

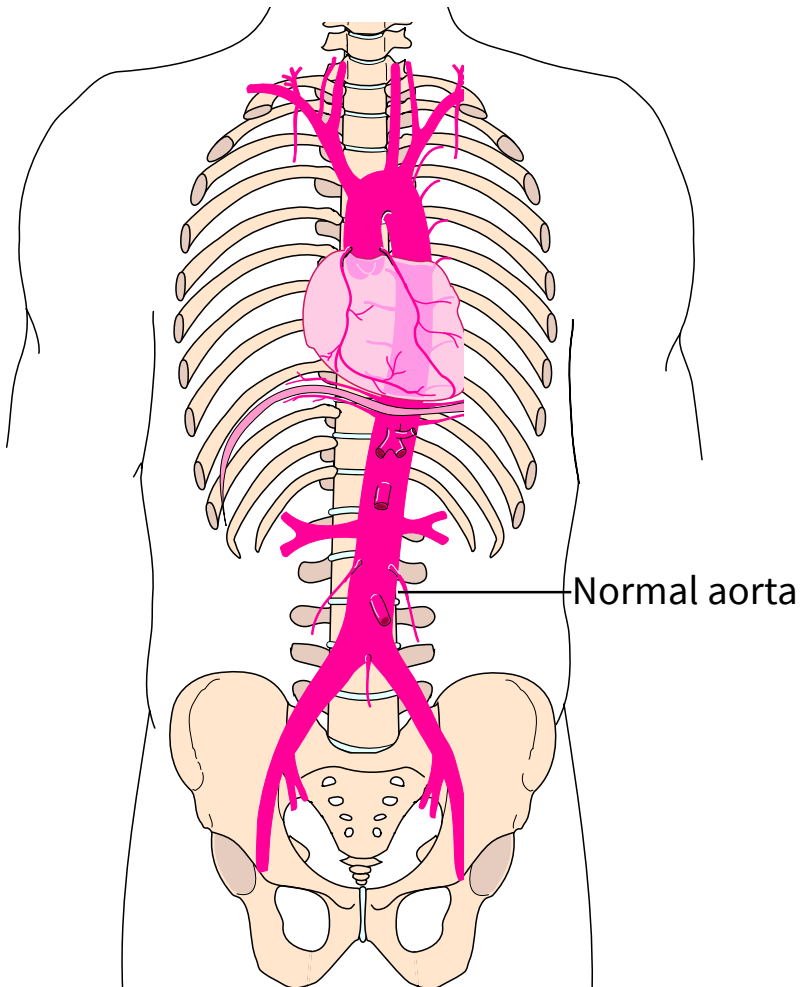
Endovascular Abdominal Aortic Aneurysm Repair (EVAR)

My surgeon is: _____

My surgeon's office phone number is:

Endovascular Abdominal Aortic Aneurysm Repair

During an endovascular abdominal aortic aneurysm repair, your surgeon will put an endovascular stent graft in your aorta. The aorta is the largest artery in the body. It supplies blood to all of the other major arteries and to the tissues.



What is an aneurysm?

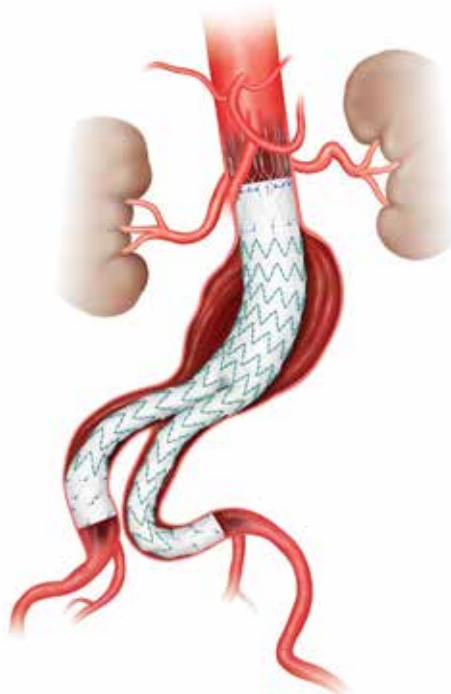
- An aneurysm is a weak, enlarged area of an artery.
- An aneurysm can be hereditary (be passed from parents to their children), or be caused by:
 - › Atherosclerosis (hardening of the arteries)
 - › Smoking
 - › High blood pressure
 - › Injury
- An aneurysm is like blowing up a balloon. The bigger it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

How is an aneurysm treated?

Aneurysms may be treated by:

- › **Open surgery:** opening the belly through a large incision (cut) and replacing the weak area of the aorta with a graft
- › **Endovascular aortic repair (EVAR):**
Punctures or small incisions are made in the groin (where the top of the leg meets the body) and wire mesh tubes called stent grafts are put into the artery. These tubes line the inside of the aneurysm and act as a new passage for blood flow.

Endovascular stent graft inserted into the aortic aneurysm



What are the benefits of EVAR compared to open surgery?

- Fewer complications
- Faster recovery time
- Less time spent in the hospital
- Less pain, due to small incisions or punctures in the groin

What are the disadvantages of EVAR compared to open surgery?

- Not everyone is well-suited for this procedure.
- Long term follow-up and tests are needed.
- A small number of patients may need more procedures in the future.

What are the possible complications of EVAR?

In addition to the usual risks of surgery (such as infection, bleeding, heart problems and lung problems), risks of EVAR include:

- › The aneurysm could come back
- › The graft could move
- › The graft could kink
- › Bleeding around the graft (called endo leaks)

- › Graft blockage
- › Sometimes the planned EVAR has to be changed to open surgery during the procedure
- › Injury to blood vessels with bleeding

Your health care team will talk with you about the benefits and risks of EVAR.

What will happen before surgery?

- You will have several tests done before your surgery. These tests may include a dye test (angiogram), CT scans, an electrocardiogram (ECG), and blood tests.
- **Do not eat or drink anything after midnight the night before surgery.** You may take your regular medications with a sip of water, if your surgeon tells you it is OK.
- An intravenous (IV) will be put in your hand or arm the evening before or the morning of your surgery.

What will happen during surgery?

- A team of nurses and doctors will help you get ready for surgery.
- During the surgery, your surgeon will make an incision and put the graft in place. The surgery will take about 1 to 2 hours.

What will happen after surgery?

- You will wake up in the recovery area on the 5th floor of the Halifax Infirmary. The nurses will check your blood pressure, heart rate, pulse in both of your feet, and the dressing covering your incision(s).
- When you are well enough (after 1 to 2 hours), you will be transferred to 4.1 (Vascular Surgery Nursing Unit).

When will I be able to be up and around after surgery?

- You will be on bedrest for a short time after 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 (move around more).

Will I have pain?

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

- Breathing exercises help to prevent possible complications like pneumonia (lung infection) and blood clots. Your health care team will talk about this with you.
- **Do not drive while taking pain pills.**
- **Do not drink alcohol while taking pain pills.**

When can I eat after surgery?

- You may eat when you feel ready. It may take a while for your appetite to return to normal. Try eating smaller meals and snacks more often. It is best to go slowly when you start to feel hungry.
- Eating well-balanced, healthy meals will help you regain your strength and heal faster.
- It is important to eat low fat foods to help prevent buildup of plaque (a fatty, waxy substance) on the walls of your blood vessels. Ask your health care provider for more information, if needed.

Constipation

- Pain medications, less activity, and the food you eat can cause constipation (not being able to poop).
- 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 or stool softeners, if needed.

Diabetes

- If you have diabetes, it is very important to control your blood sugar so you will heal. Check your blood sugar as ordered by your health care provider. Follow your meal plan and take your pills or insulin as ordered by your health care provider.
- Your primary health care provider should check your cholesterol regularly.

Where are my incision(s)?

- You may have small incisions or punctures in your groin. They will be closed with staples or sutures (stitches). Your surgeon will tell you if they will remove these or if you should make an appointment with your primary health care provider for removal.
- Be sure to tell your nurse if you need help to care for your incisions at home.

How long will I be in hospital?

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

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 concentration and reflexes to return to normal.
- Ask your surgeon about when you will be able to drive again during your follow-up appointment.
- **Do not drive if you are taking pain pills.**

When can I go back to work?

- Returning to work will depend on your type of work, as well as 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 with your surgeon during your follow-up appointment or your primary health care provider.

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

How do I take care of my incision(s)?

- Keep your incision(s) clean and dry.
- You may wash around your incision(s) with soap and water. Dry thoroughly. **Pat the incision(s) dry — do not rub.**
- Some bruising is normal. This will go away in a few weeks.
- You may keep the incision(s) open to the air or covered with a dry dressing as long as there is no drainage (fluid) or signs of infection.
- **Watch your incision(s) closely for signs of infection.** Some redness around your incision(s) is a normal part of the healing process, but if you have more pain, warmth, swelling, or bad smelling or yellow/green drainage, this can be a sign of infection.

Call your surgeon if you have any of the following:

- Sign of infection, including:
 - › increased redness, swelling, drainage (fluid), or pain in the area of your incision(s)
 - › Separation (pulling apart) of the edges of your incision(s)
 - › Bad-smelling or yellow/green drainage from your incision(s)
 - › Fever over 38° C (100.4° F) for more than 24 hours (1 day)
- Leg pain that is getting worse. Note when the pain happens, such as:
 - › 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
- Unusually cold or warm feet and legs
- Numbness in your feet and legs

If you are not able to contact your surgeon, call 911 or go to the nearest Emergency Department.

Follow-up appointment

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

Please ask. We are here to help you.

Your healthy recovery

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

- Stop smoking.
 - › It is very important to not smoke. Smoking will cause further damage to your arteries. This could mean you will need more surgery.
 - › Smoking also increases the chance of getting a chest infection, which may slow your recovery.
 - › If you want help to stop smoking, talk with a member of your health care team.
- Eat healthy food.
 - › Choose foods low in fat to help avoid plaque build-up in your arteries.
 - › Ask to talk with a dietitian if you need help with meal planning.
- Try to keep a healthy weight. Be active.
 - › Exercise helps with weight loss.
 - › Exercise improves blood flow.
 - › Exercise helps to keep blood sugar and blood pressure under control.

- Control diabetes.
 - › Follow your meal plan.
 - › Check your blood sugar often.
 - › See your primary health care provider regularly.
 - › Take your pills or insulin as told by your primary health care provider.
- Control your blood pressure.
 - › Have your blood pressure checked regularly.
 - › Take medication as ordered by your primary health care provider. If you stop taking your medication, your blood pressure will go up again.
- Try to lower your stress.
 - › Exercise every day.
 - › Get a good night's sleep.
 - › Talk to others about your problems.
 - › Ask for help when you need it.

Questions for my health care team:

Looking for more health information?

Find this pamphlet and all our patient resources here: <https://library.nshealth.ca/PatientEducation>
Contact your local public library for books, videos, magazines, and other resources.

For more information, go to <http://library.novascotia.ca>

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

Learn about other programs and services in your community: call 211 or visit <http://ns.211.ca>

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If you have any questions, please ask your health care provider.

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The information in this pamphlet is to be updated every 3 years or as needed.