Endovascular Aortic Stent Grafts (EVAR)
This booklet has been designed to help you understand the surgery you will have. It includes information about your stay in hospital and when you go home.

You do not have to remember all of the information in this booklet. You may take the booklet home as a reference.

If you have any questions, please feel free to ask your nurse or surgeon. We all work together to ensure you have a quick recovery.

General Information

An aneurysm is a weak point in a blood vessel wall most commonly found in an artery. Blood pressure can push the weakened section of the artery wall outward forming a balloon-like shape. Abdominal aortic aneurysms are the most common type of aneurysm. An abdominal aortic aneurysm can be repaired in two ways: insertion of an endovascular stent or through open abdominal surgery.

Insertion of an endovascular stent graft is a minimally invasive surgery to repair aortic aneurysms without major abdominal surgery. The stent graft is an expandable tube placed inside the main artery in the abdomen called the aorta. It is positioned to exclude the aneurysm by lining the weakened and balloononed portion of the vessel. The stent graft creates the new vessel wall and decreases the potential risks associated with a leaking or ruptured aneurysm.

This surgery is performed by your surgeon in an operating room equipped with advanced radiological equipment.

Preparation for Surgery

A nurse from the Pre-Admission clinic will contact you with an appointment date. During your visit, you can expect to be in the clinic for about 2 hours. This is an outpatient visit. You will not be admitted to hospital until the morning of your surgery.

You will be seen by a nurse, an anesthetist and any other health care professional that is necessary for your care. During this visit, your health history and medications will be reviewed along with blood work and other tests that are deemed necessary. You will be given instructions regarding which medications you should take on the morning of your surgery. Do not stop taking your Aspirin.

The clinic nurse will also give you instructions and provide teaching about preparing for your hospitalization and for discharge planning after your surgery.

Procedure

The procedure takes approximately 2–3 hours to perform and your stay in hospital will be approximately 2 days.

Prior to entering the operating room, you will be met by the anesthesiologist and your surgeon.

The procedure is most commonly done under a general anesthetic in which you will be asleep. If appropriate, the procedure can also be done under local anesthetic and sedation. Regardless, you will not feel any discomfort. An incision will be made in your left and right groin, each approximately 10 cm long. It is through these incisions that the stent graft is inserted. Once it is in the proper position, it is released and self expands into place, forming the new vessel wall. The incisions are closed and the skin edges are brought together with either staples or dissolvable sutures secured with adhesive steri-strips. A light dressing is then applied.
On rare occasions, the left arm may have a puncture or an incision to access the brachial artery. Through this artery, a thin tube called a catheter is inserted to allow for the injection of the contrast medium or “dye” to visualize the blood flow through the vessels and the placement of the stent graft. This arm will have a light dressing if an incision is made.

Recovery Room
When the procedure is completed, you will be transported to the recovery room to be monitored. You will remain there for approximately 4 hours. A nurse will check your blood pressure and pulse frequently. You will be given oxygen by a mask or a nose tube.

If you have any pain, difficulty breathing or feel nauseous, it is important to let your nurse know and medication will be given.

When you are awake, comfortable and your condition is satisfactory, you will be transported to the surgery ward.

On the Ward
Your temperature, blood pressure, and pulse will be checked every hour until the next morning. Your bladder catheter will be in over night so that the nurse can check the amount of urine you are producing.

The nurse will check the circulation to both feet every 4 hours. A doppler ultrasound device may be used to detect your pulse if the nurse is unable to feel them. Notify the nurse if you notice any numbness, tingling, pain, or coolness of your feet or arms.

Let your nurse know if there is any bleeding from any of your incisions. They will be looking at your bandages on a regular basis.

Medication for pain and nausea will be ordered. Please let the nurse know if you need these medications and if the medications are not helping you.

Your intravenous fluids will be left in until you are able to drink fluids and have finished receiving any IV medications ordered by your doctor. Once you are able to tolerate clear fluids, you may start to eat solid foods.

You will be on bedrest until the morning after surgery then you can be up as tolerated. The nurse will assist you the first time you get up.

If walking and activity are tolerated well and your groin incisions are healing well, your surgeon may decide to send you home the day after surgery.

You may sit in a chair for short periods (no longer than 2–3 hours).
Discharge Information

Bleeding
If incisional bleeding occurs or if you think there is bleeding under the skin (you may see a bulging area), apply firm steady pressure over the area and go the nearest emergency department or call for an ambulance.

Dressings
Your dressings will be changed prior to your discharge home. Dressings can be kept on for one week because the incision area can be painful when rubbing on clothing.

Staples
If staples were used to close your incision, they will be removed in 10-14 days by your family doctor. The hospital nurse will send you home with a staple remover to take to your family doctor.

No additional care is required if dissolvable sutures with adhesive steri-strips were used to close your incisions. These steri-strips will stay on for at least 2 weeks and will gradually fall off and do not need to be replaced.

Activity/Exercises
• Do not sit for longer than 2–3 hours at one time (this includes riding in a car) for the first 2 weeks after surgery.
• Do not drive your car for 1 week.
• Foot swelling can be decreased by elevating your feet when sitting or preferable lying with your feet higher than the level of your heart.
• Restrict strenuous activities until discussed with your doctor.

Bathing
Avoid tub baths until your groin incisions are healed (at least 2 weeks). Taking a shower is okay. If the bandages get wet, you will need to change them.

Pain
Take the pain medications as ordered by your surgeon. Remember to include a high fiber diet with plenty of fruits, vegetable and fluids to prevent constipation.
Do not drink alcohol or drive your car while taking pain medication.

Informing Others
• It is important to tell other doctors, dentists, and podiatrists that you have a graft in place. They may wish to place you on antibiotics prior to any procedure
• If you are having any medical tests, such as a MRI (Magnetic Resonance Imaging), inform medical personnel that you have had a “stent graft” inserted.
• Alert Bracelet – you may wish to purchase an alert bracelet to tell medical personnel that you have an “Abdominal Aortic Stent Graft” in place.

Follow-Up Appointment
• You need to see your family doctor in 1–2 weeks to check your incisions (remove your staples) and your overall condition.
• You need to see your surgeon 4–6 weeks after your surgery following a scheduled CT scan
• Contact your family doctor and surgeon’s office to arrange for these appointments.
Notify the Doctor or Go to the Emergency Department if any of the following happens

- bleeding - apply direct pressure and call an ambulance or go to the Emergency Department;
- chills and/or fever of 38.5°C or 101.3°F or higher;
- pain not relieved by prescribed medication;
- unusual flank or low back pain;
- wound redness, pus-like (yellow or green) drainage or swelling
- changes to legs or feet:
  - increasing coldness in one leg compared to the other
  - either leg turning bluish instead of normal skin tone
  - new numbness or tingling sensation of either leg
  - any weakness noted in either leg
- fatigue or fainting
- shortness of breath
- chest pain (unrelieved by cardiac prescribed medications)

Your next Doctor’s appointment is:

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Special Considerations:

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