

After Aortic Surgery

Your recovery and follow-up care

UW Medicine
UNIVERSITY OF WASHINGTON
MEDICAL CENTER

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



*Scan with your
phone camera for
a digital copy of
this handout.*

Your Cardiac Surgery

Patient: _____

Surgery: _____

Surgery date: _____

Surgeon: _____

Your Follow-up Visit

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.

Weekdays from 8 a.m. to 4:30 p.m., call your Cardiac Surgery clinic nurse at 206.598.8060 if you have any of these symptoms:

- Fever higher than 101°F (38.5°C)
- New redness, swelling, or tenderness around your incision(s)
- An opening in your incision, or new drainage from the site
- Blood pressure higher than 120/80, or lower than 90/60 (or what your doctor tells you)
- 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 heartbeat) 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
- Trouble taking your medicine

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. Write these numbers in the *Daily Record* on pages 7 and 8 of this handout.
- Walk 4 times a day. Slowly increase your activity.
- Avoid activity that increases your heart or breathing rate.
- Follow activity guidelines (see page 4 of this handout).
- Use the “Exercise Log” on page 9 of this handout to track your daily activity.
- Use the “Pain Log” on page 10 of this handout to track when you have pain, and how you treat it.

Follow-up Visits at the Heart Institute

The Aortic Surgery team will monitor your care during the first 30 days after surgery. Your care team includes your surgeon, advanced practice providers (APPs), and nurses.

You will need to see your surgeon or APP 1 to 2 weeks after you go home from the hospital. This visit will be at the Heart Institute at UWMC - Montlake, 1959 N.E. Pacific St., Seattle, WA 98195. At this visit, we will check your healing and progress. We will also remove any sutures (stitches) that you still have.

If you do not have a follow-up appointment or need to reschedule: Call your Cardiac Surgery clinic nurse at 206.598.8060 weekdays from 8 a.m. to 4:30 p.m..

What to Bring

Bring these items to your follow-up visit:

- Bottles of all the medicines you are currently taking
- Your “Daily Record”, “Exercise Log”, and “Pain Log” from this handout.
- A list of questions you want to ask your Cardiac Surgery Team

Regular Follow-up

After your follow-up visit, we will keep monitoring your aorta from time to time. The timing of other visits will be based on your diagnosis, surgery, and care needs.

Follow-up Care Schedules

The schedules below show the follow-up care patients usually have. Your surgeon may give you a different schedule, or they may schedule additional clinic visits or tests.

Your Surgery	Follow-up Care Schedule
Emergent (unplanned) surgery for an <i>aortic dissection</i> (a tear in the aorta’s inner wall)	<ul style="list-style-type: none">• A new computed tomography angiogram (CTA) of your chest in 1 month• Clinic visit in 1 month• CTA and clinic visit 1 year after your surgery• Yearly monitoring with imaging and clinic visit
Elective (planned) surgery to repair your aorta	<ul style="list-style-type: none">• A new computed tomography angiogram (CTA) of your chest in 1 month• Clinic visit in 1 month• CTA and clinic visit 1 year after your surgery• Yearly monitoring with imaging and clinic visit
Elective surgery to repair your aorta AND A David V procedure	<ul style="list-style-type: none">• Repeat CTA of your chest in 3 to 4 months• Limited echocardiogram (echo) in 3 to 4 months• Clinic visit in 3 to 4 months• Echo and clinic visit 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* (heart doctor) or primary care provider (PCP) will start to manage your medicines and take over your long-term heart care.

It is important to have regular follow-up visits 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.**

If you do not have a cardiologist: Ask your Cardiac Surgery Care Team, PCP, or insurance company to help you find a cardiologist in your area.

Medicine Refills

Your cardiac surgery team might start new medicines when you go home from the hospital. If you are running low on these medicines, please tell your cardiac surgery provider at your 2-week follow-up visit. When 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 recover and regain your heart health after 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.

If you qualify for Cardiac Rehab: Usually, your physical therapy team will refer you for rehab while you are still in the hospital. You can start 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 if you have questions.

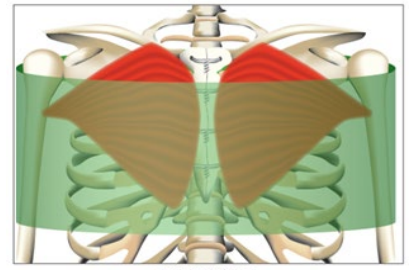
Activity Guidelines

After surgery, it will take about 3 months for your breastbone (sternum) to heal. To help your recovery, remember to keep your movements “in the tube” **for 12 weeks**.

“Keep your Move in the Tube” is a phrase to help you remember how to use your arms and reduce stress on your *sternum* (breastbone) while it heals after surgery (see picture on the next page).

The goal is to **keep your upper arms close to your body** with load-bearing movements. You can move your arms outside the tube with non-load-bearing movements. Your therapists will help you modify activities specific to you.

- For all load-bearing movements such as lifting, pushing, or pulling, keep your upper arms close to your chest (in the tube) and use both arms.
- When performing tasks that do not involve lifting, pushing, or pulling, you can move your arms freely. Move slowly and listen to your body. Pain is a signal to stop or change the activity.
- There are no weight restrictions, but you should ease slowly into activities. Pain is a signal to stop or change the activity. We do not expect a sudden, sharp increase in pain. We do expect soreness.
- Do **not** drive for 4 weeks.



The “tube” is the area around your upper arms, sternum, and the attached muscles.

Your Diet After Aortic Surgery

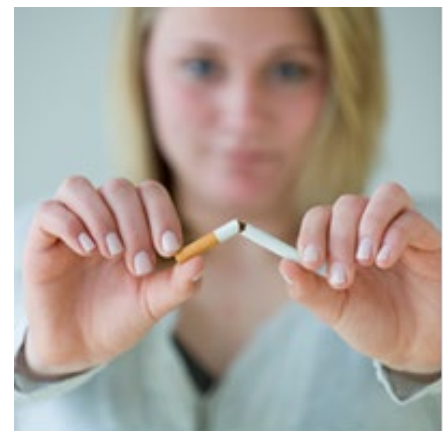
Most patients have a lower appetite after aortic surgery. But it is important to eat healthy foods to help your body heal. Follow this recovery diet for best healing:

- **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 with fruit, milk, and protein powder.
- **Eat lots of fiber and drink fluids** to prevent constipation. Foods with fiber include fruits, vegetables, leafy greens, and whole grains.
- **Limit saturated fat, trans 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.
- **Avoid added sugar.** Avoid soda, candy, and pastries. Limit breads, rice, and potatoes. Extra sugar in the body is turned into fat. This causes weight gain, slows healing, and causes problems with your cholesterol.
- **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 recommend that you quit. If you need help quitting, talk with your UWMC care team or your PCP. There are many resources available to help you quit.



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

Sexual Activity

You may resume sexual activity when you feel ready. Make sure you follow all the instructions in this handout. Keep your incisions clean and safe.

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 breathe deeply to prevent problems like pneumonia or blood clots.

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

If needed, we may also prescribe medicines to relax your muscles or to help nerve pain. 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 medicine, even ibuprofen or other over-the-counter medicines. Your provider will tell you if it is safe to take these.

There are other ways to help your pain besides taking medicine. Try 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.”



Talk with your care team if you have any questions about managing your pain.

Opioids

If you get a prescription for opioid pain relievers (such as oxycodone), take them **only** as needed. You do not need to take opioids if other options such as Tylenol, heat, or ice help your pain.

We will explain how to *taper* (slowly stop) your opioids. You will start to taper 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

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

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

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

For non-urgent questions:
Please contact your care team through MyChart.

Daily Record

Use this chart to record your weight, temperature, resting heart rate, blood pressure, and how your incision looks. Be sure to:

- Weigh yourself at the same time (first thing in the morning) and use the same scale every day.
- Check your blood pressure and heart rate **2 to 4 hours after** you take your heart and blood pressure medicine.

Date	Weight	Temperature	Heart Rate at Rest	Blood Pressure	How Your Incision Looks

Daily Record

Use this chart to record your weight, temperature, resting heart rate, blood pressure, and how your incision looks. Be sure to:

- Weigh yourself at the same time (first thing in the morning) and use the same scale every day.
- Check your blood pressure and heart rate **2 to 4 hours after** you take your heart and blood pressure medicine.

Date	Weight	Temperature	Heart Rate at Rest	Blood Pressure	How Your Incision Looks

Exercise Log

Date	Type of Exercise	How Long You Exercised	Your Pace <i>slow, moderate, difficult</i>	Resting Heart Rate	Heart Rate After Exercise

Pain Log

Date and Time	Describe Your Pain <i>Where is it? What does it feel like?</i>	Pain Level <i>From 1 to 10, with 10 being the worst pain</i>	Pain Triggers <i>Such as activity, deep breathing, sleep</i>	Pain Medicine Taken	Pain Level 1 Hour After Taking Medicine	Other Pain Relief <i>Such as heat, ice, stretching</i>