



Aortic Surgery

Your follow-up care

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

Patient: _____

Surgery: _____

Surgery date: _____

Your Aortic Surgery Team and Follow-up Visit

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Surgeon: _____

Surgical follow-up visit: _____

Day and Date

Time

Please call your **Cardiac Surgery Clinic Nurse** at **(206) 598-8060** with any questions or concerns after you are discharged.

Clinic hours: Monday through Friday 8:00am to 4:30pm.

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 it is a weekday from 8 a.m. to 4:30p.m, call the Cardiac Surgery clinic nurse at the number written above if you have any questions, or experience any of the following symptoms:

- Fever higher than 101°F (38.5C°).
- 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.

Weekdays 5 pm onwards, every weekend and holidays:
Call 206.598.6190 and ask to page the Cardiac Surgery Provider on call for urgent concerns and symptoms.

UW Medicine

UNIVERSITY OF WASHINGTON MEDICAL CENTER

Questions for my surgical team:

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- Weight gain of 3 lbs or more within 5 days, or steady weight gain.
"Popping" or "clicking" sensation in your chest.
Breathing changes or shortness of breath.
New palpitations (irregular heartbeat) or skipped beats.
Return of chest pain, or severe abdominal or back pain.
Increased swelling in your feet, ankles, or abdomen.
Feeling sick to your stomach, feeling nauseated or vomiting.

Self-care

- Shower and gently wash your incision with soap and water every day.
Keep track of your daily weight, temperature, resting heart rate, blood pressure, and how your incision looks. Record these numbers on the "Daily Record," chart on pages 6 and 7 of this handout.
Gradually increase your activity. Walk 4 times a day. Avoid strenuous activity. Maintain your sternal precautions. Use the Exercise and Pain Logs on pages 8 and 9 of this handout to track your daily activity and pain management.

Follow-up Visits after your Surgery

At the Heart Institute at UWMC:

The Aortic Surgery team will direct your care during the first 30 days after surgery. This team includes your surgeon, Cardiac Surgery advanced practice providers (APPs), and Cardiac Surgery clinic registered nurses.

You will need to see your surgeon /APP 1-2 weeks after you are discharged from the hospital. At this visit, your surgeon or APP will assess your healing and progress. Any remaining sutures will be removed. This visit will be at the Heart Institute at UWMC, 1959 N.E. Pacific St., Seattle, WA 98195.

If you do not have a follow-up appointment at the time of discharge, or need to reschedule: Call your Cardiac Surgery clinic nurse at (206) 598-8060.

Bring your "Daily Logs" from this handout with you to your follow-up appointment. It is also helpful to bring a list of your medications, as well as a list of questions you might have for the Aortic Surgery team.

(Use the space to the left to write down questions about your recovery.)

Regular Surgical Follow-up

After your first follow-up visit, you will need continued surveillance of your aorta. The timing of your appointments will be determined by what your initial diagnosis was, and what surgery you had.

The outline below is the standard of care for your aortic surgery surveillance. Additional clinic visits or tests may be deemed necessary by your surgeon.

1. If your surgery was emergent (unplanned) and you were treated for an aortic dissection, your follow up may include a:

- Repeat CTA of your chest in 1 month
- Return to clinic in 1 month
- CTA/return to clinic in 1 year from your surgery
- Annual surveillance with imaging and clinic visit.

2. If you had an elective (planned) surgery to repair your aorta your follow up may include:

- Repeat CTA of your chest in 3-4 months.
- Return to clinic in 3-4 months.
- CTA/return to clinic in 1 year from your surgery.
- Annual surveillance with imaging and clinic visit.

3. If you had an elective surgery to repair your aorta and had a David V procedure, your follow-up may include:

- Repeat CTA of your chest in 3-4 months.
- Limited Echocardiogram in 3-4 months.
- Return to clinic in 3-4 months.
- Echo and return visit in 1 year from your surgery.
- Annual echo and visit with your cardiologist.

Transitioning Back to Your Cardiologist for Care

About 30 days after your surgery, your *cardiologist* or primary care provider (PCP) will start to manage your medications and take over long-term cardiac 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. Especially important, is having a provider that manages medications for your blood pressure. *You will need lifelong blood pressure control to reduce the risk of complications with your aorta.*

Medication refills- your cardiac surgery team might start new medications upon your discharge from the hospital. If you are running low on these medications, please let your cardiac surgery provider know at your two-week follow-up appointment. Once you see your primary care provider or cardiologist, you should ask their office for medication refills.

Cardiac Rehab

Cardiac Rehab is a special rehabilitation program tailored to re-gaining cardiovascular health after surgery or procedures involving your heart. **If you had surgery on your aorta only, you may 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.

Generally, your referral will be initiated by the inpatient physical therapy team while you are still in the hospital. Once it is processed, if you qualify based on your surgery, you may begin participating in cardiac rehab about 4-6 weeks from your surgical date. Sessions are generally 1-3 times per week for up to 12 weeks based on your needs. Please ask your team more about this program.

Sternal Precautions

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

- For **6 weeks** after your surgery, do **not** lift, pull, or push anything that weighs more than 10 pounds. (A gallon of water weighs a little more than 8 pounds.)
- For **12 weeks** after surgery, do **not** do any activities that may stress or twist your *sternum* (breastbone). This includes activities such as riding a bike, batting, 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 two-week follow up visit.

Your Diet After Aortic Surgery

It is common to have a decreased appetite after aortic surgery. But it is important to eat nutritious 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.
- **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 can be 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 difficulty managing your diabetes and blood sugars, please contact your primary care provider (PCP).

Tobacco Use and Smoking



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

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, talk with your primary care provider or someone on your healthcare team at UWMC

Sexual Activity

- You may resume sexual activity when you feel comfortable doing so.
- Make sure you continue to follow all the above precautions and take care to keep your incisions clean and intact.

Managing Your Pain After Surgery

You should expect to have some discomfort/pain immediately following your surgery, and for up to 6 weeks afterwards. You will be discharged home with prescriptions for pain medications to help with discomfort while you recover. These might include a combination of non-narcotic pain relievers such as Tylenol, as well as narcotic pain relievers such as Oxycodone. You might also be prescribed muscle relaxers or medications for nerve pain based on your cardiac surgery team's plan for you. You should have been given an updated medication list to follow when you are home.

Do not take any medications, even over-the-counter medications, such as ibuprofen, without consulting your cardiac surgery team. They may interfere with other prescribed medications you are on, especially blood thinners.

It is important to manage your pain while you recover. Moving around, walking and deep breathing prevent complications like pneumonia or blood clots. Heat therapy, as well as gentle stretching and walking can also help with muscular pain.

If you were prescribed narcotics to help manage your pain at discharge, only take them as needed. If your pain is well-controlled with Tylenol and other methods like heat or ice, it is okay not to take the narcotic pain medicine. Surgical patients should be weaned off narcotics between 1-2 weeks from discharge. Narcotic pain medicine is not typically refilled once you run out.

If you are having difficulty managing your pain after surgery, please reach out to the Cardiac Surgery clinic nurse.

Questions?

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

Weekdays from 8 a.m. to 5 p.m., call your Cardiac Surgery Nurse.

Cardiac Surgery Clinic fax: 206.598.2414

Send non-urgent emails to your doctors and nurses through eCare:

<https://ecare.uwmedicine.org>

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 and with the same scale every day.
- Check your blood pressure and heart rate once a day, **2 hours after** you take your morning medicines.

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

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Daily Record

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

DRAFT

Exercise Log

Date	Type of Exercise	How Long You Exercised	Your Pace (slow, moderate, strenuous)	Resting Heart Rate	Heart Rate After Exercise

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Pain Log

Date And time	Location/type of Pain	Pain level (1-10)	Contributing Factors: Activity, sleep, deep breathing, etc	Pain medication taken	Pain Level 1 hour after meds (1-10)	Other therapies you tried Heat, ice, stretching

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