

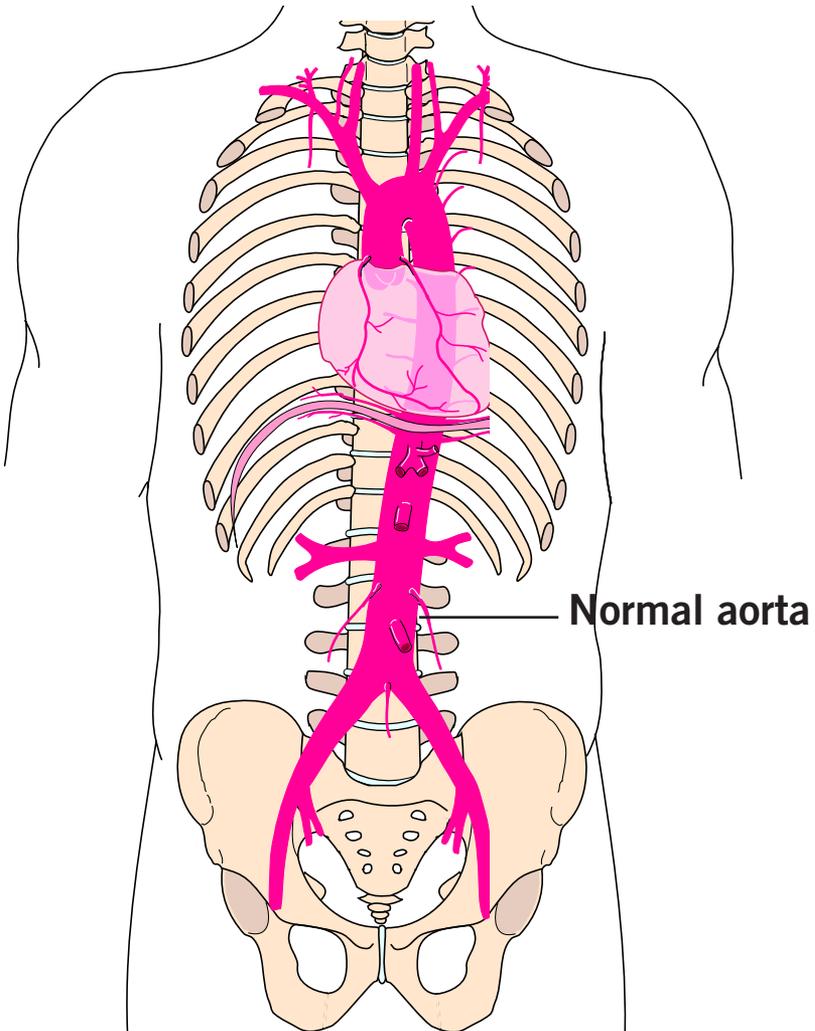
2014

Endovascular Abdominal Aortic Aneurysm Repair



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Your surgeon will put an endovascular stent graft in your aorta. The aorta is the largest artery in the body. It supplies all the tissues with blood. The major arteries that supply blood to the lower legs, kidneys, and bowel come off the aorta.



What is an aneurysm?

An aneurysm is a weak, enlarged area of a blood vessel.

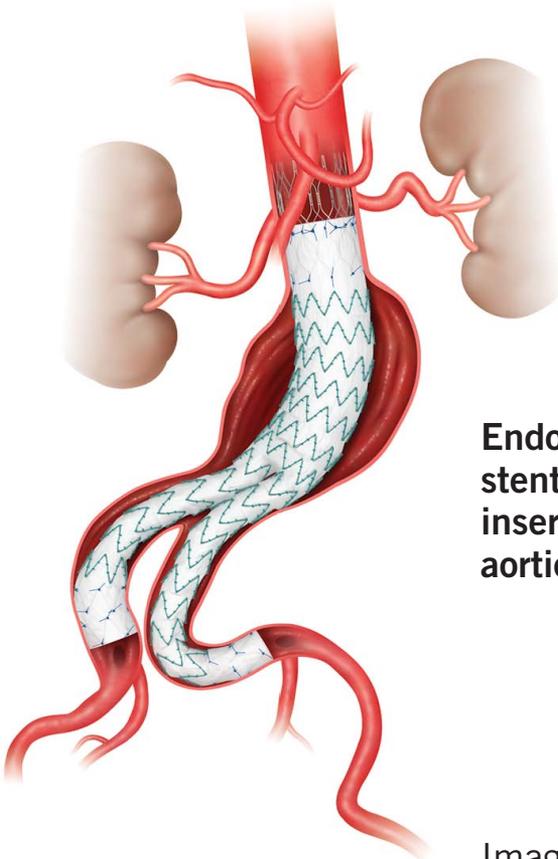
Atherosclerosis or hardening of the arteries may weaken the walls of the arteries. Aneurysms can also be caused by smoking, high blood pressure, and an injury. Aneurysms may also be hereditary (run in families).

An aneurysm is like blowing up a balloon. The bigger it becomes, the thinner the walls become. The walls of the artery stretch and become weaker. If it becomes large enough, the aneurysm may break and cause severe bleeding. This can lead to death. Blood clots can form in the aneurysm, blocking the flow of blood to the legs. To prevent these problems, your surgeon will put a graft inside the weak area.

How is my aneurysm treated?

Aneurysms may be treated by opening the belly through a large incision and replacing the weak area with a graft. This is known as open surgery. An alternative to open surgery is EVAR (endovascular aortic repair).

Punctures or small incisions are made in the groin. Wire mesh tubes called stents are then put into the artery. These tubes line the inside of the aneurysm and act as a new passage for blood flow.



**Endovascular
stent graft
inserted into the
aortic aneurysm**

Image: Cook Medical
Incorporated graft

What are the benefits of endovascular surgery compared to open surgery?

- Fewer complications
- Faster recovery time
- Less time is spent in hospital
- Less pain due to small incisions (cuts) or punctures in groin

What are the disadvantages of this type of repair?

- Not everyone is a candidate for this procedure.
- Long term follow-up and tests are needed.
- A small number of patients may need more procedures in the future.

What are the possible complications after endovascular surgery?

In addition to the usual risks of surgery such as infection, bleeding, heart problems, and lung problems, this procedure's risks include:

- The aneurysm could come back.
- Graft could move.
- Graft could kink.
- Bleeding around the graft (endo leaks).
- Graft blockage.
- Sometimes this procedure has to be changed to open surgery.
- Injury to blood vessels with bleeding.

Your doctors will talk about the benefits and risks with you.

What happens before surgery?

- Special tests will be done before your operation.
 - › These tests may include: a dye test (angiogram), CT scans, an electrocardiogram (ECG), and blood tests.
- You cannot eat or drink anything after midnight the night before surgery. You may have some of your regular medications with a sip of water, if your surgeon tells you to.
- An intravenous (IV) will be put in your hand or arm the evening before or the morning of your surgery.

What happens when I have my surgery?

You will be treated by a team of nurses and doctors. Your surgeon will put the graft in place. It will take about 1-2 hours.

What happens after surgery?

You will wake up in the recovery area on the 5th floor of the Halifax Infirmary, Vascular Surgery Nursing Unit. The nurses will check your blood pressure, heart rate, the pulses in your feet, and the dressing covering your incision(s).

When will I be able to be up and around after surgery?

When you are able to be out of bed, the nurses will help you. You will slowly become more active when you are ready.

Will I have pain?

You will have some discomfort for a few weeks; this will go away over time. It is important to take pain medication so that you are comfortable enough to breathe deeply to keep your lungs clear and to move around.

When can I eat after my surgery?

You may eat when you feel ready. It may take a while for your appetite to return to normal.

Eating healthy meals will help you get your strength back and heal faster.

Where are my incision(s)?

You may have small incisions or punctures in the groin. Staples or sutures are used to close the incision. Be sure to let your nurse know if you need help to care for your incisions at home.

Your surgeon or family doctor will remove the staples or sutures.

How long will I be in hospital?

You may be able to go home the day after your procedure. You and your surgeon will decide what is best.

When can I drive my car?

You may drive your car in 2-3 weeks. It takes time for concentration and reflexes to return to normal. Talk about this with your doctor when you return for your follow-up appointment.

Do not drive if you are taking pain pills.

When can I go back to work?

Returning to work will depend on your type of work as well as your general health and recovery. Talk about this with your doctor at your follow-up appointment.

When can I have sex?

You can have sex again when you feel well enough. If you have concerns, speak to your doctor.

Do I have to change my diet?

Pain medications, less activity, and the food you eat can cause constipation. Drink 8-10 glasses of water a day unless you are not allowed to because of another health problem. Try to eat foods high in fibre like bran cereals, whole wheat bread, fruit, and vegetables. Ask your doctor about using laxatives or stool softeners if you need them.

If you have diabetes, it is very important to control your blood sugar so you will heal. Check your blood sugar as ordered by your doctor. Follow your meal plan and take your pills or insulin as ordered by your doctor.

Your family doctor should be checking your cholesterol.

It is important to eat low fat foods to prevent build up of plaque on the walls of your blood vessels.

How do I take care of my incision?

- Keep your incisions (cuts) clean and dry.
- You may wash with soap and water. Dry thoroughly.
- Watch your incision(s) closely for infection. **If you have increased pain, heat, redness, swelling, or drainage, call your doctor.**
- Some bruising is normal and will disappear in a few weeks.
- As long as there is no drainage or infection, you may keep the incision(s) open to the air, or covered with a dry dressing.

What medication do I take?

Take medication as prescribed by your doctor. Your doctor will talk about this with you before you go home.

Do not drink alcohol or drive while taking pain pills.

What changes do I have to make in my lifestyle?

A healthy lifestyle may help prevent your graft from getting blocked. More circulation problems may also be prevented by following a healthy lifestyle.

Stop smoking

It is very important not to smoke. Smoking will cause further damage to your arteries. This could mean you need more surgery. Smoking also increases the chance of getting a chest infection which may slow your recovery. If you want help to stop smoking, speak to your nurse or doctor.

Eat healthy food

- Choose foods low in fat to help avoid plaque build up in your arteries.
- Ask to talk with a dietitian if you need help with planning meals.
- Keep a healthy weight.

Be active

- Exercise helps with weight loss.
- Exercise improves blood flow.
- Exercise helps keep blood sugar and blood pressure under control.

Control diabetes

- Follow your meal plan.
- Check your blood sugar often.
- See your doctor regularly.
- Take your pills or insulin as ordered by your doctor.

Control your blood pressure

- Have your blood pressure checked regularly.
- Take medication as ordered by your doctor. If you stop, your blood pressure will go up again.
- Try to lower your stress.

Cut down on stress

- Exercise every day.
- Get plenty of sleep.
- Talk to others about your problems.

Call your doctor if you have:

- Any sign of infection – increased redness, swelling, drainage, or pain in the area of your incision(s).
- Separation of the edges of the incision.
- Fever over 38°C (101°F) for more than 24 hours.
- Increasing pain in the legs. Take note if the pain happens when you are resting, with a small

amount of activity, or a lot of activity.

- Pain in your back.
- A colour change of your foot or leg.
- An injury that does not heal or gets infected.
- Unusually cold or warm feet and legs.
- Numb feet and legs.

Do I need a follow-up visit?

You will get a follow-up appointment to see your surgeon. You will have a CT scan done at 3 months. You will then have a CT scan at 1 year and an ultrasound every year after that. The scans are needed to check on your new graft.

You will get a card with important implant information about your graft. **Carry this with you at all times.**

Please tell your doctor and dentist that you have a graft in your abdomen. If you have dental work or major surgery, you will need antibiotics to prevent graft infection.

You should wear a MedicAlert® bracelet or necklace.

If you have any questions, please ask.
We are here to help you.

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The information in this pamphlet is to be updated every 3 years.