

# EURACARE

## PATIENT INFORMATION FORM

### **ABDOMINAL AORTIC ANEURYSM**

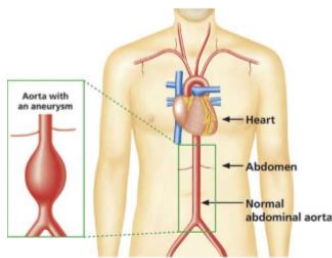
### **ENDOVASCULAR ANEURYSM REPAIR (EVAR)**

#### **What is EVAR?**

EVAR is a “keyhole” surgery technique where the aneurysm in your tummy is repaired using a special stent. In endovascular repair the aneurysm is not removed, a stent graft is fitted inside the aorta to strengthen it.

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

Before going into hospital, you should consult your GP and consultant about the medications you are currently taking as it may be necessary to stop taking them before the operation.



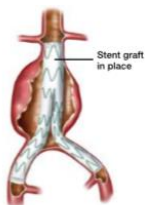
#### **The operation**

##### The Anaesthetic

This operation can be carried out under regional (local) or general anaesthetic. Your surgeon and anaesthetist will 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 your 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 deployed it seals the aneurysm.



## **Recovery and aftercare**

You will normally be sent back to the ward where you will be monitored to make sure everything is alright.

After a few hours you will be given something to drink and later may be given some food.

You should be allowed to get up and walk around the same evening and the following morning will have the tube taken out of your bladder.

An ultrasound scan will be carried out the following morning to make sure that the stent graft has sealed the aneurysm.

You can expect to be allowed home 2-3 days after surgery.

## **Complications**

There is no procedure that is a 100% safe but 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.

The most common complications are groin wound infections which in most cases can be managed by a course of oral antibiotics.

There is also the risk of kidney damage which if it does occur usually recovers.

Around 10% of patients will need to have a further smaller operation in the future if a leak is detected around the stent at follow-up. General complications of this type of surgery include a heart attack and chest infection, but these are rare.

## **Going home**

On discharge from hospital, you should continue with all your usual medications.

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 using at regular intervals using ultrasound and/or CT 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 ring the hospital and ask to speak to one of the surgical team who looked after you.

NB: Your surgeon will advise you based on a 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 more traditional 'open' operation.

## **Finally:**

Some of your questions should have been answered by this leaflet but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

**Giving my consent (permission).** The staff caring for you will ask your permission to perform the procedure. You will be asked to sign a consent form that says you have agreed to the procedure and that you understand the benefits, risks and alternatives.