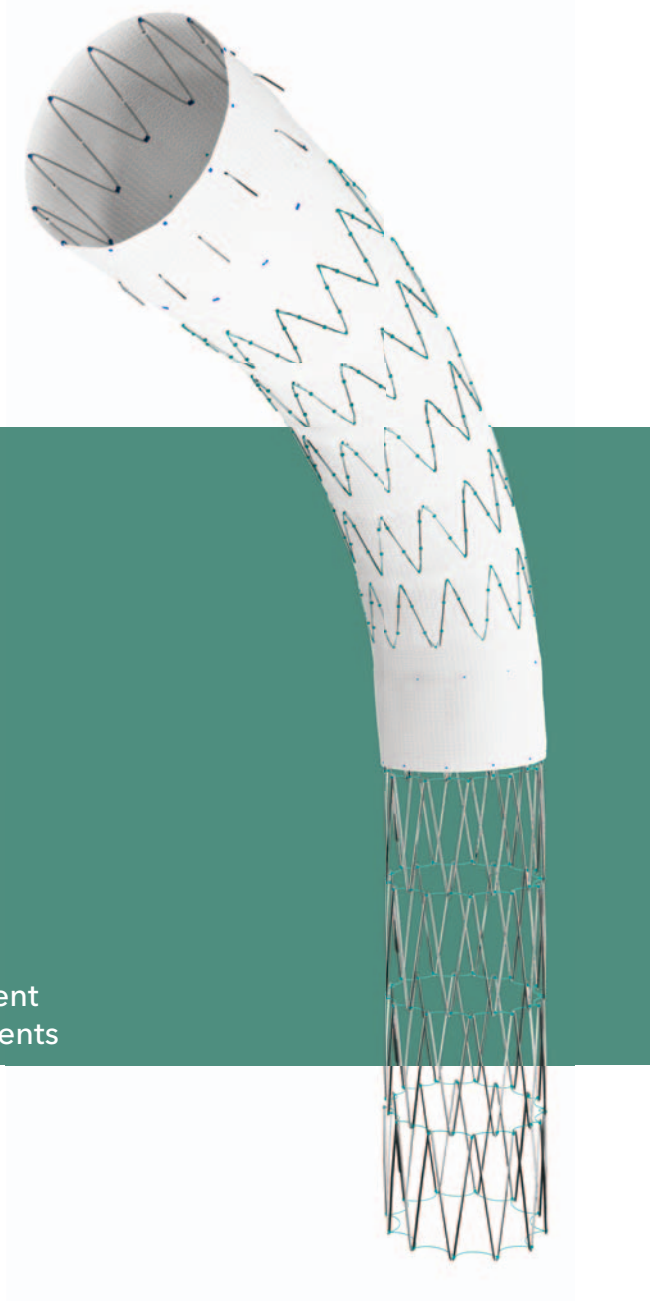




# Zenith TX2<sup>®</sup>

TAA ENDOVASCULAR GRAFT

## NURSING GUIDELINES



Suggested Postoperative Management  
of Thoracic Endovascular Repair Patients

## **Nursing Guidelines:**

### **Suggested Postoperative Management of Endovascular Repair Patients**

---

This is a general guideline to assist in the management of a patient's post-endovascular repair. These guidelines are not intended to replace clinical judgment or individual patient needs. Please refer to your individual institutional protocol.

#### ***Cardiovascular Assessment***

---

Patients should be monitored according to hospital protocol. Post-endovascular repair patients with baseline cardiac disease should be closely monitored for signs of cardiac ischemia. Symptoms such as angina or signs such as increased heart rate or decreased blood pressure could indicate hemorrhage due to arterial trauma.

#### ***Peripheral Circulation***

---

Distal pulses; DP and PT should be checked to detect compromised arterial flow and documented. Occlusion of distal vessels from emboli may cause discoloration and/or poor capillary refill.

#### ***Pulmonary***

---

Patient's breath sounds and oxygenation should be monitored and documented.

#### ***Renal Function***

---

Renal dysfunction can result from occlusion of the renal arteries due to device placement or contrast media used during the procedure. BUN and creatinine pre- and postprocedure levels should be compared with baseline studies, and urine output should be monitored and documented.

#### ***Gastrointestinal***

---

Monitor bowel sounds and abdominal exams for evidence of ischemia, bowel obstruction, and/or paralytic ileus.

#### ***Wound***

---

Groins and axillary sites (if indicated) should be checked for bleeding or hematoma formation.

## ***Neurologic Assessment***

---

Check for level of alertness, orientation, level of consciousness, and central and peripheral sensory/motor function. The type of anesthesia used impacts the neurologic assessment required; follow institutional guidelines.

## ***Diet and Hydration***

---

IV fluids may be administered for the first 12 hours or as necessary to assist with the excretion of contrast media. The patient may resume diet as tolerated. Some patients may experience nausea/vomiting as a result of the anesthesia or procedure.

## ***Ambulation***

---

Patients are typically encouraged to begin ambulating on first postoperative day.

## ***Anticoagulation Therapy***

---

Patients typically may resume baseline medications including anticoagulation on first postoperative day.

## ***Antibiotics and Dental Work or Other Procedures***

---

Follow the institutional protocol regarding whether to recommend the prophylactic use of antibiotics prior to any dental work/cleaning, colonoscopy, cystoscopy or arterial intervention.

## ***Discharge***

---

Prior to discharge or shortly thereafter, patients should have a CT and thoracic X-ray series. In the clinical study, patients were discharged in  $5.0 \pm 8.6$  days. Most patients resumed normal activity within 2-3 weeks.

Remind patients of the importance of continuing follow-up with their health care provider and that an annual CT and thoracic X-ray are required. Review MR precautions with the patient.



[www.cookmedical.com](http://www.cookmedical.com)

**COOK MEDICAL INCORPORATED** P.O. Box 4195, Bloomington, IN 47402-4195 U.S.A.  
Phone: 812.339.2235, Toll Free: 800.457.4500, Toll Free Fax: 800.554.8335

**COOK (CANADA) INC.**  
111 Sandiford Drive, Stouffville, Ontario, L4A 7X5 CANADA  
Phone: 905.640.7110, Toll Free: 800.668.0300

**WILLIAM A. COOK AUSTRALIA PTY. LTD.**  
Brisbane Technology Park, 12 Electronics Street, Eight Mile Plains  
Brisbane, QLD 4113 AUSTRALIA, Phone: +61 7 38 41 11 88

**WILLIAM COOK EUROPE ApS**  
Sandet 6, DK-4632, Bjaeverskov, DENMARK, Phone: +45 56 86 86 86

© COOK 2007

AI-BE-TX2NGL-EN-200709

AORTIC INTERVENTION

CARDIOLOGY

CRITICAL CARE

ENDOSCOPY

PERIPHERAL INTERVENTION

SURGERY

UROLOGY

WOMEN'S HEALTH