

AORTIC ANEURYSM REPAIR USING A STENT GRAFT (EVAR)

Dr Matley & Partners: Patient Information

BRIEF DESCRIPTION

The stent graft is a self-expanding metallic device lined by a tough plastic fabric. It comes in two components: One is introduced through the groin via the iliac artery (the main artery going to the leg) and the top end placed into the aorta above the aneurysm. The bottom end sits in the iliac artery below the aneurysm. The other has to be introduced through the opposite groin and made to interlock with the first component in the middle of the aneurysm.

One vertical cut is made in each groin but it is not necessary to open the abdomen. X-rays are continuously used during the procedure so that the device can be accurately placed.

Once expanded the stent graft occupies the entire channel of the aorta or iliac artery and thus only allows blood to pass through the stent graft and not around it to fill the aneurysm. The blood in the aneurysm around the stent graft simply clots and stays there forever. Without any blood flowing in the aneurysm it cannot burst.

WHY IS THIS OPERATION NECESSARY?

The aorta is a big artery carrying blood from your heart to your legs. It runs deep in your tummy down to the level of your navel. There it branches into the 2 arteries, which run to your legs. Sometimes the aorta forms a blowout like a balloon (an aneurysm). This is dangerous because the aneurysm can leak or burst, causing fatal internal bleeding. The aneurysm needs to be replaced with a new artery to prevent it from bursting.

ARE THERE ALTERNATIVE TREATMENTS AVAILABLE?

The options open to you if you need an aneurysm repair are either EVAR (stent graft repair) or an open operation.

IS IT SAFE TO HAVE THIS OPERATION?

Before you agree to the operation, you should consider the risks that may be involved. Your surgery will be performed by a team of highly qualified and skilled professionals who will take all steps necessary to ensure a safe procedure and a successful result. However there are risks involved with all surgery even if these risks may be small.

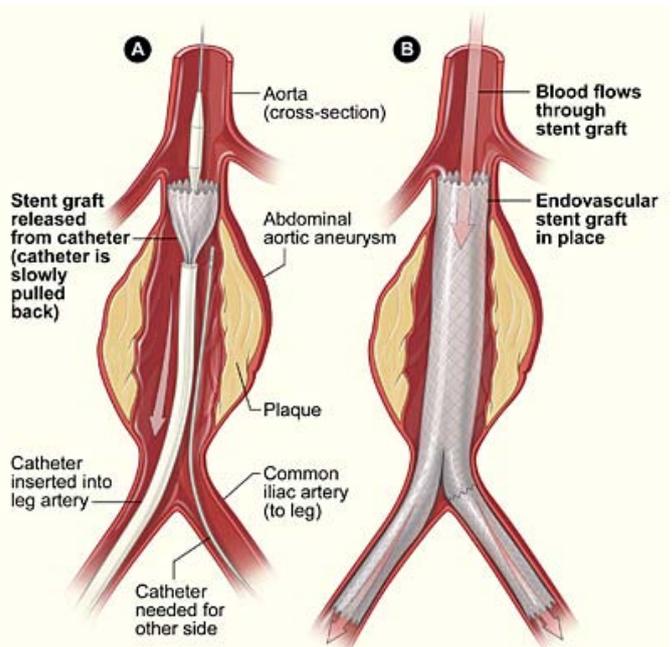
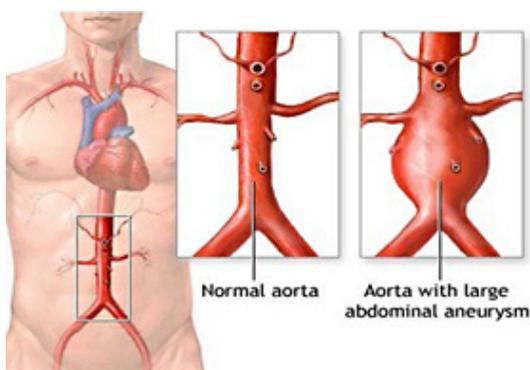
WHAT ARE THE GENERAL RISKS INVOLVED?

There are risks for developing complications which are general and which may occur with any surgical procedure. These complications include the risk of infection, bleeding, pain, wound breakdown, deep vein thrombosis, or complications affecting the heart, lungs or kidneys.

WHAT ARE THE SPECIFIC RISKS INVOLVED?

These are uncommon. A fever for a few days is normal. The reason for this is uncertain but it is never serious. Occasionally clots can form in the stent graft and require surgical removal. Chest infections can arise, particularly in smokers. Fluid can drain out of the groin wound for a few days. Occasionally bleeding in the wound may cause a haematoma. These usually reabsorb on their own but occasionally need a further operation to drain them.

The most serious problem is an "endoleak". This means that there is still some blood flowing through the aneurysm itself. Most endoleaks noted at the time of the operation or soon afterwards will seal on their own. Occasionally a further stent has to be inserted at a later date if the endoleak does not seal. A scan will be done before discharge to check that the stent graft is working well and that there is no endoleak. Further scans are required every three months for the first year and annually thereafter but these will all be arranged for you.



These notes give an overall guide to your procedure. You may see some differences in the details of your treatment, since it is tailored to suit your own condition.

Other major complications of EVAR include heart rhythm disturbances, heart attack, chest infections, kidney failure and damage to the blood supply to the large intestine or spinal cord (causing paraplegia). These complications are very uncommon (less than 1%), but may have serious consequences or require further procedures to resolve. Your stay in hospital may be increased.

WHAT ARE THE ANAESTHETIC RISKS INVOLVED?

You can discuss the type of anaesthetic you will have with your anaesthetist and also the possible complications that may occur.

WHAT SHOULD I DO BEFORE THE OPERATION?

You should not eat or drink anything for at least six hours before your operation. However, you should take all your regular medication as usual on the day. Your surgeon may want you to stop certain medication such as disprin, warfarin, or other blood thinning medicines before the operation. You will be referred to a Specialist Physician prior to your operation, and will have various blood tests, an ECG and chest X-Ray performed. This is usually done before the operation has been booked.

WHAT HAPPENS BEFORE THE OPERATION?

Please report to the hospital reception on time for your admission. Please bring along all the documents that may be required such as your medical aid card, ID and contact details. If you are not a member of a medical aid you will be required to pay a deposit or to sign an indemnity form. As far as possible we will try to advise you about hospital costs before your admission. It may be best to complete some of the documentation beforehand at the hospital pre-admission clinic to save time on the day of your admission.

When you arrive in the ward, you will be welcomed by the nurses or the receptionist and will have your details checked. Some basic tests will be done such as pulse, temperature, blood pressure and urine examination. You will be asked to hand in any medicines or drugs you may be taking, so that your drug treatment in hospital will be correct. Please tell the nurses of any allergies to drugs or dressings. The surgeon will have explained the operation and you will be asked to sign your consent for the operation. If you are not clear about any part of the operation, ask for more details from the surgeon or from the nurses.

In an adult the operation area may need to be shaved to remove excess hair. You may be issued with compression stockings that will help prevent blood clots in your legs. If you are having a general anaesthetic, the anaesthetist who will be giving your anaesthetic will interview and examine you and he may put up a drip or prescribe some medication to help you relax. You will be taken on a trolley to the operating suite by the staff. You will be wearing a cotton gown, wedding rings will be fastened with tape and removable dentures will be left on the ward. There will be several checks on your details on the way to the operating theatre where your anaesthetic will begin.

HOW LONG DOES THE OPERATION TAKE?

Usually about 2 to 3 hours.

WHAT HAPPENS WHEN I WAKE UP?

You will be transferred back to the ward, or sometimes to High-Care, especially if there has been any problem during the surgery, or if specific problems were found before the operation. You will have a catheter in the bladder, and your legs may be numb from the anaesthetic (epidural). This will recover over the next few hours.

WILL I HAVE PAIN?

Some pain may be present, but this should be controlled to a level of mild discomfort with the epidural or painkillers that are prescribed. Ask the nursing staff for medication if you have pain.

HOW SOON AFTER THE OPERATION CAN I EAT?

You will be allowed to drink fluids straight after the surgery, and will usually be allowed food 4 to 6 hours later.

HOW SOON AFTER THE OPERATION CAN I GET OUT OF BED?

You should be able to walk without too much discomfort by the next day and will be encouraged to mobilize as much as possible once the epidural is removed. If you have no epidural, you will be walking the day after surgery.

HOW LONG WILL I STAY IN THE HOSPITAL?

Usually 2 to 3 days

WHAT HAPPENS WHEN I AM DISCHARGED FROM THE WARD?

Your surgeon will determine when you are ready to go home. You will be given some medication for pain and you may also need to take antibiotics for a few days after you go home. You will be given instructions on the dressings and how to care for the wound. You will also get an appointment for your follow-up in the surgeon's rooms. You should ask for a sick certificate if you need this for your employer.

WHAT SHOULD I BE AWARE OF WHEN I GET HOME?

There are very few problems that arise after this type of surgery that only become apparent after you go home. Wound pain or redness, or any significant pain in your tummy should be reported to your doctor. If you are unsure, then phone the doctor's rooms for advice

HOW SOON CAN I START EXERCISE?

You can perform routine activities as soon as you get home. Mild exercise like walking or climbing stairs would be possible within a week and full exercise after three weeks.

HOW SOON CAN I DRIVE A CAR?

10 days

HOW LONG WILL I BE OFF WORK?

Usually between two and three weeks

WHAT ABOUT PAYMENT?

The procedure and its associated costs will have been discussed with you, and a quote provided. Where procedures need to be unexpectedly altered during the course of the procedure, the fee may change. Similarly, emergency procedures may incur an additional cost. Surgeons are highly trained, highly skilled professionals and throughout your care a member of the practice is available to attend to you 24 hours a day.

In return we expect prompt payment of your account. We do not submit accounts to medical aids.

