

Vascular and Endovascular Surgery ICU Management

For all vascular patients: Resume Antiplatelet agents the day of surgery.

1-Abdominal Aortic Aneurysm

Open Aneurysm / Aortofemoral bypass: will require routine coronary event rule out protocol. Hemoglobin should be monitored on arrival from the OR and 4 hours later, a drop of 2 gm or greater should be reported to the attending. Any changes in distal pulses should also be reported.

Endovascular Aneurysm repair: Patient may start a regular diet 4 to 6 hours post op. D/C Foley on Post op day 0.

2-Lower extremity revascularization

Coronary event rule out protocol. Changes in distal pulse exam should be reported to the attending. Anticoagulation protocol will be specified by the vascular attending. In general no anticoagulation is required post bypass unless the distal anastomosis was performed on a calcified vessel. These patients will be started on Dextran in the OR; the dextran should run continuously for 72 hours. Dressings saturated in blood should be changed the next day.

3-Carotid endarterectomy

Patients should remain NPO for 6 hours postop then they may be started on a regular diet. BP should be kept between 120 and 160 systolic using Neo, Nitro or Nipride. Foley may be removed 6 hours post op. If the patient develops a Hematoma on the operative side, apply pressure for 30 minutes directly on the wound. Rarely, hematomas may enlarge rapidly hence compromising the patient's airway. In these cases, the wound should be opened and the hematoma evacuated prior to intubation. NEVER INTUBATED A PATIENT WITHOUT FIRST EVACUATING THE HEMATOMA. Bleeding can then be controlled by simple pressure on the carotid.

4-Carotid stenting

Continue ASA and Plavix post operatively. Close neurological monitoring is required for 24 hours in patient following carotid stenting. Any changes in neurological status should be reported to the attending and a stroke protocol initiated as well as full anticoagulation.