

Notes:

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Find all patient education resources here:
www.nshealth.ca/patient-education-resources

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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Endovascular Abdominal Aortic Aneurysm Repair (EVAR)

Halifax Infirmary (H.I.)

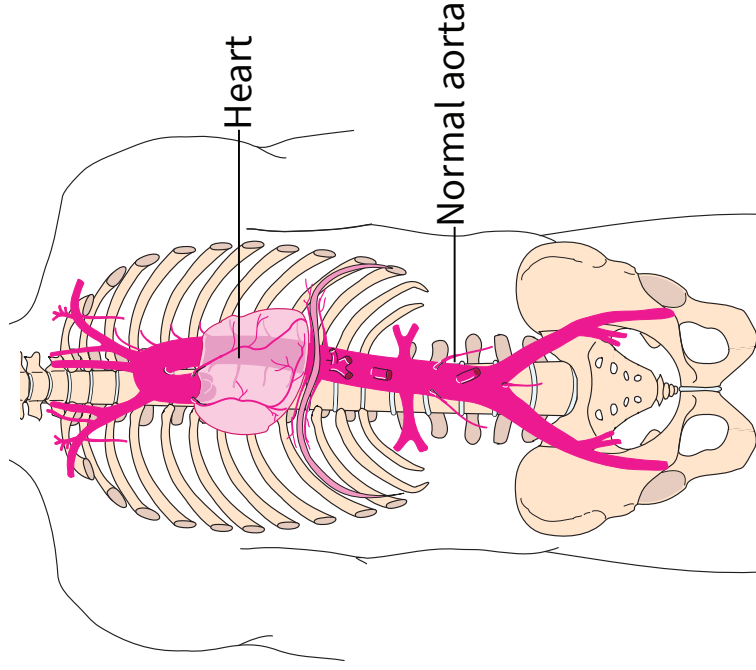
My surgeon is: _____

My surgeon's office phone number is: _____

Endovascular Abdominal Aortic Aneurysm Repair (EVAR)

What is an EVAR?

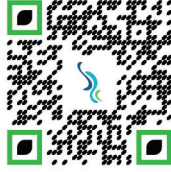
- An EVAR is a surgery to fix a weak part of your aorta, called an **aneurysm**. Your aorta is the largest blood vessel in your body that carries blood from your heart to other parts of your body.
- During an EVAR, a surgeon puts a **stent graft** (a tube made of wire mesh) into the aorta to strengthen it.



- Exercise every day. Exercise:
 - › helps with weight loss.
 - › improves blood flow.
 - › helps to keep blood sugar and blood pressure under control.
- Control diabetes.
 - › Follow your meal plan.
 - › Check your blood sugar often.
 - › Visit your primary health care provider regularly.
 - › Take your medications or insulin as told by your primary health care provider.
- Control your blood pressure.
 - › Have your blood pressure checked regularly.
- Try to lower your stress.
 - › Get a good night's sleep.
 - › Talk to others about your problems.
 - › Ask for help when you need it.

Stop Smoking Program

- The Nova Scotia Health Stop Smoking Program is a free program that offers treatment, support, and counselling for people in Nova Scotia who want to stop using tobacco and nicotine.
- For more information, scan the QR code below or visit:
 - › <https://mha.nshealth.ca/en/stop-smoking-program>



Keep a healthy lifestyle

A healthy lifestyle may help to prevent your graft from getting blocked. It may also prevent more circulation (blood flow) problems. To keep a healthy lifestyle:

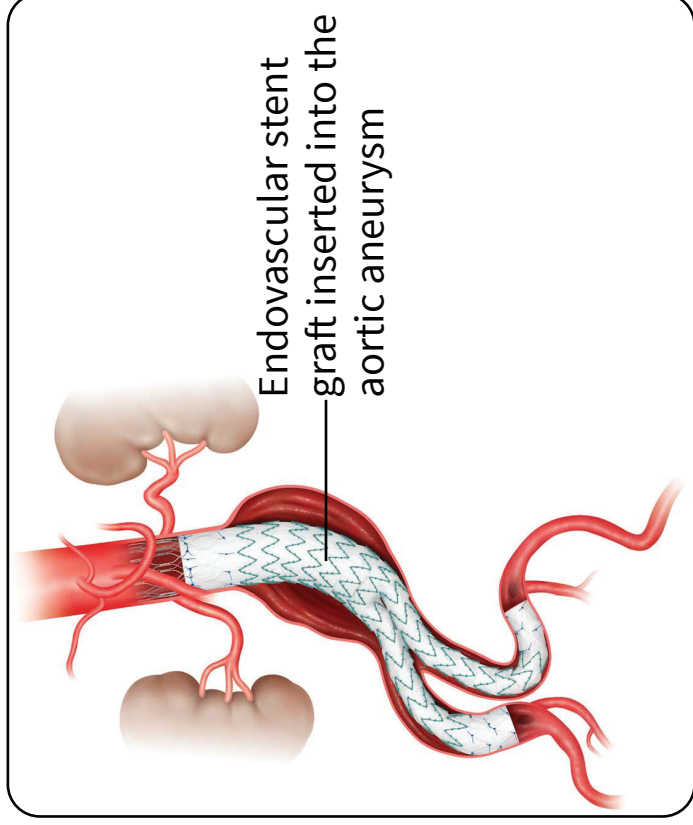
- Eat healthy food.
 - › Choose foods low in fat to help avoid plaque buildup in your arteries.
 - › Ask to talk with a dietitian if you need help with meal planning.
- Try to keep a healthy weight. Be active.

What is an aneurysm?

- An aneurysm is when an area of an artery becomes weak and enlarged (bigger).
- An aneurysm can be hereditary (passed from parents to their children). It can also be caused by:
 - › Atherosclerosis (hardening of the arteries)
 - › Smoking
 - › High blood pressure
 - › Injury
- An aneurysm is like blowing up a balloon. As the aneurysm gets bigger, the walls of your artery get thinner. The walls get weaker as they get thinner.
- Sometimes blood clots may form in the aneurysm. This blocks the flow of blood to your legs. If the aneurysm gets big enough, it may break and cause severe (very bad) bleeding. **This can lead to death.**

How is an aneurysm treated?

- Aneurysms may be treated by:
 - › **Open surgery:** A large incision (cut) is made in the abdomen (stomach area) and a graft is placed into the weak area of the aorta.
 - › **Endovascular aortic repair (EVAR):** Punctures (small holes) or small incisions are made in the groin (where the top of the leg meets the body) and a stent graft is put in the artery. The stent graft lines the inside of the aneurysm and makes a new passage for blood to flow.



How to have a healthy recovery

Take your medication

- Take your antiplatelet and statin medications as prescribed by your doctor.
- You may also be given medication to help manage your pain. Take this medication as prescribed by your doctor.

- While you are taking pain medication:
 - › **Do not** drink alcohol.
 - › **Do not** drive.

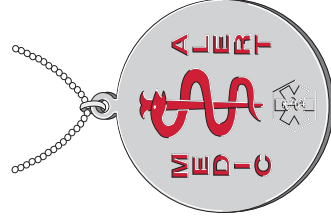


Stop smoking

- Smoking will cause more damage to your arteries and your new graft.
- You may need help to stop smoking. This is normal. Talk with your nurse or primary health care provider about stopping smoking and about Nova Scotia Health programs that can help you.

Follow-up care

- You will get a follow-up appointment with your surgeon. Call your surgeon's office if you do not have a follow-up appointment booked.
- You will have a CT scan to check your new graft 3 months after your surgery, and again 1 year after your surgery. You will then have an ultrasound every year after that.
- You will get a card that has important information about your graft on it. **Carry this card with you at all times.**
- Tell your primary health care provider and your 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.



What are the benefits of EVAR compared to open surgery?

- EVAR has:
 - › Less complications
 - › Faster recovery time
 - › Less time spent in the hospital
 - › Less pain, because the punctures or incisions are small

What are the disadvantages of EVAR compared to open surgery?

- Not everyone is well-suited for EVAR. Depending on your health, EVAR may not be the best choice to treat your aneurysm.
- You will need to have long term follow-up care and tests.
- A small number of people may need to have more procedures in the future.

What are the possible risks of EVAR?

- There are risks that can happen with every type of surgery (like infection, bleeding, or heart and lung problems).

- Other possible risks of EVAR include:
 - › The aneurysm could come back
 - › The graft could move
 - › The graft could kink (bend)
 - › Bleeding around the graft (called an **endo leak**)
 - › The graft could become blocked
 - › Sometimes a planned EVAR has to be changed to open surgery during the procedure
 - › Injury to blood vessels from bleeding
 - › Injury to your kidneys
- Your health care team will talk with you about the benefits and risks of EVAR.

What will happen before surgery?

- You will have some tests. These tests may include:
 - › An angiogram (dye test)
 - › CT scans
 - › An electrocardiogram (ECG or EKG)
 - › Blood work

Call your surgeon if you have any of these symptoms:

- Separation (pulling apart) of the edges of 1 or more of your incisions
- Drainage from your incisions that:
 - › Has a bad smell
 - › Is yellow or green
- Fever (temperature above 38 °C or 100.4 °F) for more than 24 hours (1 day)
- Leg pain that is getting worse. Note when the pain happens, like:
 - › When you are resting
 - › With a small amount of activity
 - › With a lot of activity
- Back pain
- Your foot or leg changes colour
- A wound that does not heal or gets infected
- Your feet and legs are colder or warmer than usual
- Numbness in your feet and legs

If you cannot reach your surgeon, call 911 or go to the nearest Emergency Department right away.

Call your surgeon if you have any of these signs of infection:

- › More redness, pain, swelling, or drainage (fluid) around the incision
- › Drainage from your incisions that has a bad smell or is yellow or green

If you cannot reach your surgeon, call 911 or go to the nearest Emergency Department right away.

- You may keep the incisions open to the air or covered with a dry dressing if:
 - › there is no drainage.
 - › there are no signs of infection.
- Please talk with a nurse before you are discharged if you have questions about caring for your incisions.



- **Do not eat or drink anything after midnight on the night before your surgery.** You may take your usual medications with a sip of water, if your surgeon tells you it is OK.
- An intravenous (I.V.) will be put in your hand or arm the evening before or on the morning of your surgery.

What will happen during surgery?

- Your surgeon will make an incision and put the stent graft in place. The surgery will take about 1 to 2 hours.

What will happen after surgery?

- You will wake up in the Post-Anesthesia Care Unit (PACU) on the 5th floor.
- The nurses in the PACU will closely check your:
 - › Dressings
 - › Heart rate
 - › Blood pressure
 - › Pulse in both of your feet
- You will stay in the PACU for about 1 to 2 hours. When you are well enough, you will go to Unit 7.2 (Vascular Surgery Nursing Unit).

Your incisions

- You may have small punctures or incisions in your groin. They will be closed with staples or sutures (stitches).
- Your surgeon will tell you if they will remove your staples or sutures, or if you need to make an appointment with your primary health care provider (family doctor or nurse practitioner).
- Please talk with your nurse if you need help caring for your incisions at home.

When can I get out of bed after surgery?

- You will be on bedrest for a short time after your surgery. This means you must stay in bed while you recover.



- When you are ready, the nurses will help you get out of bed and slowly become more active.

How long will I be in the hospital after surgery?

- You may be able to go home the day after your surgery. Your surgeon will talk with you about how you are recovering and when you can be discharged.

When can I go back to work?

- When you can go back to work will depend on:
 - › your type of work.
 - › your general health and recovery.
- Talk about this with your surgeon at your follow-up appointment.

When can I have sex?

- You can have sex when you feel well enough. If you have questions, talk about this with your surgeon at your follow-up appointment or with your primary health care provider.

If you do not have a follow-up appointment booked, call your surgeon's office.

Caring for your incisions after surgery

- Keep your incisions clean and dry.
- You may wash around your incisions with soap and water. Dry them well. **Pat the incisions dry. Do not rub them.**
- Some bruising is normal. This will go away in a few weeks.
- **Watch your incisions closely for signs of infection.** Some redness around your incisions is a normal part of the healing process.

Diabetes

- **If you have diabetes, it is very important to control your blood sugar so you will heal.** Check



your blood sugar as told by your primary health care provider.

- Follow your meal plan and take your medication or insulin as told by your primary health care provider.
- Your primary health care provider should check your cholesterol regularly.

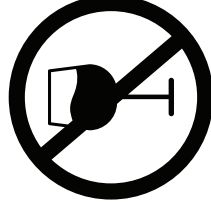
When can I drive?

- For most people, it is safe to drive 2 to 3 weeks after surgery. This is because it takes time for your usual concentration and reflexes to come back.
- Please talk with your surgeon about when you will be able to drive again at your follow-up appointment.

Do not drive if you are taking pain medication.

Will I have pain after surgery?

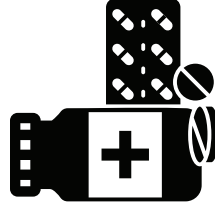
- You will have some discomfort for a few weeks. This will go away over time.
- **It is important to take any medications as prescribed.** This will help you feel well enough to move around and do breathing exercises to keep your lungs clear.



- **Do not** drink alcohol while taking pain medication.
- **Do not** drive while taking pain medication.

Medication

- You will be prescribed an antiplatelet medication and a statin medication to take after your surgery, unless you cannot take them for a medical reason.



- These medications help to keep the blood in your blood vessels flowing well. Always take these medications as told by your doctor.

- To watch a video with more information about these medications, please scan the QR code below or visit:
 - › <https://library.nshealth.ca/Patients-Vascular-Surgery>

Scan the QR code on your device (open the camera on your device, point the camera at the code, and tap the banner or border that appears)

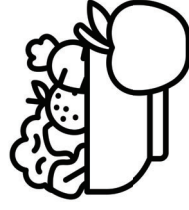


Breathing exercises

- Breathing exercises help to prevent possible complications, like pneumonia (lung infection) and blood clots. Your health care team will talk about this with you.

When can I eat after surgery?

- You may eat when you feel ready. It may take some time for your usual appetite (feeling hungry) to come back. Try eating smaller meals and snacks more often. It is best to eat slowly when you start to feel hungry.

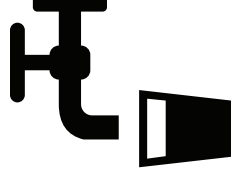


- Eating well-balanced, healthy meals will help you get stronger and heal faster.

- **It is important to eat low fat foods to help prevent the buildup of plaque** (a mix of fat, cholesterol, and other substances) on the walls of your blood vessels. Ask a member of your health care team for more information or to talk to a dietitian.

Constipation

- Taking pain medication, being less active, and the foods you eat can all cause constipation (not being able to poop). To help prevent constipation:
 - › Drink 8 to 10 glasses of water a day, unless you are not allowed to because of another health problem.



- › Try to eat foods that are high in fibre (like bran cereals, whole wheat bread, fruits, and vegetables).
- Ask your health care provider or pharmacist about using laxatives (medication to help you poop) or stool softeners, if needed.