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The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

Author: Ruth Boyes
Role: Vascular Nurse Practitioner
Date written: November 2010
Last revised: April 2017
Review date: April 2020
Version: 1.2
Code: PI0702

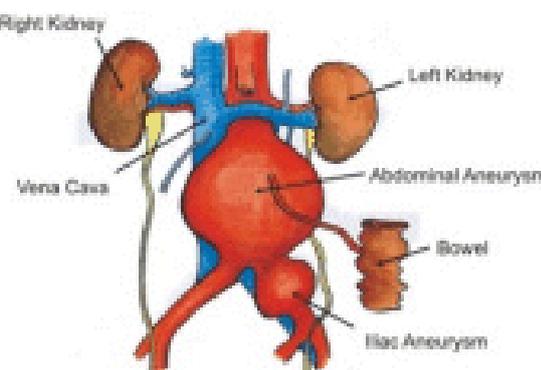
Abdominal Aortic Aneurysm - Endovascular Aneurysm

Repair (page 1 of 4)

This information should be read along with advice from your doctors and nurses.

Why do I need an operation?

Your doctor has advised an operation because the main artery (the aorta) taking blood to the lower half of your body has dilated and become weakened. There is a danger that the aorta will rupture. If this happens, severe internal bleeding occurs which is fatal without emergency surgery, which is only successful for about 20% of patients. The operation will repair the stretched section to prevent this happening.



What causes an (AAA)?

The cause of AAA is unknown. It is more common in people over the age of 60, if you smoke and if you have atherosclerosis (hardening of the arteries) and high blood pressure. It also runs in families.

What are the options for treatment?

Your surgeon will advise you on the basis of your CT scan, whether it is possible to perform Endovascular Aneurysm repair (EVAR) surgery. In some cases this is not possible, and if fit enough you will be offered a different type of repair. Occasionally because you have more urgent medical conditions you may be advised that AAA repair of any kind carries higher risks than if it were left untreated. This will be fully discussed with you to help you choose.

Open surgery repair

Open surgery for AAA involves an incision in the abdomen and replacement of the affected section of artery with a synthetic tube, called a graft. This graft is made of Dacron (a type of plastic) that lasts for decades. If the aneurysm extends into the pelvis then a graft that resembles a tiny pair of trousers is used and may even extend to the groin arteries. The risk of death from this surgery is 2 – 4 % overall. This will vary depending on your general health. This is major surgery so there

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is a risk of heart, chest and kidney problems. However after a successful operation the risk of later complications is very low and this operation is a good option for younger fitter patients. (See AAA surgery leaflet.)

Laparoscopic repair (Keyhole surgery)

In some cases it is possible to insert and sew in the graft using keyhole surgery. If this is possible your surgeon may prefer this method as it is less invasive with a lower risk of major complication and faster recovery than open repair. (See AAA surgery leaflet.)

Endovascular repair (EVAR)

This is also a minimally invasive procedure with reduced risk of death and major complications when compared with open surgery. However not all AAAs are suitable for EVAR.

What is EVAR?

EVAR is a technique whereby the aneurysm in your abdomen is repaired using a special tube, called a stent. This is inserted through a small incision in the groin, thereby avoiding any abdominal incision. In endovascular repair the aneurysm is not removed, but a stent graft is fitted inside the aorta to seal off the aneurysm.

The following information will help explain the process of the EVAR surgery.

Before going into hospital you will be advised by your surgeon or at the preadmission clinic whether to stop or continue any medicines you are currently taking.



The operation

The anaesthetic

This operation can be carried out under regional (local) or general anaesthetic. Your surgeon and anaesthetist will help you decide on the best option for you. If you are awake, the surgeon will usually talk to you during the procedure and may ask you to hold your breath for short periods during crucial steps of the operation.

The operation

The technique involves making two small cuts in each groin to expose the arteries leading to the legs. A special catheter and wire are threaded up the artery under X-ray control into the aneurysm and a stent graft is run over that wire into position. When the stent is finally put into place it seals the aneurysm.

Recovery and aftercare

You will normally be taken back to the ward where you will be monitored to make sure everything is alright. After a few hours you will be given food and drink.

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If all is well you will be encouraged to get out of bed and be able to walk around and go to the toilet the evening of the operation.

A scan may be carried out the following morning to make sure that the stent graft has sealed the aneurysm. You can expect to be allowed home one to three days after surgery (often the following day).

What are the complications of EVAR?

EVAR is usually safer than a conventional open aneurysm repair.

The risk of death following EVAR is in most cases less than 3% whereas it is in the order of 7% following conventional surgery or can be up to 40% in people with other severe health problems.

The most common complications are groin wound infections which in most cases can be managed by a course of oral antibiotics. If you find your wounds are red, hot and painful after you get home, please seek advice from your own doctor or contact us on the number on this leaflet.

There is also a small risk of kidney damage due to the X-ray dye used in the procedure. This usually recovers. We will keep an eye on your kidney function, using blood tests.

Some patients may need to have a further procedure in the future if a leak is detected around the stent. It is therefore important that you attend the scan appointments you will be given.

General complications of this type of surgery include a heart attack and chest infection, but these are rare.

In rare cases the operation causes a problem with the blood flow to the legs. This may necessitate further treatment.

You may have some back discomfort after the stent has been placed.

Going home

On discharge from hospital you should continue with all your usual medications. In particular it is important that you carry on taking aspirin and a statin to help prevent further vascular and heart disease.

You should resume gentle activity and can get back to normal as and when you feel fit. Sexual activity may be resumed when you feel comfortable.

You will need to have scans at regular intervals to make sure that the graft remains in the correct position.

If you are unsure of anything please get in touch with your GP or contact the hospital team, using the number given.

If you develop sudden numbness or pain in the leg which does not improve in a few hours, you will need to contact the GP immediately or come to A & E explaining that you have had EVAR.

What can I do to help myself?

- make sure you eat a healthy low fat diet (see 'Eating for a healthy heart')
- try to keep fit – exercise regularly
- do not smoke.
- take your medicines as prescribed
- if you have high blood pressure and/or diabetes it is important to keep these under good control
- keep any follow-up scan or outpatients appointments
- people with arterial disease should be taking aspirin and a cholesterol-lowering medicine.

Further information

If you have any queries please speak to one of the doctors or nurses in the Vascular Unit.

You will find more information about aortic aneurysms on the following websites:

www.vascularsociety.org.uk

www.patient.co.uk

www.nhs.uk/

www.circulationfoundation.org.uk