Recovery and Post-operative Instructions:
Vascular Surgery

Diet/Bowel Care

- No restrictions, you may resume your regular diet.
- Advance your diet as you can tolerate, starting with bland (non-greasy, non-spicy) food, in small portions, that is easy to digest for first 2-3 days.
- Drink plenty of fluids (> 2 Liters per day) to keep well hydrated as your body is recovering (juices, water, broth, sports drinks).
- Having surgery and narcotic pain medications can cause your bowels to slow down, and can cause constipation. You should start taking a stool softener (Colace or generic Ducosate Sodium) 100mg twice daily (available over the counter), starting the day before your surgery.
- If you go more than 2-3 days without a bowel movement, you should take 2 Tablespoons of Milk of Magnesia (available over the counter) 3 times per day until your first bowel movement, and then stop.

Medications

- Pain medications
  - You will be given a prescription for pain medication (narcotics); it is important to take these, as instructed, to keep your pain controlled.
  - The most commonly prescribed narcotics include: Percocet, Oxycodone, Norco, Vicodin, Tylenol with Codeine, or generic versions of these.
  - The narcotic pain medication can make you sleepy and dizzy – you should not drive a vehicle while taking narcotics, and you should not drink alcohol while taking them. Narcotics can also cause nausea in some people so it is best to take them with food. Some people may have itching with narcotics; unless you have a rash, this is not an allergic reaction, just a side effect. You can take Benadryl to help with the itching.
- Regular Prescription Medications
  - You may resume your regular medications immediately after surgery (either in the evening after surgery or the following morning), unless told otherwise by the surgeon.
  - If you were given antibiotics, take them as instructed to completion.
General Wound Care

- Keep the dressings clean and dry for first 48 hr (no showering). After 48 hrs, you may remove the outer bandages over your incisions and you may shower; wash and dry wounds gently with soap and water; no dressing needed after first 48 hrs.
- No soaking in tub or pool for 2 weeks following surgery.
- If you have staples on your incision, they will be removed at your follow up appointment.
- If you have steri-strips (white paper tapes), leave these on until they fall off on their own.
- If you have “skin glue” over the incisions, this will wear off in about one week; do not try to scrub it off.
- Some bruising and soreness is expected around the incisions.

Activity

- You may resume normal activities as you feel you are able. You should be up walking around your house several times per day after surgery. This improves circulation and helps prevent complications after surgery. Walking outside and doing stairs are acceptable, and you can increase your activity as you can tolerate.
- No lifting more than 20 pounds (no more than 5 lbs. if you had surgery on your arm) and no aerobic exercise (other than walking) until your follow up office visit (about 2 weeks after surgery). Further restrictions will be discussed at that time.
- You may return to work or school as you feel you are ready, with lifting restrictions in mind if you have a labor-intensive job.
- NO DRIVING FOR 24HRS AFTER SURGERY AND WHILE TAKING NARCOTICS. You may drive when you feel that you can safely operate the vehicle (think about turning or stopping suddenly, maybe take a test drive in a safe area first).

**Call the surgeon’s office: (303-689-6560) if you experience any of the following:**

(If you call after hours or on the weekend you will get the answering service and you will speak to the doctor on-call)

- Temperature higher than 101.
- Any chest pain or difficulty breathing or coughing up blood.
- Redness (more than a ¼ inch around the wound)/drainage/bleeding/pus from wound(s) or IV sites.
- Increased pain at incisions. Some pain is expected but should get progressively better over about a week.
- Worsened abdominal pain or vomiting or increasing abdominal distension (bloating).
- Any other concerns or questions regarding your surgery or recovery.
Specific for AV Fistulas for Dialysis Access

- Your dialysis access will not be ready to use for several months, the fistula needs to mature before it can be used.
- You should do the following exercises 5-10 times daily to increase blood flow through the fistula and help it to mature properly.
  - Squeeze a tennis ball 10 times with your hand on the side with the fistula.
  - Take an unopened soda or soup can in your hand and curl your wrist up and down 10 times on the side with the fistula.
- Check the access area daily for redness or pain, or signs of infection. If there is a scab on the AV fistula access site, do not pick it off as this can cause a significant amount of bleeding.
- You should feel a light vibration (called a “Thrill”) in the area of the fistula when you touch the area gently – this is good and means there is blood flow through the dialysis access area. If you do not feel this you should let your doctor know.
- Let your doctor know if you have a cold or numb sensation in the arm or hand below the fistula. This could be a sign that the fistula is taking too much blood supply away from the area below the fistula.

Follow-up Visit

Call our office at 303-689-6560, to make an appointment your surgeon within 7 days. Please call with any concerns regarding your surgery or recovery.