyone can develop an AAA, but certain risk factors may predispose an individual to the development of an abdominal aortic aneurysm. These include:

- A family history of AAA
- Smoking (current or past)
- High blood pressure
- Age 60+
- High cholesterol
- Heart disease
- Previous Aneurysm
- Genetic Tissue Disorders (connective tissue diseases)
- Male sex
- Obesity

*\* Individuals who have a first degree relative (mother, father, sibling) with a history of AAA have a 10-15% chance of having an AAA themselves.*

## WHAT ARE THE SYMPTOMS?

Most patients with an AAA will remain **asymptomatic** (experiencing no symptoms), but if you do develop symptoms you may experience the following:

- Pulsations within your abdomen.
- Severe sudden pain in your abdomen or lower back. If you experience such pain, **call 911**, as this may indicate impending rupture.
- Rarely, you may develop pain, discoloration or ulcerations on your toes or feet caused by debris shed from the aneurysm. ***If you experience this, contact your physician immediately.***

## WHAT TESTS WILL I NEED?

Imaging studies create pictures of your arteries and help determine size, shape and stability of your aneurysm. Several imaging studies may need to be completed before repairing your aneurysm. These may include:

- **Ultrasound:** A noninvasive method of imaging that allows sound waves to create an image of your blood vessels.
- **CT Scan:** A modality that uses a series of images to create a detailed picture of your aneurysm. You may be given intravenous (IV) contrast before this test to ensure a clear picture of your arteries. IV contrast can lead to kidney failure in patients with allergies to contrast dyes or known kidney disease, so please inform your physician of any of these issues.

# ABDOMINAL AORTIC ANEURYSM

## TREATMENT OPTIONS

Abdominal Aortic Aneurysms are managed according to their diameter and the presence or absence of symptoms.

- Your physician may recommend **repair** of your AAA when it reaches diameters between 5 cm (2 inches) and 5.5 cm (2.2 inches) or if your aneurysm is growing at an increased rate (0.5cm in 6 months or 1 cm in a year).
- Small, asymptomatic aneurysms-your physician may recommend periodic surveillance. This means that the risk that your aneurysm will rupture is very low.
  - You will likely be monitored every 6 to 12 months to detect changes in aneurysm size.  
**Follow-up as directed with your physician is extremely important.**
  - <4cm (1.6 inches) in diameter- annual surveillance
  - 4-4.9cm-every 6 month surveillance
- If your aneurysm is larger, noted to be growing at a rapid rate, or if you are experiencing symptoms, your physician may determine that surgical repair is necessary. In this case, the risk of your aneurysm rupturing may outweigh risks associated with an elective repair.
- Abdominal aortic aneurysms may be repaired with either endovascular or open surgery. Your physician will discuss which option you may be a candidate for depending on other medical conditions you may have or your specific anatomy.

## HEALTHY LIFESTYLE MODIFICATIONS

Lifestyle modifications such as quitting smoking, eating healthy and becoming physically active can improve patient outcomes, take these steps to manage your abdominal aortic aneurysm risk factors:

**Cigarette smoking** causes reduced circulation by narrowing the blood vessels. People who smoke have a much greater risk of developing peripheral vascular disease and abdominal aortic aneurysms than non-smokers. Quitting smoking has immediate as well as long term benefits for you and your loved ones. Ask your physician for help in quitting. For additional smoking cessation information, contact the New York State Quitline at [nysmokefree.com](http://nysmokefree.com) or (866) NY-QUITS (697-8487) or the American Lung Association at [lung.org/stop-smoking](http://lung.org/stop-smoking).

You can also change your eating habits and food choices to incorporate foods low in saturated fat, cholesterol and sodium. A low-sodium diet may help protect against hypertension and cardiovascular disease. For additional nutrition information, consult a registered dietitian, or contact the American Academy of Nutrition and Dietetics at [eatright.org](http://eatright.org) or (800) 877-1600 or the American Heart Association at [americanheart.org](http://americanheart.org) or (800) 242-8721.

# ABDOMINAL AORTIC ANEURYSM

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***Obesity and a sedentary lifestyle*** are known to increase the risk of coronary and other vascular diseases. Your physician might ask you to start an exercise program. It could be as simple as walking everyday for 10 minutes depending on your activity level. Patients beginning an exercise program should start slowly, especially if they have been sedentary.

In addition to maintaining a healthy lifestyle, it is equally important to control your blood pressure, cholesterol level and blood glucose levels. Decreasing your risk factors plays a critical role in developing or slowing the progression of heart disease, stroke and peripheral arterial disease.

***Blood pressure medications:*** You might be on medication to lower your high blood pressure. The goal of anti-hypertensive medications in lowering high blood pressure is to decrease the occurrence of cardiovascular disease, stroke and kidney damage. High blood blood pressure can damage and weaken the walls of the aorta and can put you at increased risk for aneurysmal rupture. There are many different classes of drugs that lower your blood pressure. Doctors choose which blood pressure medications to prescribe based on your medical history and other current medical conditions and symptoms. It is very important to take your medication as directed even if your blood pressure is normal.

***Lipid lowering agents:*** These are a class of drugs that help reduce your cholesterol levels in the blood. Statins are a class of drug used to lower your LDL ("bad") cholesterol. They have been shown to be very effective in reducing the chances of stroke, heart attack and death in patients with peripheral arterial disease (PAD), carotid artery disease and aneurysmal disease. Statins also help to make atherosclerotic plaques (cholesterol buildup in blood vessels) more stable, so they are less likely to break apart and cause heart attacks or strokes. This effect occurs regardless of the cholesterol level. As a result, even people with PAD who have "normal" cholesterol levels will benefit from taking a statin.

***Diabetes control:*** High blood sugar levels can damage many parts of the body, such as the heart, blood vessels, eyes, and kidneys. Tight control of your blood sugar levels will help to slow and/or prevent problems caused by diabetes. Talk with your physician about the hemaglobin A1C test. This blood test may be done twice a year and shows the average amount of glucose in your blood during the past 2 to 3 months. In addition, keeping a record of your blood glucose results and providing them to your physician can help your physician better regulate your medications to control your blood glucose levels. There is a link between smoking and the risk of developing diabetes. So, it is very important to quit smoking if you have not already done so. Following a healthy diet, exercising regularly, and taking your medications as directed will help improve your overall health and reduce the risk of developing complications from diabetes.

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# ABDOMINAL AORTIC ANEURYSM

**Antiplatelet medications:** If you have atherosclerosis (plaque in your vessels), platelets can group together in the affected area and cause a blood clot to develop. Antiplatelet medications can help reduce this process from occurring. Your physician may prescribe an antiplatelet agent if you have a history of:

- Coronary artery disease
- Myocardial infarction
- Angina
- Stroke
- Transient ischemic attack
- Peripheral arterial disease
- Angioplasty and stent placement
- Heart surgery
- Irregular heart beat (Atrial fibrillation)

*Some different types of antiplatelet medications include:*

- Aspirin
- Clopidogrel (Plavix®)
- Ticlopidine (Ticlid®)
- Ticagrelor (Brilinta®)
- Prasugrel (Effient®)

**Your physician might prescribe an aspirin in conjunction with another antiplatelet drug.**

**Anticoagulation therapy:** Anticoagulants are a class of medications that inhibit the formation of clotting agents so that the blood does not clot easily. Your health history and clinical presentation will determine which medications your physician will prescribe. Your physician may prescribe an anticoagulant if you have:

- A pulmonary embolism
- An irregular heart rhythm called atrial fibrillation
- Multiple occluded peripheral lower extremity bypasses
- Hematological blood disorder
- Existing blood clots in your veins or arteries (or to prevent the development of clots)

One common drug is called **warfarin (Coumadin®)**. It is administered by mouth and needs frequent monitoring of blood levels to check if the dosage is adequate and effective. **Heparin, Lovenox or Arixtra** are other medications but are either administered intravenous or by injections.

While taking **antiplatelet** or **anticoagulation** medications, you should avoid drinking alcohol, which will increase the chances of bleeding and cause serious side effects. **Notify your physician** before any surgical or dental procedures, which can lead to excess bleeding. **Do not** stop taking these medications without speaking to your physician first. **These classes of drugs are not recommended for patients who have history of bleeding disorders, liver failure, kidney impairment, repeated falls or at increase risk of gastrointestinal bleeding.**

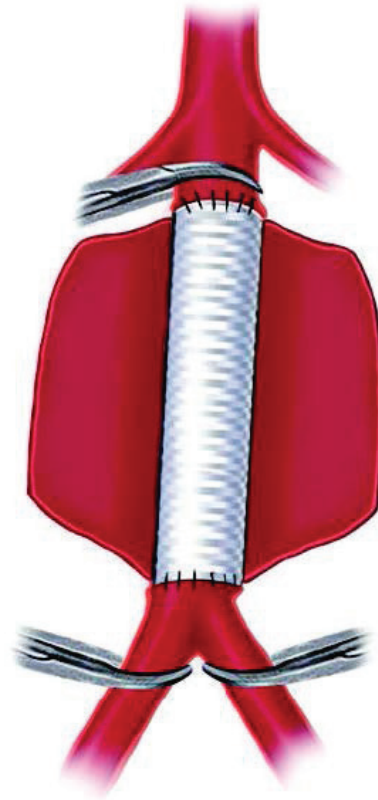
# ABDOMINAL AORTIC ANEURYSM

## OPEN REPAIR

Because of unfavorable anatomy or proximity of your aneurysm to the renal arteries, you may not be eligible for an endovascular repair of your AAA. An open repair may be more appropriate.

Open repair is performed through a large abdominal incision that exposes the aneurysmal aorta. The aorta is clamped to stop blood flow, the aneurysm is then opened and cleared of any debris or blood clot. A graft is sewn into place restoring the normal size and contour of the aorta allowing blood to flow to the lower extremities. The aorta is then sewn back together around the graft and the incision site is closed. On average your hospital stay may be 4-7 days.

**Complications** associated with this type of repair include infection, heart attack, stroke, impaired sexual function, bowel injury, graft infection, spinal cord injury, kidney and lung problems, blood clots, cardiac arrhythmias, intestinal ischemia.

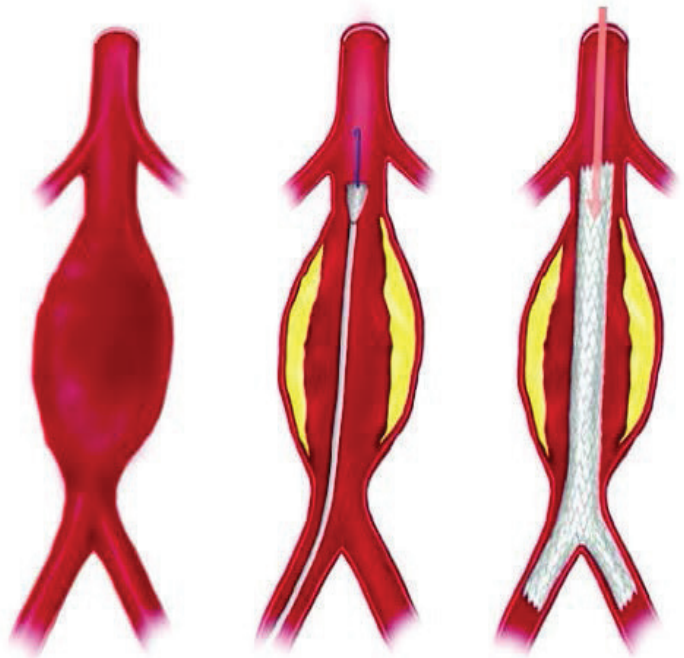


**Prophylactic antibiotics are recommended for patients undergoing arterial surgery involving the placement of prosthetic material. Timely administration of antibiotics has been shown to decrease the incidence of surgical site and graft infections.**

# ABDOMINAL AORTIC ANEURYSM

## ENDOVASCULAR REPAIR

A less invasive surgical procedure called an endovascular aneurysm repair (EVAR) involves making an incision in the groin to expose the femoral artery. A guidewire is then placed in the vessel over which a variety of specialized catheters are used to advance a folded stent graft to the area of the AAA. As the femoral artery is accessed, dye is injected to guide the placement of the stent graft device to the location of the aneurysm.



Once positioned, the stent graft is unfolded and expanded with a balloon that pushes it up against the aortic wall. This graft is **NOT** sewn into place. Blood then flows through the graft instead of the abnormally dilated aorta, decreasing the pressure on the aortic wall. This type of repair often has a shorter postoperative recovery period. Your average hospital stay is 2-4 days versus an open repair.

**Complications** following endograft placement may include damage to surrounding blood vessels, organs, limb ischemia, groin infection/hematoma, heart attack, stroke, spinal cord injury/paraplegia, renal failure, blood clots, bleeding, device migration/separation, endograft infection or leak (continual leaking of blood out of the graft and into the aneurysm sac with potential for rupture).

# ABDOMINAL AORTIC ANEURYSM

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## RECOVERY


Depending on the type of repair that is performed, your recovery time may vary. Recovery from open repair may take weeks to months, while endovascular repair is much shorter. For all AAA repairs, follow all postoperative instructions given by your vascular surgery team.

### **These include:**

- Take all medications as prescribed
- Shower instead of taking baths for the first week
- Avoid strenuous exercise
- Avoid lifting for the first 10-14 days
- Ensure that your groin incisions or abdominal incision is kept clean and dry
- Follow up with your surgeon between 1-2 weeks of discharge

## WHEN TO CALL YOUR PHYSICIAN

***Contact your physician if you experience any of the following:***

- Bleeding from your incision site
  - Fever greater than 101° F
  - Severe abdominal or back pain
  - Chest pain or shortness of breath
  - A change in color or temperature of your feet or toes
  - Numbness, swelling or pain in your legs
  - Discomfort, burning or blood in your urine
  - Unusual weakness or if you are feeling faint
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# PLANNING FOR SURGERY

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## PREOPERATIVE SERVICES

Our preoperative services help prepare you for a safe surgical experience. The purpose of the preoperative visit is to identify important risk factors and to help ensure the best possible outcome. Bring this to your preoperative visit. You should expect to be there for about 2 hours. This visit may include:

- Medical history and physical exam
- Lab work, EKG and x-rays
- Consultation with an anesthesiologist
- List of current medications

\*After you and your surgeon have arranged for a date for surgery, you will be contacted to make arrangements for your visit. Your preoperative visit should take place approximately 2 weeks before your surgery.

**For more information about planning for surgery, please visit Stony Brook's Pre-Surgical Admissions website, [stonybrookmedicine.edu/presurgicaladmissions](http://stonybrookmedicine.edu/presurgicaladmissions).**

## YOUR PREOPERATIVE VISIT WILL TAKE PLACE AT:

Stony Brook Pre-Operative Services  
1320 Stony Brook Road  
Stony Brook, NY 11790  
631.444.9404

## DIRECTIONS TO THE PREOPERATIVE SERVICES CENTER

### From the Long Island Expressway(LIE)

- Take the LIE (I-495) to Exit 62 North, Nicolls Rd. (CR 97)
- Travel approximately 8 miles
- Make a left on route 347, going west
- The second traffic light is route 347/Stony Brook Rd.

***(Two options: Make a right or go straight)***

### ***Option 1: Make a right***

- Make a right onto Stony Brook Rd., heading north
- Make a left into the back of Coventry Commons shopping center, after Ralph's Italian ices

### ***Option 2: Go Straight***

- Go through the traffic light and pass Duane Reade/Starbucks/Vitamin Shoppe
- Make a right into Coventry Commons shopping center. We are located in the rear corner.

### **From Stony Brook Hospital**

- Exit the hospital on health science center drive (South entrance)
- Cross over Nicolls Rd. (Health Science Dr. becomes South Dr.)
- Follow south drive to the end and make a left onto Stony Brook Rd (heading south). Just before route 347, on the right is Coventry Commons shopping center, turn right into shopping center (just before Ralph's Italian ices), we are located in the rear corner.



# PLANNING FOR SURGERY

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**It is important that you bring the following with you to your preoperative visit:**

- List of current medications, including herbal supplements and vitamins
- List of current physicians and phone numbers
- Insurance information
- Recent cardiology, pulmonary, and other specialty clearance evaluations

## THE NIGHT BEFORE SURGERY

- The evening before your surgery, a staff member will call you to let you know where and when to report for your surgery. If your surgery is on a Monday, you will receive a call the Friday before.
  - **DO NOT** eat or drink anything after midnight
  - **Continue taking aspirin**
  - If you are taking **clopidogrel (Plavix®)**, or **ticagrelor (Brilinta®)**, ask your surgeon if you should continue
  - If you are taking **Prasugrel (Effient®)**, **Ticlopidine (Ticlid®)**, ask your surgeon for a stop date
  - If you are taking **Warfarin (Coumadin®)**, **Dabigatran (Pradaxa®)**, **Rivaroxaban (Xarelto®)**, **Apixaban (Eliquis®)**, or **Edoxaban (Savaysa®)** ask your surgeon for a stop date
  - You may need to be placed on an injectable blood thinner for other underlying clotting conditions
  - If you are taking a **diuretic** medication, ask your surgeon if you need to discontinue prior to surgery
  - If you are taking **insulin** or **oral diabetic medications**, you need specific instructions regarding your morning dosage on the day of surgery
  - Other than the medications listed above, continue taking your current medications including the day of surgery, with small sips of water
  - **DO NOT** wear makeup, lotion or nail polish
  - **DO NOT** shave the area where you are having surgery
  - Remove all piercings and do not wear jewelry
  - Pack a small bag of personal items (e.g. pajamas, robe, toothbrush) for a family member to bring to you when you arrive to your room postoperatively
  - Plan to leave your glasses, dentures, hearing aids or any other prosthetic devices with a family member when you arrive
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# PLANNING FOR SURGERY

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## PREOPERATIVE PREPARATION

**Skin Care:** Take a bath or shower the **night before and the morning of surgery**

**Do the following:**

1. Use the chlorhexidine scrub that was provided at your preoperative visit to scrub your entire body, especially the area where you will be having surgery
2. Rinse well to remove all of the soap off your body
3. Dry thoroughly with a clean towel
4. Put on clean clothes
5. **DO NOT** use any lotion, cream or powder
6. 24 hours before the surgery **DO NOT** shave the area where the surgery will be performed

Inform your physician of the following:

- If you are taking steroids, such as prednisone
- If you have diabetes
- If you have a history of radiation to the surgical area
- If you have had previous surgery in the same area
- If you currently smoke
- If you may have any open wounds or infections
- If you live in a nursing home (or other healthcare setting)

**Outpatient:** Someone from pre-surgical admissions will call you the evening before surgery to let you know the time and where to report for your surgery. If your surgery is on a Monday then someone will contact you Friday evening. Family members can accompany you to pre-surgical admissions, where you will be prepared for surgery.

**Inpatient:** If you are already in the hospital, a staff member will tell you what time your surgery is scheduled. Immediate family members who wish to see you before surgery should arrive 1 to 2 hours before your scheduled surgery time.

There is a waiting room for your family and friends. Pre-surgical admissions/surgical waiting room is located on Level 4, and the phone number is (631) 638-2931. Family members should check in with the receptionist in the waiting room, and leave a cell or home phone number so that they can be contacted when information about you becomes available. The surgeon will talk with family members and friends in the waiting area when the surgery is completed.

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# PLANNING FOR SURGERY

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## PARKING

Parking for visitors is available in the hospital parking garage for a fee. A monthly pass might be a less costly option for your family when they visit you depending on your length of stay in the hospital. Good for 30 days, the monthly pass can be purchased at the parking garage office. The telephone number for the parking garage office is 631.444.6607

**Valet parking** is also available for a fee at the main entrance of the hospital and at the surgical drop-off area during the following hours:

7 am to 9 pm, Monday-Friday

9 am to 9 pm, Saturday and Sunday

The valet parking fee is paid when dropping off your vehicle.

## DIRECTIONS TO PRE-SURGICAL ADMISSIONS

### From the Long Island Expressway

- Take the Long Island Expressway (I-495) to exit 62 North, Nicolls Rd. (CR 97)
- Travel approximately 8 miles, crossing Nesconset highway (route 347)
- At the third traffic light, turn right at the sign for "Stony Brook south entrance, East campus" (Health Sciences Drive)
- Turn left at the second traffic light
- If you are being dropped off or wish to use valet parking, you can go to the surgical drop off area, which is located immediately on the right
- Otherwise, continue to go straight to enter the hospital parking garage
- When you walk into the main entrance of the hospital (level 5, lobby), please stay to the right. Take the escalators down one level to level 4, and pre-surgical admissions/surgical waiting room is on the left

### From 25A

- Travel south on Nicolls Rd. (CR 97)
  - At the third traffic light, turn left at the sign for "Stony Brook south entrance, East campus" (Health Science Drive)
  - Turn left at the second traffic light
  - If you are being dropped off or wish to use valet parking , you can go to the surgical drop off area, which is located immediately to the right
  - Otherwise, continue to go straight to enter the hospital parking garage
  - When you walk into the main entrance of the hospital (level 5, lobby), please stay to the right. Take the escalators down one level to level 4, and the pre-surgical admissions/surgical waiting room is on the left.
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# INFORMATION FOR FAMILY AND FRIENDS

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## DINING SERVICES

The Market Place Café and the Skyline Deli serve hot meals and sandwiches. Starbucks offers specialty coffees, teas, pastries, baked goods and grab-and-go sandwiches.

### Market Place Café

Level 5, off the hospital lobby

Monday through Friday, midnight to 10:30 am and 11 am to 8 pm

Saturday, midnight to 8 pm

### Skyline Deli

Level 5, off the hospital lobby

Monday through Friday, 8 am to 3 pm

Sunday, midnight to 8 pm

### Starbucks

Level 5, hospital lobby

Monday through Friday, 6 am to midnight

Saturday and Sunday, 7 am to midnight


## GIFT SHOP

The gift shop is located in the main lobby of the hospital on level 5. The shop offers a variety of gifts, flowers, cards and magazines for purchase. The gift shop is open Monday through Friday from 7:30 am to 9 pm, and Saturday and Sunday from 8 am to 6 pm.

## CHAPEL

The Chapel is located in the main lobby/front entrance of the hospital on level 5, and is open 24 hours a day. Please call the hospital operator if you would like a visit with someone from our hospital chaplaincy office.

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# WHILE IN THE HOSPITAL

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## POSTOPERATIVE CARE

Work with your surgeon and other healthcare professionals as a team. Make sure that you are included in decisions about your care. Ask a family member or friend to be present and to be your advocate. While you are in the hospital after surgery, your vascular surgery and healthcare team will ensure that every step is taken to help prevent infection.

## PAIN CONTROL

Pain relief is an important part of your care after surgery. Effective treatment of pain will allow for you to recover sooner. After your anesthesia wears off, **tell your nurse as soon as you start to feel pain or discomfort.** It is important to ask for pain medication as soon as the pain begins. If you experience pain while getting out of bed or while walking, request pain medications before you perform these activities.

*To help better understand the degree of pain, you will be asked to rate your pain on a scale of 0 to 10, with 0 indicating that you have no pain and 10 indicating you are in extreme pain.*

## SUPPORT AND EDUCATION FOR PATIENTS AND FAMILIES

Members of the vascular team who are on hand prior to and following surgery, will make personal visits while in the hospital. The vascular surgery team will address any concerns or issues that may arise while you are in the hospital and after you are discharged. Our team of experts will support patients and their family members every step of the way.


## PARTNERSHIP AMONG REFERRAL PHYSICIANS

Communication between referring physicians and specialists is important to the health and safety of our patients. We maintain a close collaborative relationship with your referring physician to optimize and ensure a safe transition of care. We will send your medical records to your primary care physician once you are discharged from the hospital.

## PATIENT EDUCATION CHANNEL

During your hospital stay, tune into the patient channel (channel 29). This channel provides information to help you manage your medical condition and improve your health. Programs are also available at your convenience online at [patientchannel.com](http://patientchannel.com).

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# WHILE IN THE HOSPITAL

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## PREVENTING INFECTIONS

Please ask family members and friends who are sick, have colds or feel ill not to visit while you are in the hospital.

The most important way to prevent infections is **HAND WASHING**. It is hospital policy that all doctors, nurses, and caregivers, as well as family members, visitors and anyone who enters a patient's room wash their hands immediately before entering and after leaving your room. We encourage you to ask anyone who enters your room if they have washed their hands.


## PREVENTING BLOOD CLOTS

If you are having surgery or will be hospitalized for a period of time, it is important to ensure proper prevention and treatment of blood clots. You will be given medications that will thin your blood in order to prevent clotting while you are immobilized after surgery. If you are not a candidate for blood thinners, you will have sequential compression devices (SCD's) placed on your calves. These are stockings that wrap around the legs and periodically inflate and deflate with air. These stockings help prevent swelling and the formation of blood clots by improving blood flow. It is important that you wear these at all times while you are not walking. It is important to get out of bed on the first postoperative day if you are in stable condition. Ask the nursing staff for assistance with walking.

## PREVENTING PNEUMONIA

During any hospitalization, you are at risk for developing pneumonia. You can help prevent pneumonia by performing certain breathing exercises. Your doctor or nurse will provide you with a device called an incentive spirometer. This hand-held device will expand your lungs by helping you breathe more deeply and fully. This will assist in lowering your risk of acquiring pneumonia as you heal from surgery. A member of your healthcare team will instruct you on how to use the device. It is important that you utilize this device at a minimum of **10 times per hour** while you are in the hospital, and continue using it after discharge until you have fully recovered.

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# HELPFUL TELEPHONE NUMBERS

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All numbers are within the “631” area code.

<b>Stony Brook University Hospital</b>	689-8333
<b>Vascular Surgery Center</b>	638-1670
<b>Pre-Admission Testing</b>	444-2948
<b>Pre-Surgical Admissions, Level 4</b>	444-1002
<b>Surgery Waiting Room, Level 4</b>	638-2931
<b>Cardiovascular Intensive Care Unit (CVICU)</b>	216-3780
<b>Cardiovascular Intermediate Care Unit (CVICR)</b>	216-3770
<b>Food and Nutrition Services</b>	444-2900
<b>Care Management Department</b>	444-2552
<b>Chaplaincy</b>	Dial “0” from any Hospital phone
<b>Parking Garage</b>	444-6607
<b>Patient Advocacy</b>	444-2880
<b>HealthConnect</b>	444-4000
<b>Customer Accounts</b>	444-4151

# DISCHARGE INFORMATION AND FOLLOW-UP

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**The hospital goal for discharge is before 11 am.**

**Please make arrangements for transportation in advance.**

Prior to discharge you will be given a list of instructions and medications. You will need to schedule an appointment to see your surgeon at one of our outpatient clinics 1 to 2 weeks after your procedure.

## **Outpatient Clinic Locations**

**Appointments, TEL: 631.638.1670 FAX: 631.638.1692**

23 South Howell Avenue, Suite G, Centereach, NY 11720

500 Commack Road, Suite 102, Commack, NY 11725

225 West Montauk Highway, Hampton Bays, NY 11946

600 Main Street, Suite B, Center Moriches, NY 11934

280 Union Ave, Holbrook, NY 11741

10095 Main Road, Mattituck, NY 11952

74 Commerce Drive, Suite 4, Riverhead, NY 11901

676 County Road 39A, Southampton, NY 11968

240 Meeting House Lane, Southampton, NY 11968

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# WHAT TO DO AT HOME AND WHAT TO LOOK FOR

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## WOUND CARE

After you are discharged from the hospital, it is important that you keep your surgical incision clean and dry. This will help your wounds heal faster and will help prevent infection.


**Follow these instructions**, unless instructed otherwise by your doctor:

- Take a shower and use a clean washcloth, water and soap to gently wash your incisions.
- Pat dry with a clean towel.
- Apply a fresh, clean dressing to cover the wound.
- Repeat 1 to 2 times daily.

## SIGNS AND SYMPTOMS OF INFECTION

You may experience pain and discomfort the first few days after surgery. The wound may be slightly red or swollen. A small amount of blood or clear fluid may drain from your wound. This is normal and should decrease each day.

**CALL YOUR SURGEON** if you experience the following:

- Fever over 101° F, chest pain, shortness of breath, or nausea or vomiting
  - A sudden change in color, temperature or sensation of any limb
  - Increased pain over the incision site
  - Increased cloudy and/or thick colored drainage from the wound
  - If the wound opens up or becomes hot, red or very tender
  - Unusual weakness or faintness
  - Discomfort, burning or blood in your urine
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# WHAT TO DO AT HOME AND WHAT TO LOOK FOR

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## ACTIVITY

Follow activity instructions that are given to you at discharge. If there are no walking limitations, it is important that you do not stay in bed. You should walk 3 to 4 times a day for 10 to 15 minutes. This will help prevent developing a deep vein thrombosis (DVT) in your legs.

## PAIN MEDICATION AT HOME

When you leave the hospital, you may be prescribed pain medication to take at home. You should take this medication as prescribed. Pain medication may make you constipated, so it is important to drink at least 8 to 10 glasses of water daily. You may also need to take an over-the-counter stool softener.

## PREVENTING PNEUMONIA

When you leave the hospital, you can reduce your risk for developing pneumonia by performing certain breathing exercises. Your doctor or nurse will provide you with a device called an incentive spirometer. This hand-held device will expand your lungs by helping you breathe more deeply and fully. A member of your healthcare team will instruct you on how to use the device. It is important that you utilize this device at a minimum of 10 times per hour until fully recovered.

## IMPORTANT FUTURE INFORMATION

- **After endovascular repair, frequent follow-up with ultrasound and CT scans are required to ensure proper placement and functioning of your endograft.**
- **You may need antibiotic prophylaxis before further procedures like dental work, gastrointestinal or urological procedures. Please speak with your surgeon for further information**



