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Welcome

Your Vascular Surgery Team

Carotid Artery Disease

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The vascular surgery team at Stony Brook University Medical Center 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 binder 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 enjoyable. This can also help speed up your recovery.

You are encouraged to bring this binder with you to all appointments with your surgeon, as well as to your preoperative appointment, and on the day of surgery.

If you have additional questions, do not hesitate to discuss them with your surgeon or another member of your healthcare team. We look forward to providing you with the best possible care.
YOUR VASCULAR SURGERY TEAM

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Texas Tech University (Endovascular Surgery)

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- Fellowships:
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Clinical Practice Began
1997

Academic Year Appointed at Stony Brook
2009

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2011

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Medical School
Texas A&M College of Medicine

Residency
NYU Medical Center
(General Surgery)

Fellowship
NYU Medical Center
(Vascular and Endovascular Surgery)

Honors and Awards
American Heart Association Postdoctoral Research Grant
Outstanding Research Award – PRS Research Council
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Languages
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Mandarin Chinese
WHAT IS AN ABDOMINAL AORTIC ANEURYSM (AAA)?
The aorta is the largest artery in the body, carrying oxygen-rich blood to your lower body and extremities. An abdominal aortic aneurysm occurs when the pressure from blood flowing through your aorta causes a weakened segment that may expand or bulge. The normal diameter of the abdominal aorta is about 2 cm (0.8 in). As an AAA continues to expand beyond normal diameters, it may become dangerous and be at risk for rupture. A ruptured aneurysm can cause severe internal hemorrhage, which can cause shock or even death. Fortunately, when diagnosed early and monitored frequently, an AAA may be treated safely and effectively.

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
• High blood pressure
• Age 55 and over for men and age 65 and over for women

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 from 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 depiction 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.**
- **Arteriography:** An invasive test that uses contrast to visualize blood flow through your aorta and other arteries. It usually takes place in a hospital and requires routine lab tests beforehand.

TREATMENT OPTIONS
Understanding your condition and treatment options is extremely important. Your physician and healthcare team can answer any questions that you may have regarding your condition and treatment.

- Your physician may recommend repair of your AAA when it reaches diameters between 5 cm (2 in.) and 5.5 cm (2.2 in.) or if your aneurysm is growing at an increased rate.
- If your aneurysm is small, and you are not experiencing symptoms, your physician may recommend “watchful waiting.” 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 by your physician is extremely important.
- 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 determines which option you may be a candidate for depending on other medical conditions you may have or your specific anatomy.
**Endovascular Repair**

- Endovascular repair involves the use of a synthetic stent graft (endograft) composed of fabric and metal to strengthen the weak and aneurysmal segment of your aorta.
- This procedure is less invasive than open surgery; the treatment is performed inside of your artery via two small incisions in both groins.
- During the procedure, using x-rays and small catheters, the stent graft is slowly guided from the arteries in your groin to the aneurysmal aorta.
- The stent graft is deployed at the level of the aneurysm and secured in place.
- This type of repair often has a shorter recovery period postoperatively than open surgery.
- On average, your hospital stay may be 2 to 4 days.
- Complications associated with this type of repair may include injuries to surrounding blood vessels, heart attack, stroke, paraplegia, kidney failure, and blood clots.
- Rarely, leaks may develop around or behind the endograft, which may require additional procedures.
- After endovascular repair, frequent follow-up with ultrasound and CT scans are required to ensure proper placement and functioning of your endograft.
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 and then the surgeon opens the aneurysm and clears any blood clot in the aneurysm.
- A graft is then sewn into place, restoring the normal size and contour of the aorta, allowing blood to flow safely to your lower extremities.
- The aorta is then sewn back together snugly around the graft and the incision site is closed.
- On average, your hospital stay may be 4 to 7 days.
- Complications associated with this type of repair include infection, bleeding, heart attack, stroke, and impaired sexual function.
- After open repair, follow-up with imaging studies is less frequent.
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 heavy lifting for the first 10 to 14 days.
• Ensure that your groin incisions or abdominal incision is kept clean and dry.
• Follow up with your surgeon between 1 and 2 weeks of discharge.

WHEN TO CALL YOUR PHYSICIAN
It is important to alert your physician about any complications that you may be having. Contact your physician if you experience any of the following:

• A red, tender, swollen, or draining incision site
• Fever over 101°F
• Severe abdominal or back pain
• Chest pain or shortness of breath
• Numbness, swelling, or pain in your legs
WHAT IS CAROTID ARTERY DISEASE?
Your carotid arteries, which are located in your neck, carry oxygenated blood to your brain. Carotid artery disease can occur when these arteries in your neck become narrowed or blocked by plaque. Plaque is composed of cholesterol, calcium, and fibrous tissue that may cause your arteries to thicken and become stiff. As plaque continues to build up within your arteries, they continue to become narrower. This may disrupt blood flow through your arteries to your brain and other organs and tissues. This condition is called carotid artery stenosis.

Carotid artery disease is a serious health condition that may lead to stroke. Stroke is damage to the brain that occurs from lack of blood flow or from a blood clot that breaks off and travels to the brain. Stroke may cause difficulty speaking, weakness, paralysis, and severe disability. Your physician may advise surgical treatment to reduce your risk of stroke.

RISK FACTORS FOR DEVELOPING CAROTID ARTERY DISEASE
The following are risk factors that put an individual at a higher risk of developing carotid artery disease. It is important to control these risk factors with diet, smoking cessation, and adequate control of blood pressure.

• Family history
• Diabetes
• Smoking
• High cholesterol
• High blood pressure

WHAT ARE THE SYMPTOMS?
In the earlier stages, carotid artery disease may not cause symptoms. The first sign of disease can be an actual stroke or a transient ischemic attack (TIA). A TIA is known as a “warning stroke” or “mini stroke” that produces stroke-like symptoms and can last from a few minutes to a few hours.

WHAT ARE THE SYMPTOMS OF STROKE OR TIA?
The symptoms of a TIA and stroke are basically the same.

• Weakness, numbness, or tingling sensation on one side of your body

Continued on back
• Sudden vision loss in one eye (feeling of a curtain being pulled over one eye)
• Difficulty speaking clearly
• Sudden trouble walking, dizziness, or loss of balance or coordination

Symptoms of a TIA **completely resolve within 24 hours.** If your symptoms do not resolve, a stroke has likely occurred. You should contact your physician immediately if you experience any symptoms of a stroke or TIA.

**WHAT TESTS WILL I NEED?**
Your physician will first obtain a thorough history and physical examination. During your examination, he or she will listen for sounds that indicate turbulent flow through your carotid arteries. This turbulent flow is called a carotid bruit. After your examination, your physician may proceed with imaging studies. These include:

• **Carotid Duplex Ultrasound:** A noninvasive study that uses high frequency sound waves to assess the structure and flow within your blood vessels. Your physician will be able to determine the degree of narrowing within your carotid arteries.

• **CT Scan:** An imaging modality that uses a series of pictures in order to reconstruct images of your brain and carotid arteries. Your physician may request that this study be done with contrast dye to enhance the appearance of your arteries. In this case, you may be required to go for a blood test beforehand to ensure that your kidney function is sufficient to appropriately eliminate the contrast dye. **Inform your physician of any allergies to contrast dyes in advance.**

• **Magnetic Resonance Angiography (MRA):** A noninvasive imaging test that uses radio waves and magnetic fields to create detailed images of your carotid arteries. Contrast may also be used to enhance the projections in this study.

• **Angiography:** An invasive imaging test is performed by insertion of a catheter through an artery in your groin. The catheter is guided to the neck and contrast dye is injected into the carotid arteries. This may require coming to the hospital for routine lab tests prior to the test.
TREATMENT OPTIONS
Your physician will determine the appropriate treatment depending on the degree of narrowing (stenosis), whether or not you are having symptoms, and your other medical conditions. If you are asymptomatic (experiencing no symptoms), with a minimal degree of narrowing, your physician may choose to monitor your disease once every year with carotid duplex ultrasound. This will monitor the progression of narrowing in your carotid arteries.

If you have a significant narrowing, or are currently having symptoms of TIA or stroke, you may be a candidate for a surgical intervention.

There are currently two options for surgical treatment available, carotid endarterectomy and carotid artery stenting. Your physician will determine which treatment option you may be a candidate for.

Carotid Endarterectomy
- Carotid endarterectomy is the removal of plaque from the inner lining of your carotid artery.
- An incision is made in your neck in order to expose the artery.
- The surgeon will clamp the artery above and below the area of blockage to temporarily stop blood flow.
- Occasionally, your surgeon will place a shunt to preserve blood flow to the brain during the procedure. You may not require a shunt if your brain is receiving adequate flow from other arteries.
- An incision is made in the artery, and the plaque is loosened from the wall and then removed.
- The incision is sutured closed. Sometimes a patch is placed on the artery to provide tensile strength at the surgical area.
- Often, a drain is placed through the incision to facilitate drainage of excess fluid and blood. This drain is removed before you are discharged home.
- After surgery, you should anticipate staying in the hospital for 24 to 48 hours.
- Complications associated with this procedure may include stroke or transient ischemic attack, bleeding, infection, heart attack, hoarseness, numbness, or cranial nerve injuries.
- After surgical treatment of carotid artery disease, follow-up each year with ultrasound is necessary to monitor for recurrent narrowing.

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Carotid Artery Stenting

- This is a newly developed minimally invasive procedure usually performed under local anesthesia to treat carotid artery disease. You may be a candidate for this procedure if you are at high risk for general anesthesia.

- Your surgeon will puncture the femoral artery in the groin and insert a sheath into the opening. A catheter is then inserted into the sheath and guided to the carotid arteries.

- Contrast dye is then injected and pictures are taken of your arteries.

- Once the area of narrowing is identified, a filter is placed beyond the area of stenosis. This filter or embolic protection device prevents any debris or clots from breaking off and traveling to the brain.

- A small balloon is used to expand the narrowed areas and flatten the plaque against the walls of the artery.

- A stent is then advanced to the site of plaque and expands to the diameter of the artery.

- Finally, a completion angiogram is performed to ensure the procedure was successful and the catheters are removed.

- Long-term success rates are currently unavailable.
RISKS AND COMPLICATIONS

- TIA or stroke
- Bleeding and infection
- Heart attack
- Blood clots
- Abnormal heart rhythms

RECOVERY

After either carotid endarterectomy or carotid stenting, you will likely stay in the hospital from 24 to 48 hours. You can expect to return to normal activities in approximately 1 week.

- Take all medications as prescribed.
- If you have a neck or groin incision, keep the site clean and dry.
- Avoid lifting objects greater than 10 pounds.
- Use caution when shaving if you have a neck incision.
- Follow up with your surgeon in 1 to 2 weeks after discharge.

WHEN TO CALL YOUR PHYSICIAN

If you have symptoms of stroke or transient ischemic attack (TIA), call 911 immediately.

If you experience the following, call your surgeon:

- Symptoms of TIA or stroke (any sudden onset of weakness, numbness, or tingling sensation on one side of your body; loss of vision in one eye or the feeling of a curtain being pulled over one eye; difficulty speaking clearly; or trouble walking, dizziness, or loss of balance or coordination)
- Redness, warmth, excessive pain, drainage, or bleeding from your incision or puncture site
- After carotid stenting, bleeding from the groin, numbness, coolness, or pain in your leg or toes
- Changes in your mental status, such as confusion or severe headaches
- Shortness of breath or chest pain
- Fever greater than 101°
WHAT IS PERIPHERAL ARTERY DISEASE (PAD)?
Your arteries carry oxygen-rich blood from your heart to all of your organs and tissues. When the arteries in your legs become narrowed or blocked, your muscles do not receive enough oxygen and nutrients. This is a condition called peripheral artery disease, or PAD.

Peripheral artery disease is caused by a process called atherosclerosis, which is a hardening of the arteries. Atherosclerosis is caused by the buildup of plaque, a substance composed of cholesterol, calcium, and other fibrous tissue that causes your arteries to narrow and stiffen. Eventually, the buildup of plaque progresses and causes the blood flow to your lower extremities to be reduced. Peripheral artery disease may cause symptoms of pain, and if severe may lead to limb loss.

WHAT ARE THE RISK FACTORS?
There are several risk factors that may predispose you to developing peripheral arterial disease. As you age, your risk for developing PAD increases. The following increase your chance of developing arterial disease:
• Smoking
• Diabetes
• High blood pressure
• High cholesterol or high triglycerides
• Being overweight

WHAT ARE THE SYMPTOMS?
Initially, you may not experience any symptoms from your peripheral arterial disease. If you become symptomatic, you may experience intermittent claudication, rest pain, and ulceration. Following is a description of each symptom.
• Intermittent claudication is characterized by muscle cramping, fatigue, and discomfort that occurs after walking short distances. This pain can occur within your calves, thighs, or buttocks. Pain from claudication resolves when you stop walking.
• When your legs do not receive enough oxygen at rest, you may experience pain in your leg, foot, toes, or heel, which is called rest pain.
• As your PAD progresses, you may develop painful ulcerations or sores on your extremities. These sores may eventually progress to gangrene.

Continued on back
WHAT TESTS WILL I NEED?
First, your physician will conduct a thorough history and physical examination. After your examination, if your surgeon suspects peripheral arterial disease, he or she will conduct noninvasive studies to determine the extent of disease.

- **Ankle-Brachial Index (ABI):** A noninvasive test that compares the blood pressure in your ankles to that in your arms. From these measurements, a number is calculated to determine the extent of disease.

- **Pulse Volume Recordings:** A test used to measure the volume of blood at various levels along the lower extremities using a pressure cuff and a Doppler.

- **Duplex Ultrasound:** An imaging study that uses high frequency sound waves to measure blood flow and detect plaque or other structural abnormalities.

- **Computed Tomographic Angiography (CTA):** An imaging test that uses specialized CT scans to create detailed pictures of the arteries in your extremities to determine the degree of narrowing.

- **Angiography:** A test that is used as a road map for surgery. A catheter is inserted into an artery in your groin and contrast dye is injected to show the location and degree of blockage. This procedure takes about 1 hour. Afterwards, you will be asked to lie flat for a few hours. (Angiography may require coming to the Hospital for routine lab tests beforehand.)
TREATMENT OPTIONS
After the medical evaluation along with imaging studies, your surgeon will discuss your treatment options and plan with you. Initially, conservative therapy may be initiated before surgical intervention is planned.

Conservative management of peripheral artery disease includes many lifestyle changes. Among them are:
• Medication to lower your blood pressure or cholesterol
• Medication to thin your blood and reduce blood clotting (aspirin, clopidogrel [Plavix™], or warfarin [Coumadin™])
• Medication that may improve walking distance (Pletal™)
• Walking exercise of at least 30 minutes, 3 times a week
• Smoking cessation
• Healthy diet

Less invasive procedures, such as angiography along with balloon angioplasty and stenting may the first step in your treatment. If the attempts at less invasive procedures are unsuccessful, or if your individual case warrants a more extensive surgery, endarterectomy, bypass surgery, or amputation may be recommended to relieve your symptoms.
ANGIOGRAM
Your surgeon may recommend an angiogram to study blockages or malformations that may be causing you to have symptoms. Angiography can diagnose many vascular conditions including:
- Peripheral artery disease
- Aneurysms
- Malformed arteries
- Blood clots in your veins, also called deep vein thrombosis
- Narrowing of arteriovenous fistulas
- Problems with the arteries going to your kidneys

WHAT IS AN ANGIOGRAM?
An angiogram is an invasive imaging test that uses contrast dye and x-rays to visualize your blood vessels. When the arteries are being studied, this is called an angiogram. A venogram is used to study veins. Angiography is often performed before a more invasive surgical procedure. Angiography is considered a road map for surgery.
HOW IS AN ANGIOGRAM PERFORMED?

- Ultrasound is used by your surgeon to access an artery in your arm or leg. A catheter is then inserted into your artery or vein. Contrast dye is injected through the catheter, making blood flow visible on x-ray.
- X-ray pictures are then taken allowing the surgeon to get a more detailed perspective on your condition and treatment.
- At that time, your physician may decide to treat your condition with angioplasty or stenting.
- During angioplasty, a balloon is threaded over the catheter and inflated several times to open up a narrowed segment of your artery or vein.
- Sometimes, a stent is placed after the narrowed segment is treated with balloon angioplasty.
- A stent is a tube composed of metal and mesh that is permanently inserted at the area of narrowing to ensure that the artery remains open.
- The catheter is then removed and pressure is held over the insertion site for approximately 20 minutes to stop any bleeding.
- When the procedure is over, you will be asked to lie flat for approximately 4 to 6 hours to prevent additional bleeding from the access site.
- You may be asked to drink additional fluids to prevent dehydration and to clear any contrast dye from your kidneys.
RISKS AND COMPLICATIONS
You may be at increased risk for developing complications after an angiogram if you have the following:
• Kidney disease
  • It is important to keep your kidneys well hydrated, especially since you’ll be receiving contrast dye.
  • If you have chronic renal disease you may be instructed to come in early for IV fluids.
• Allergic reaction to contrast dye
• You may be given a prescription for Benadryl® and prednisone to be taken before your angiogram. These medications will help to prevent any allergic reactions.
• Medications
  • If you currently take the oral diabetic medication glucophage (metformin), you must **stop taking it 24 hours before and 48 hours after your angiogram**.
  • If glucophage (metformin) is not stopped, a serious condition called lactic acidosis may occur.
• Congestive heart failure
• Blood clotting problems

**It is important to inform your surgeon if you have any of the above conditions.**

PREPARING FOR AN ANGIOGRAM
• Before an angiogram, you will need blood tests to determine your kidney function and to look at your blood’s ability to clot.
• You may continue taking aspirin.
• If you are taking warfarin (Coumadin®), ask your surgeon for a stop date.
• If you are taking clopidogrel (Plavix®), your surgeon may ask you to stop prior to the angiogram.
• You will be asked to not eat or drink anything within 6 hours of your angiogram.
**BYPASS SURGERY**

Your surgeon may determine that you are a candidate for bypass surgery. Bypass surgery creates a detour around a segment of blockage or narrowing within your artery. There are several types of bypass procedures. The procedure you will need depends on where your particular blockage is.

- In order to create a bypass, your surgeon may use one of the veins in your legs or a synthetic graft. Depending on your anatomy and the quality of your veins, your surgeon will determine the appropriate conduit for your bypass procedure.
- During your bypass surgery, your surgeon will make an incision in your groin to expose the normal segment of your artery, above the area of blockage. An incision will be made into the artery and one end of the graft will be sewn in.
- Another incision is made to expose the artery beyond the area of blockage or narrowing. An incision is made into the artery in this location and the end of the graft is sewn in place. The blocked segment of artery is bypassed to create a new passage for blood.
- After the graft is sewn in place and good blood flow is confirmed, the incisions are closed with stitches or staples.

**RISKS AND COMPLICATIONS**

- Infection
- Bleeding
- Blood clots
- Breathing problems
- Nerve damage and numbness
- Need for second bypass procedure or possibly amputation

Continued on back
RECOVERY
You should plan on staying in the hospital from 3 to 7 days. The length of your stay depends on the type of bypass procedure and any other medical conditions you may have. To ensure a timely recovery, please do the following:

• Take medications as prescribed.
• Do not perform strenuous exercise or heavy lifting over 10 pounds for 3 weeks.
• Keep your incisions clean and dry.
• Follow up with your surgeon in 1 to 2 weeks.
• Continue to walk. Walking reduces swelling, promotes healing, and reduces your chances of having blood clots.
• When sitting, ensure that your feet remain elevated as high as you can tolerate.

WHEN TO CALL YOUR PHYSICIAN
• If you notice drainage, warmth, pain, or redness around your incisions
• Bleeding from your incision site
• You notice a change in color or temperature of your feet or toes
• Fever greater than 101° F
• If you feel short of breath or have chest pain

ENDARTERECTOMY
An endarterectomy is the removal of plaque from a diseased artery.
• An incision is made in your groin and the diseased segment of the artery is exposed.
• Your artery is opened and the plaque is removed from the inner lining.
• The defect in the artery wall is sewn back together and the incision is closed.
• Blood flow is restored through the artery.

AMPUTATION
In cases of extreme peripheral artery disease that is accompanied by gangrene or infection, your surgeon may recommend amputation. Amputation is considered the last resort of treatment when the extremity is no longer salvageable or cannot be treated by other surgical interventions. The level of amputation depends on the extent of arterial disease that exists.
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 binder 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

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.

YOUR PREOPERATIVE VISIT WILL TAKE PLACE AT THE:
Ambulatory Surgery Center
1 Edmund D. Pellegrino Road
Stony Brook, NY 11794
Phone: (631) 444-4638

DIRECTIONS TO THE AMBULATORY SURGERY CENTER

From the Long Island Expressway
- Take the Long Island Expressway (I-495) to Exit 62 North, Nicolls Road (CR 97).
- Travel approximately 8 miles. Cross Nesconset Highway (Route 347).
- At the third traffic light, turn right at the sign for “Stony Brook South Entrance, East Campus” (Health Sciences Drive).
- Continue to the first traffic light. Turn left onto Edmund D. Pellegrino Road.
  Follow signs for patient parking for the Ambulatory Surgery Center. (Parking is free.)

From Route 25A
- Travel south on Nicolls Road (CR 97).
- At the third traffic light, turn left at the sign for “Stony Brook South Entrance, East Campus” (Health Sciences Drive).
- Continue to the first traffic light. Turn left onto Edmund D. Pellegrino Road.
  Follow signs for patient parking for the Ambulatory Surgery Center. (Parking is free.)
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 or pulmonary 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®), **ask your surgeon for a stop date.**
  - If you are taking warfarin (Coumadin®), **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.
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 you will be having surgery on.
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. Twenty four (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 to let you know when and where to report for your surgery. Family members can accompany you to Pre-Surgical Admissions, where you will be prepared for your 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. The 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.
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) 444-6608.

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:
7:00 am to 9:00 pm, Monday through Friday
9:00 am to 9:00 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 Road (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, please stay to the right. Go down the escalators to Level 4, and Pre-Surgical Admissions will be on the left.

From 25A
• Travel south on Nicolls Road (CR 97).
• At the third traffic light, turn left 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, please stay to the right. Go down the escalators to Level 4, and Pre-Surgical Admissions will be on the left.
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, 7:00 am to 10:30 am and 11:00 am to 8:00 pm
Saturday and Sunday, 7:00 am to 8:00 pm

Skyline Deli
Level 5, off the Hospital Lobby
Monday through Friday, 10:30 am to 3:00 pm
Closed on Saturdays and Sundays

Late Night Service (Out of the Deli)
Nightly, midnight to 7:00 am

Starbucks
Level 5, Hospital Lobby
Monday through Friday, 6:30 am to 9:00 pm
Saturday and Sunday, 6:30 am to 8:00 pm

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 8:00 am to 8:00 pm, Saturday from 9:00 am to 6:00 pm, and Sunday from 10:00 am to 6:00 pm.

CHAPEL
The Chapel is located in the main lobby 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.

TV AND PHONE RENTAL
Television and phone rentals can be arranged by calling (631) 444-1465.
WHILE IN THE HOSPITAL

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 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 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 do 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.

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 task to prevent infections is HAND WASHING. Please make sure that all doctors, nurses, and visitors wash their hands immediately after entering and before leaving your room.

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 for 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 compression boots on your legs to squeeze blood in your legs and help prevent clots. 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 post-operative 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 doing certain breathing exercises. Your doctor or nurse will provide you with a device called an incentive spirometer. This is an inexpensive, portable, hand-held device that measures how hard and quickly you can blow air into and out of your lungs. A member of your healthcare team will instruct you on how to use the device. It is important that you do this 10 times per hour while you are in the Hospital, and continue using it at home after discharge until you have fully recovered.
All numbers are within the “631” area code.

**Stony Brook University Medical Center** ........................................... 689-8333

**Vascular Surgery Main Office** .......................................................... 444-1279

**Pre-Admission Testing** ................................................................. 444-2948

**Pre-Surgical Admissions** ............................................................... 444-1002

**Surgery Waiting Room, Level 4** ...................................................... 638-2931

**16 South Nursing Unit** ................................................................. 444-1600

**16 South Discharge Room** ............................................................. 444-7295

**18 North Nursing Unit** ................................................................. 444-1850

**Food and Nutrition Services** ........................................................ 444-2900

**Social Work Services** ................................................................. 444-2552

**Chaplaincy** .................................................................................. Dial “0” from any Hospital phone

**TV/Phone Rental** ........................................................................... 444-1465

**Parking Garage** ............................................................................... 444-6608

**Patient/Guest Relations** ............................................................... 444-2880

**HealthConnect®** ............................................................................ 444-4000

**Customer Accounts** ...................................................................... 444-4151
Discharge is before **11:00 am. Please make arrangements for transportation in advance.**

After your surgery, you will be discharged to go home with a list of instructions and medications. You will need to schedule an appointment to see your surgeon 1 to 2 weeks after your surgical procedure. You will follow up at the outpatient clinic, Stony Brook Surgical Care Center on Research Way in East Setauket.

**Stony Brook Surgical Care Center**  
37 Research Way  
East Setauket, NY 11733  
(631) 444-4545

**Stony Brook Surgical Care Center**  
24 Research Way  
East Setauket, NY 11733  
(631) 444-4666

**DIRECTIONS**

**From the Long Island Expressway (I-495)**
- Take the Long Island Expressway to Exit 62 North, Nicolls Road (CR 97)
- Turn right onto Nesconset Highway (Route 347)
- At the third traffic light, turn left onto Belle Mead Road.
- At the next traffic light, turn right onto Research Way (Stony Brook Technology Park).
- Building 37 is on the left, and building 24 is on the right.
WHAT TO DO AT HOME AND WHAT TO LOOK FOR

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 clean the wound.
• Using a clean washcloth, water and soap, gently wash your incisions.
• Pat dry with a clean towel.
• Paint wound with Betadine®.
• 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

Continued on back
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 an over-the-counter stool softener.

PREVENTING PNEUMONIA
When you leave the Hospital, you can reduce your risk of acquiring pneumonia by doing certain breathing exercises. Your doctor or nurse will provide you with a device called an incentive spirometer. This is an inexpensive, portable, hand-held device that measures how hard and quickly you can blow air into and out of your lungs. A member of your healthcare team will instruct you on how to use the device. It is important that you do this 10 times per hour while you are in the hospital and continue using it at home after discharge until you have fully recovered.