

Vascular Surgery

EVAR - aortic aneurysm stenting

Why do I need the operation?

The main artery (aorta) in your abdomen has stretched and weakened, forming an aneurysm. This operation is to repair the stretched section so it will not burst (rupture).

Your consultant will request a CT scan to assess whether your arteries are suitable for this type of operation. This type of aneurysm repair is less invasive than the traditional open surgery, so it carries less risk of complications. About 7 in 10 abdominal aortic aneurysms are suitable for stenting.

Before your operation

To make sure you are fit for surgery, a special fitness test (CPEX) will be requested. This may involve cycling on an exercise bike.

If the test results are satisfactory, you will be invited along to a pre-admission clinic which includes blood tests, chest X-ray and a heart tracing. You will be admitted into hospital either the day before or the morning of your operation.

Coming into hospital

Please bring all your current medication with you. The doctor who will give you anaesthetic and your surgeon will visit you before your operation. If you have any questions about the operation, please do ask.



Patient Information

The operation

You will be taken to the anaesthetic room where you will be given your anaesthetic. From there, you will be taken into theatre.

While you are asleep under anaesthetic, incisions will be made in one or both groins. The stent will be inserted through these incisions into the artery and positioned in your aorta. Special X-rays will be taken to make sure the stent is in exactly the right place.

A small tube will be inserted into an artery in your wrist to measure your blood pressure. A urinary catheter is usually inserted. The groin wounds are often closed with a stitch under the skin that dissolves by itself, or by clips which will need to be removed about 10 days after surgery.

After the operation

When you leave the operating theatre, you will either be taken to the PACU (Post Anaesthetic Care Unit in the theatre recovery department), or to the Enhanced Care Unit so that we can keep a special eye on you overnight. After this, you will return to a surgical ward.

After the operation, you will be able to start eating and drinking the next day. A nurse will help you to get out of bed.

You should tell the nurse if you have any pain so that painkillers can be given. Most people are discharged home 1 or 2 days after surgery.

Going home

Before you leave, the ward nurse will explain the arrangements for changing your dressings.

If a liquid dressing has been used, we suggest showering daily and patting dry for a week in the groin area, followed by usual washing after 7 days.

Patient Information

You will be sent an appointment for an outpatient review.

Regular exercise such as a short walk combined with rest is recommended for the first few weeks after surgery. After this, you should gradual return to your usual activity level. You should not drive for 4 to 6 weeks following surgery.

Complications

The wound in your groins can fill with a fluid that may discharge between your stitches - this usually settles with time.

Many of the complications involved with traditional open surgery are much less likely with stenting, and you will probably be able to return to normal activities more quickly.

Other uncommon complications are:

- wound infection,
- bleeding,
- blockage to groin arteries supplying the leg (through which the stent is inserted) leading to pain on walking

Very rare complications are:

- limb loss
- heart attack
- stroke
- pain in buttock on walking
- re-intervention for the aneurysm
- infection of the stent

You will have a blood test the day after your surgery to make sure your kidney function is adequate - this can be affected by the contrast/dye used to do the procedure.

Patient Information

Following this type of surgery, you will need to attend for a CT scan 4 weeks after surgery, again at 6 months and then yearly for the first 5 years. This is to check that the stent has remained in the correct position.

What can I do to help myself?

If you are a smoker, you must make a sincere and determined effort to stop completely. Continued smoking will cause further damage to your arteries and increase your chance of having a heart attack and stroke.

General health measures such as reducing weight, a low-fat diet and regular exercise are also important.

If you would like to discuss the information in this booklet, please contact a Vascular Nurse Specialist:

Alison Kite: 024 7696 5569

Suzanne Davies, Lauren Wells & Zoe Noakes: 024 7696 6914

If you would like this information in large print, Braille, audiocassette, video or translated into another language please telephone one of the numbers above.

We hope that you have found your treatment by the Vascular Services team to your satisfaction. We welcome your **comments, compliments, and complaints** about the care that you have received to help improve our service. This can be done by contacting the Vascular Nurses as above or PALS.

Useful contacts

Coventry Patient advice and Liaison Service (PALS): 0800 0284203

South Warwickshire Hospital PALS: 01926 600054

George Eliot Hospital PALS: 024 7686 5617

Patient Information

Vascular Conditions

www.vascularsociety.org.uk

www.circulationfoundation.org.uk

The Trust has access to interpreting and translation services. If you need this information in another language or format, please contact 024 7696 5569 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

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www.uhcw.nhs.uk/feedback



Document History

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