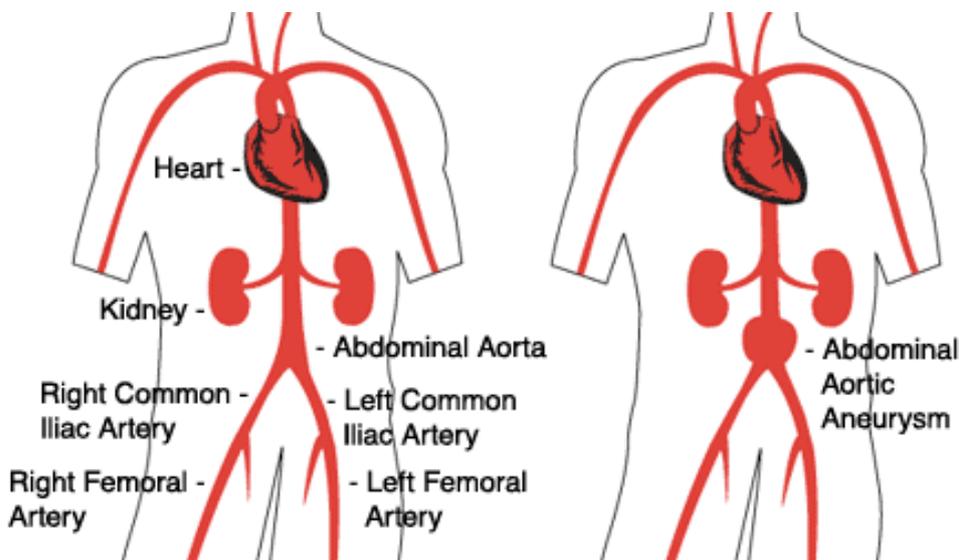


Abdominal Aortic Aneurysm - Open and Keyhole Surgery *(page 1 of 4)*

Please read this along with advice given to you by your doctor or nurse.

What is an aneurysm?

An aneurysm is a dilated weakened segment in an artery. The larger it becomes, the more likely it is to burst or leak. The most commonly affected site is the main blood vessel in your abdomen (tummy) – the abdominal aorta.

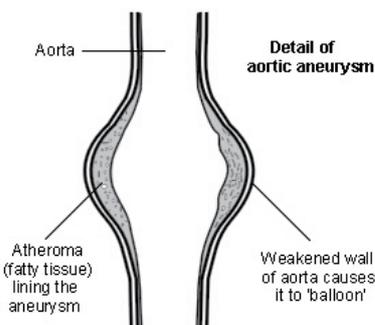


Who is at risk?

Abdominal Aortic Aneurysms (AAA) are more common in men than women and tend to occur more frequently over the age of 65. They can run in families. If you have disease of other arteries in your body or high blood pressure, or if you smoke, you have an increased risk of developing an aneurysm.

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. Emergency surgery for a ruptured AAA is successful in less than 20% of cases. The



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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

Please complete The Friends & Family Test to tell us about your experience at: www.salisbury.nhs.uk/FriendsFamily or download our App from the Apple App store or Google Play Store.

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.

operation will repair the stretched section to prevent this from happening.

Occasionally, if 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. Options will be fully discussed with you to help you choose.

What are the options for treatment?

If you decide not to go ahead with this operation your aneurysm may rupture, and the outlook would then be very poor. You have a 1 in 10 risk of this happening within 12 months and if so, there is then an 8 in 9 risk of dying, even with an emergency operation.

Your surgeon will advise you on the basis of your CT scan whether a less invasive treatment option would be suitable for you. EVAR (endovascular aneurysm repair) is 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 and it requires lifelong yearly scans. The procedure involves placing a stent graft inside the aneurysm from a small incision in your groin(s) using X-rays to guide it into place. This can be performed without a general anaesthetic. The hospital stay is reduced to 1 - 2 days. (See EVAR leaflet for more information).

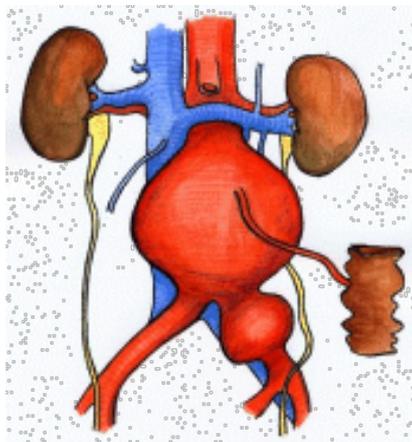
Consent

We must legally obtain your written consent before any operation. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of the proposed treatment, please speak with a senior member of staff again. You can contact us on the number below.

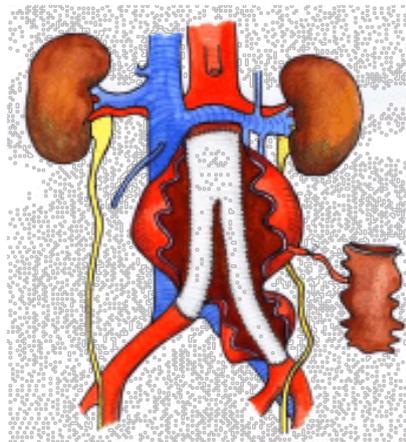
Smoking

If you are a smoker it is important that you stop smoking before your operation. This will lessen the risk of the anaesthetic and the risk of suffering blood clots during and after the operation. For help with this please contact your GP surgery or phone the smoking Quitline on: 0800 169 0 169.

Stopping smoking is the single most important thing you can do to improve your health.



Aneurysm before the operation



Graft sewn into place

Before the operation

Tests will be carried out to help you and the surgeon decide which operation will best suit your situation. You will be able to discuss the options with the surgeon and ask any questions.

You will get an appointment for a pre-admission clinic where further

Vascular and Diabetes Unit
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tests are carried out in preparation for the surgery. You will also be advised on any medicines to start or stop before your surgery.

Open surgery repair of AAA

This 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. In this case you will also have two small groin incisions.

Anaesthetic

This operation requires a general anaesthetic. You will be taken to the operation room (theatres), where the anaesthetist will give you medicine through a vein to ensure you sleep through the operation. While asleep, a tube will be inserted into your bladder to drain the urine, another tube will be inserted into your stomach (through your nose) to stop you feeling sick. You will also have a small tube in a vein in your neck to monitor blood pressure and a tube in a vein in your arm will give you the fluids you need after your operation until you are able to drink normally.

The anaesthetist may also introduce a small catheter into your spine (an epidural) to help give you pain relief after the operation. This will be discussed with you when you see the anaesthetist.

After the operation you will spend some time in the intensive care unit, where the nurses and doctors can monitor your progress closely. It may be necessary for you to have help for a time with breathing. Occasionally it is necessary to give a blood transfusion after this operation. For a while, all the fluids you need will be given via a tube in your vein until you are able to drink normally.

Pain relief can be either by injections, via a tube in your back (epidural) or by a machine, which will deliver pain relief when you press a button (known as patient-controlled analgesia system or PCAS).

The physiotherapists will teach you to breathe deeply to avoid developing a chest infection.

Risks and possible complications of open surgery for AAA

This operation carries a 1 in 15 risk of you not surviving it. This is because people with AAA often have other medical problems that increase the risk associated with major surgery.

- as with any major operation it is possible you may suffer a medical complication such as a heart attack. You will be given treatment to prevent this, and if complications occur they will be dealt with rapidly.
- occasionally there is kidney damage following this operation. This will be closely monitored.
- if you are a smoker you are more likely to suffer a chest infection, needing antibiotic treatment.

- between 1 and 3 patients in 100 develop a wound infection which may require antibiotic treatment.
- sometimes the bowel is slow to start working again. It should return to normal after a few days, but you may require some gentle laxatives to help this process. Occasionally the bowel can be damaged and need further surgery.
- your sexual activity may be affected due to nerves being damaged during the operation and there is a risk of impotence after surgery.
- there is a risk of bleeding and you may need a blood transfusion.
- blood flow to your legs may be disturbed and this can cause leg pain. This will be monitored.
- the risk of death from this surgery is 4 - 7% (between 4 and 7 patients in 100) and as this is major surgery there 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 the younger fitter patients.

How long should I expect to stay in hospital?

As soon as possible the various tubes (catheters) will be removed and you will be encouraged to sit out of bed and walk to the bathroom. It is usual to stay in hospital for 7 – 9 days; this will depend on how quickly you recover.

When can I expect to be back to normal?

You can expect to feel tired for many weeks following this type of operation. It is important to gradually get back to normal, by starting with short periods of activity (such as walking), followed by rest periods. The periods of activity should be increased till you are back to normal.

You should avoid lifting or straining for 6 weeks after the operation, and you can return to work 1 to 3 months after the operation, depending on your type of work.

You may start driving as soon as you can safely perform an emergency stop. This may take up to 4 weeks. You should check with your insurance company as policies do vary.

When your wound is dry you can have showers and baths.

If your legs swell because of the improved blood supply, wearing a stocking or sitting with your feet up when resting will help.

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