



After Aortic Surgery

Your recovery and follow-up care

This handout explains recovery and follow-up care after having aortic surgery at University of Washington Medical Center (UWMC) - Montlake campus.

Your Surgery

Patient: _____

Surgery: _____

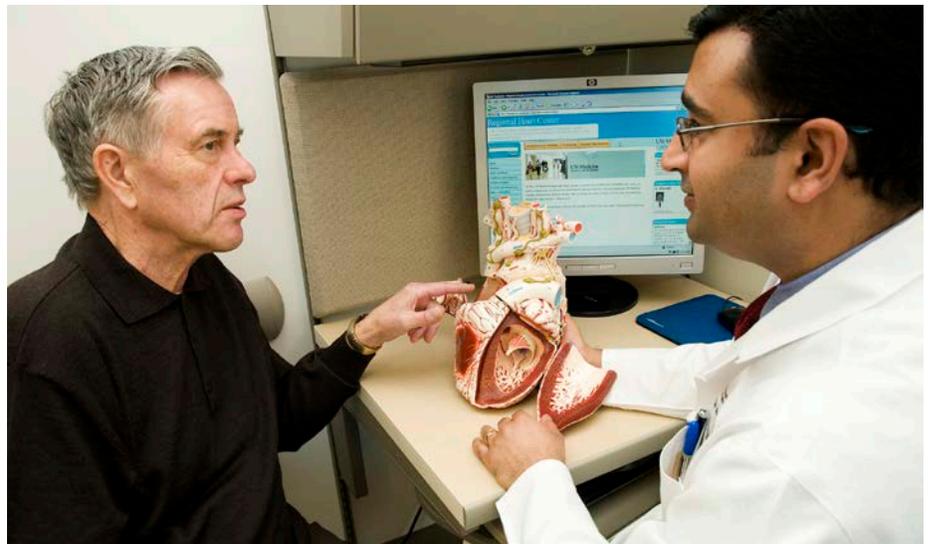
Surgery date: _____

Your Surgery Team and Follow-up Visit

Surgeon: _____

Surgical follow-up visit: _____

Day and Date: _____ Time: _____



Talk with your heart doctor if you have any questions or concerns about your recovery after aortic surgery.

When to Call

For urgent concerns or symptoms after hours and on weekends and holidays, call **206.598.6190** and ask to page the Cardiac Surgery provider on call.

If you have questions or any of the symptoms listed below, call the Cardiac Surgery clinic nurse at 206.598.8060 weekdays from 8 a.m. to 4:30 p.m.:

- Fever higher than 101°F (38.5°C)
- New redness, swelling, or tenderness around any of your incisions
- An opening in your incision, or new drainage from the site
- Blood pressure higher than 120/80, or lower than 90/60 (or as your provider has advised at discharge)
- Resting heart rate less than 60 or more than 100 beats per minute.
- Weight gain of 3 pounds or more over 5 days, or steady weight gain
- “Popping” or “clicking” feeling in your chest
- Breathing changes or shortness of breath
- New *palpitations* (irregular heart beat) or skipped beats.
- Return of chest pain, or severe pain in your belly or back
- Increased swelling in your feet, ankles, or belly
- Feeling sick to your stomach, feeling nauseated, or vomiting

Self-care

- Shower every day. Gently wash your incision with soap and water. Pat dry.
- Keep track of your daily weight, temperature, resting heart rate, blood pressure, and how your incision looks. Record these numbers in the “Daily Record” on pages 8 and 9 of this handout.
- Walk 4 times a day. Slowly increase your activity.
- Avoid activity that increases your heart or breathing rate.
- Follow your sternal precautions (see page 5 of this handout).
- Use the “Exercise Log” on page 10 of this handout to track your daily activity.
- Use the “Pain Log” on page 11 of this handout to track when you have pain, and how you treat it.

- If you had **elective (planned) surgery to repair your aorta**, your follow-up care may include:
 - A new CTA of your chest in 3 to 4 months
 - Return to clinic in 3 to 4 months
 - CTA and return to clinic 1 year after your surgery
 - Yearly monitoring with imaging and clinic visit
- If you had **elective surgery to repair your aorta and had a David V procedure**, your follow-up care may include:
 - Repeat CTA of your chest in 3 to 4 months
 - Limited *echocardiogram* (echo) in 3 to 4 months
 - Return to clinic in 3 to 4 months
 - Echo and return visit in 1 year from your surgery
 - Yearly echo and visit with your cardiologist

Transitioning to Your Cardiologist for Care

About 30 days after your surgery, your *cardiologist* or primary care provider (PCP) will start to manage your medicines and take over your long-term heart care. A cardiologist is a doctor with special training and skill in finding, treating, and preventing diseases of the heart and blood vessels.

It is important to have regular follow-ups with your cardiologist after aortic surgery. You **must** have a provider who manages your blood pressure medicines. **You will need to control your blood pressure for the rest of your life to reduce the risk of problems with your aorta.**

Medicine Refills

Your cardiac surgery team might start new medicines when you are discharged from the hospital. If you are running low on these medicines, please tell your cardiac surgery provider at your 2-week follow-up visit. Once you see your PCP or cardiologist, ask their office for medicine refills.

Cardiac Rehab

Cardiac Rehab is a special *rehabilitation* (rehab) program that will help you regain your cardiovascular health after heart surgery.

- If you had surgery **only** on your aorta, you do not qualify for cardiac rehab.
- If you had surgery that involved **both** your aorta and a heart valve, you may qualify for a referral to cardiac rehab.

Most times, the physical therapy team will refer you for rehab while you are still in the hospital. Once the referral is processed, if you qualify based on your surgery, you may begin taking part in cardiac rehab about 4 to 6 weeks after your surgery. Most patients have rehab sessions 1 to 3 times a week for up to 12 weeks.

Your rehab plan will be based on your needs. Please ask your care team more about rehab.

Sternal Precautions

If you have an incision in the middle of your chest:

- For **6 weeks** after your surgery, do **not** lift, pull, or push anything that weighs more than 10 pounds. (A gallon of water weighs almost 9 pounds.)
- For **12 weeks** after surgery, do **not** do any activities that may stress or twist your *sternum* (breastbone). This includes riding a bike, swinging a bat, golfing, tennis, skiing, or bowling.
- Do **not** drive for at least 6 weeks after your surgery, or until your surgeon says it is OK. Ask your cardiac surgery team when it will be OK for you to drive at your 2-week follow-up visit.

Your Diet After Aortic Surgery

Most patients have a lower appetite after aortic surgery. But it is important to eat healthy foods to help your body heal. Follow this recovery diet for best healing:

- **Eat plenty of protein.** Protein helps with wound healing. Foods high in protein include fish, chicken, lean cuts of beef, peanut butter, beans, legumes, cheese, milk, yogurt, and eggs. You can also drink a protein drink like Boost or Ensure, or make protein shakes to meet your needs using fruit, milk, and protein powder.
- **Eat lots of fiber and drink fluids** to keep from getting constipated. Foods with fiber include fruits, vegetables, leafy greens, and whole grains.



We strongly advise you to quit smoking, vaping, or using any products that contain nicotine.

- **Eat a diet that is low in saturated fat, cholesterol, and sodium.** Cook with olive, canola, vegetable, or grapeseed oil. Avoid processed foods. Many processed foods like deli meat and frozen meals are high in sodium.
- **Cut out added sugars** that are found in products like soda, candy, and pastries. Limit breads, rice, and potatoes. Extra sugar in the body is turned into fat. This causes weight gain, raises triglyceride, lowers HDL levels, and slows healing.
- **If you are a diabetic**, follow the American Diabetes Association (ADA) diet, unless your doctor tells you otherwise. Be sure to check your blood sugar before meals and at bedtime. Good blood sugar control is important for healing. If you are having trouble managing your diabetes and blood sugars, please talk with your PCP.

Tobacco, Smoking, and Vaping

The nicotine in tobacco reduces blood flow to your tissues. This makes it hard for your wound to heal.

If you smoke, vape, or use tobacco of any kind, we strongly advise you to quit. If you need help quitting, talk with your PCP or someone on your healthcare team at UWMC.

Sexual Activity

You may resume sexual activity when you feel comfortable doing so. Make sure you follow all the precautions in this handout. Keep your incisions clean and intact.

Managing Pain After Surgery

It is very important to manage your pain while you recover. You need to be able to move around, walk, and deep breathe to prevent problems like pneumonia or blood clots.

When you go home, we will give you prescriptions for pain medicines to help with discomfort while you recover. These might include pain relievers such as Tylenol, as well as opioids such as oxycodone.

We may also prescribe medicines to relax your muscles or to ease nerve pain, based on your care plan. We will give you an updated medicine list to follow when you are home.

Talk with your cardiac surgery team **before** you take any other medicines, even ibuprofen or other over-the-counter medicines. Some products may interfere with blood thinners and other prescribed medicines you are taking.

You can also use non-medicine methods for dealing with pain. These include heat therapy, gentle stretching, walking, meditation, and listening to calming music. Ask for our handouts “Managing Pain: Non-medicine options” and “Managing Pain After Heart Surgery.”

Opioids

If you were prescribed opioids to help manage your pain at discharge, take them only as needed. If you can manage your pain with Tylenol and other methods like heat or ice, it is OK not to take the opioids.

We will explain how to taper your use of opioids. You will start tapering 1 to 2 weeks after surgery. Most patients are no longer taking opioids by the time they see their surgeon at their 2-week follow-up visit. Opioid prescriptions are not usually refilled once you run out.

If you are having problems managing your pain after surgery, please talk with the Cardiac Surgery clinic nurse.

Questions

If you have any questions or concerns after you are discharged:

Weekdays 8 a.m. to 4:30 p.m.:
Call your Cardiac Surgery Clinic nurse at 206.598.8060.

For urgent concerns and symptoms after hours and on weekends and holidays: Call 206.598.6190 and ask to page the Cardiac Surgery provider on call.

Cardiac Surgery Clinic fax:
206.598.2414

You can send non-urgent emails to your doctors and nurses through eCare. To sign up for eCare, visit:

<https://ecare.uwmedicine.org>

