

Information for patients who require an Abdominal Aortic Aneurysm repair with a stent.

Why do I need his operation?

The aorta is the largest artery in your body, and it carries blood away from your heart. Your aorta runs through your chest, where it is called the thoracic aorta. When it reaches your abdomen, it is called the abdominal aorta. The abdominal aorta supplies blood to the lower part of the body. Just below the abdomen, the aorta splits into two branches that carry blood into each leg.

When a weak area of the abdominal aorta expands or bulges, it is called an abdominal aortic aneurysm (AAA). The pressure from blood flowing through your abdominal aorta can cause a weakened part of the aorta to bulge, much like a balloon. A normal aorta is about 1 inch (or about 2 centimetres) in diameter. However, an AAA can stretch the aorta beyond its safety margin. Aneurysms are a health risk because they can burst, or rupture. A ruptured aneurysm can cause severe internal bleeding, which can lead to shock or even death.

AAA can cause another serious health problem. Clots or debris can form inside the aneurysm and travel to blood vessels leading to other organs in your body. If one of these blood vessels becomes blocked, it can cause severe pain or even more serious problems, such as limb loss.

Fortunately, when diagnosed early, AAA can be treated, or even cured, with highly effective and safe treatments.

How do I prepare for the operation?

Your surgeon will talk to you about what the operation is the risks and benefits of having the operation. You will attend the pre assessment clinic to establish your general health and an anaesthetist will talk to you about the operation. You may have an ultrasound scan of your abdomen and a CT scan of the abdomen to give the vascular surgeon as much information as possible about the aneurysm.

You may have some tests done as an outpatient, or you may be admitted to the hospital for a few days.

It is very important that you stop smoking; advice can be given to you at the pre assessment clinic and by your practice nurse.

What are the benefits of surgery?

The surgery will repair the aneurysm and prevent it from bursting.

Are there any alternatives to surgery?

You can decide not to have an operation. The aneurysm may burst and this will cause internal bleeding that will cause death. The way that you live your life and the care you take of yourself may prevent further damage from being done but will not cure you. A healthy diet, exercise and stopping smoking may help.

What happens if I decide not to have the operation?

If you do not have the operation the aneurysm may get bigger, the artery walls will get weaker and the risks of a rupture will increase. Approximately only 2 in 10 patients survive a rupture, with half of patients dying before they reach a hospital

What complications can happen?

Complications following surgery can happen but are not usual. Some complications from the operation are less serious and may include swelling or inflammation at the incision site, bruising and infection around the wound site. Others, more specific to the operation are that the operation may cause problems with your bowel being slow to start working properly again.

The stent may cause a leak where the parts of the stent join together, and can also allow blood to leak back in the aneurysm sac through small arteries feeding the aneurysm sac. Some of the leaks end by themselves and are not dangerous, but others need to be treated immediately. These leaks can occur years after the procedure, you will be asked to have regular scans to detect such problems.

The join to the stent and the artery may develop a false aneurysm (1 in 33 risk), this is potentially dangerous and may result in further surgery.

There is a 1 in 50 risk that the operation may lead to the blocking of arteries in your legs. This may lead to another operation and rarely to the amputation of a lower limb.

There is also a risk that your kidneys may become damaged (risk 1 in 14), if this happens a machine may be used to take over the job of your kidneys for a while. For men problems having an erection (1 in 5), this can happen due to the nerves in your tummy being damaged during the operation.

The risk of death for a planned operation is 1 in 40, and the risk is 1 in 2 for an urgent operation to repair a ruptured aneurysm.

Your vascular surgeon will discuss the important risks and benefits with you and answer your questions.

What happens during the operation?

The operation is carried out under a general anaesthetic. Your vascular surgery team will clean your skin and shave hair around the insertion points to help decrease your chances of infection. Your vascular surgeon will then cut into the skin above the femoral artery in your groin. Your Radiologist threads a guide wire into your femoral artery and advances it to the aneurysm. Because you have no nerve endings inside your arteries, you will not feel the wires or catheters as they move through your body. Using x rays that appear as moving images on a screen, your radiologist inserts a catheter over the guide wire. The catheter carries a compressed form of the graft so it can move through your blood vessels. When the graft has reached the aneurysm site, your radiologist withdraws the catheter, leaving the graft in place. The graft expands to fit snugly against the walls of your artery.

What happens after the operation?

For the purpose of special monitoring you will go to the critical care unit for 24 hours or until the doctor is happy for you to return to the ward. You will have a catheter in place to collect urine from your bladder. You will have a drip in the back of your hand giving you fluid until you feel awake enough to drink. You may have an oxygen mask in place this is to aid your breathing after the anaesthetic. A wound drain is sometimes inserted in the area of the wound dressing. We aim to keep you free from pain and any feeling of sickness, please tell the nurse if you are uncomfortable. You should be able to go home after about 5 to 7 days; however your doctor may recommend you stay longer. If you are worried about anything, in

hospital please feel free to talk to a member of the nursing team on your ward or department. If you are at home you may contact the Vascular Nurse on the number below.

How soon will I be back to normal?

Be guided by how you feel, expect to be tired for at least 4 to 6 weeks. It can take several weeks to regain your strength. If you do have any concerns do not hesitate to contact your GP, or the vascular nurse specialist. . You should be able to return to work within 3-4 weeks of the operation. Your GP will advise you about work when you visit for your sick-note.

If you drive, you need to be able to perform an emergency stop safely. You may need to contact your insurance company about this.

If you have stent surgery, you should make changes in your lifestyle to preserve the success of your surgery. You should consider changes that will help lower your blood pressure and decrease the chances that plaque will affect your graft or other arteries. These changes include:

- Eating foods low in fat, cholesterol and calories
- Maintaining your ideal body weight
- Exercise, such as brisk walking, for 20 to 30 minutes at least 5 times per week
- Stopping smoking.

Where can I get more information?

The vascular nurse can be contacted Monday to Friday 9am-5pm on 0191 4452828 (answer machine). If you need to contact someone out of hours please ring Ward 9 on 0191 445 2009 or Ward 10 0191 4452010.

NHS direct on 0845 46 47

Vascular surgical society of Great Britain and Ireland at www.vascularsociety.org.uk

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